



2022 School-Based Behavioral Health Services Summary Report

Abstract

As of the 2021-2022 academic year, Ohio's community behavioral health providers continue to offer critical screening, prevention, treatment, and crisis intervention services in an estimated 73% of the state's public and private school buildings. While demand for all services remains high, specific demand for crisis intervention-related services has risen notably during the pandemic.

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Publish Date: June 8, 2022

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Introduction

The Ohio Council of Behavioral Health and Family Services Providers began surveying our members to gather data on school-based services and partnerships starting in 2017. Over the past five years, the prevalence of community behavioral health providers in school-settings has continued increasing annually. 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 March-April 2022, 75 community behavioral health provider organizations reported delivering school-based services in 533 school districts, ESCs, alternative, private, and charter schools and nearly 2,900 school buildings across the state. In five years, the number of buildings receiving services more than doubled and community behavioral health provider organizations are reaching an estimated 73% of Ohio's traditional public and charter school buildings.

The need for behavioral health services in schools was recognized prior to the pandemic. The impacts of COVID-19 have exacerbated existing behavioral health conditions and disparities in access to treatment for youth. Prior to COVID-19, data from the Centers for Disease Control and Prevention (CDC) found that 1 in 5 children had a behavioral health condition, but only 20% of those children were receiving treatment. This disparity in treatment is often due to a lack of access to treatment providers, either because of availability or location, high costs and/or lack of insurance coverage, or issues related to work schedules and childcare. These barriers increased for many families over the past two years. Prior to the pandemic, school-based services helped eliminate some of these barriers. However, disruptions over the last two years have not allowed for consistent behavioral health referrals or access to services, leading to an increase in demand and severity of symptoms. This year's survey data reflect the growing behavioral health needs in schools and the increasing acuity of the behavioral health symptoms of Ohio's school-aged children.

The Ongoing Impact of COVID-19

Behavioral health services are critically important as we continue to navigate transitions related to the pandemic to help children be better prepared to learn and thrive in their schools, at home, and in the community. While this school year was less disruptive than the previous two years in terms of schedules, it revealed new needs and challenges for schools and providers related to the severity of student behavioral health needs and the impact on the workforce in schools and community behavioral health centers. **This year, community behavioral health providers reported the most needed service in schools was crisis de-escalation with 73% of providers reporting this as an in-demand service.** In previous years, prevention services or treatment intervention through individual counseling had been the top requested service. This change reflects what has been reported nationwide and locally regarding the intensifying behavioral health needs of children and the difficulty with returning to school after two years of mostly virtual learning, constant uncertainty, and limited social interaction.

Marking another change from prior years, schools are requesting increased collaboration and planning with community behavioral health providers related to social and emotional learning strategies for students. Providers reported this as the most requested planning service compared to last year when it ranked third after general planning and planning for family engagement in the behavioral health needs of students. This

change is almost certainly due to the isolation and uncertainty many children experienced due to the pandemic and the lack of formal instruction and access to interventions to assist in developing needed skills.

Social and emotional learning skills are an integral part of education and human development. These skills help young people acquire and apply the knowledge and skills to develop and achieve personal and collective goals, manage emotions through healthy coping skills, establish and maintain supportive relationships, and make responsible decisions. Social and emotional learning curricula provide targeted interventions to address behaviors through identification of individual strengths to develop positive coping skills and increase skill building in youth related to goal setting and completion. Additionally, these skills help increase family engagement by providing information, training, and resources to families to support their child's needs. Further, opportunities to increase these skills can help mitigate negative impacts of trauma and promote resilience among youth in the school environment.

Workforce Impacts

The shortage in the behavioral health workforce is an ongoing national issue limiting access to treatment in all settings which was further exacerbated by the COVID-19 pandemic. The pandemic has continued to impact community providers' school-staffing as the workforce issues intensified due to increased salary expectations related to inflation and elevated starting rates in retail and service industries, high levels of stress and burnout, and schedule/work hour requirements. **About 77% of survey respondents reported challenges with school-based workforce recruitment and retention.** The most reported barriers to providing services are a shortage of professionals (78.7%), long wait lists (50.7%), difficulty placing providers in schools (34.7%), and difficulty establishing relationships with schools (30.7%).

The uncertainty youth have experienced over the past two years has had similar impacts on the school employees working in these settings as well. New to this year's survey, we asked a series of questions related to services organizations are providing to support school staff wellness. Roughly 69.3% of organizations reported providing behavioral health consultation services with school staff, 40% reported providing prevention interventions with school staff, and 21.3% reported providing behavioral health treatment to school staff. The pandemic's impact is far-reaching, and the value of community behavioral health providers partnering with schools has benefits beyond those directly impacting students, but also in supporting the wellness of school personnel.

The Continued Growth of School-Based Services

Although the workforce issues are impacting community behavioral health organizations' ability to provide services in schools, survey data show the continued growth of school-based behavioral health services in additional buildings even though one less organization responded to the survey request than in the previous year. **Community behavioral health providers offered services to students in an additional 69 buildings across the state this year and are now in a total of 2,896 school buildings.** The continued growth of school-based services is not surprising. As students returned to more typical school schedules and in-person learning, the impact of the pandemic on the mental health and well-being of Ohio's school-aged children and school staff is apparent.

Partnerships between schools and community providers are paramount to supporting students in school and extending continuous access to behavioral health services beyond school hours. Teachers, administrators,

and school personnel also access support and services through these partnerships. Leveraging existing relationships between school and community behavioral health providers is a prudent strategy providing consultation in the school's planning process without adding additional demands on the limited behavioral health workforce. These partnerships are clearly valued by schools as indicated by the number of school buildings served by community behavioral health providers which has continued to grow each year since the initiation of the survey.

Recommendations

Ohio schools and community behavioral health providers have continued to increase the availability of behavioral health services in schools over the past five 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 during the school day and beyond. Given the increased demand for services caused by the pandemic, we must continue to expand school-based behavioral health services, leveraging school and community partnerships by:

- Providing a dedicated and stable funding source specifically for prevention, consultation, early intervention, and treatment services in schools and timely referrals to community treatment services.
- Develop and disseminate information for schools and community behavioral health provider organizations on available funding streams that can be used to support, sustain, and expand access to behavioral health services in school settings.
- Investing in the community-behavioral health workforce by establishing sustainable funding for paid internships, tuition reimbursement, and loan forgiveness programs.
 - Additional recommendations for investments and solutions to recruit and retain behavioral health workforce can be found in our [Breaking Point Report](#), which was distributed statewide in February 2022.
- 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 Partnerships: Data Highlights for the 2021-2022 Academic Year

Responding community behavioral health centers (CBHCs): 75

Number of districts, charter schools, and ESCs served: 533

Number of school buildings with school-based BH services: 2,896

- Elementary: 1,314
- Middle School: 768
- High School: 706
- ESC/Other: 108

Types of Services Available in Schools

- 54 respondents reported offering all levels of services (i.e. prevention, consultation, and treatment) in school-based programs. Services provided are customized based on the needs of the building.
- 64 respondents offer one or more **PREVENTION** services through school-based partnerships.
 - 49 offer universal interventions (Tier I), 43 offer selected interventions (Tier II), and 38 offer targeted interventions (Tier III).
- 68 respondents offer one or more **CONSULTATION** services to schools.
 - 59 organizations reported offering student-specific consultation. 56 offer consultation to teachers, and 48 reported offering classroom-level consultation.
- 67 respondents offer one or more **TREATMENT** services to schools.
 - The most offered treatment services are: Individual counseling (89.3% of responding agencies), assessment (84%), CPST (70.6%), TBS (61.3%), crisis intervention (60%), and group counseling (56%).

Top 3 Most Frequently Requested School-Based Services, According to Respondents:

- Individual Counseling
- Prevention Services (All Levels)
- Crisis Services (All Levels)

Top 5 Most Needed Services, In Addition to Those Requested, According to Respondents:

- Crisis De-Escalation and Behavior Management (73.3% of respondents)
- Training for Educator/Administrators (61.3% of respondents)
- Consultation for Educators/Administrators (56% of respondents)
- Prevention - All Levels (53.3% of respondents)
- Treatment - All Types (52% of respondents)

Providers Offering Universal Screening: 22 of 75 respondents (29.3%)

Teacher/Staff Services: New to the 2021-2022 survey, this series of questions asked providers what services, if any, they are offering for schoolteachers and staff members. The most commonly offered staff services among respondents were:

- Consultation (69.3% of respondents)
- Prevention (40 % of respondents)
- Treatment (21.3% of respondents) and Screening (21.3% of respondents)

Evidence-Based Curricula in Use

Among respondents, 84% reported using at least one evidence-based curriculum in school-based settings. Below is a table of the most commonly used programs.

Prevention Curriculum	Number of Providers Implementing in Schools
Signs of Suicide	30 (40% of respondents)
Botvin LifeSkills Training (LSC)	26 (34.6% of respondents)
PAX Tools	17 (22.6% of respondents)
Zones of Regulation	17 (22.6% of respondents)
Too Good for Drugs	15 (20% of respondents)
QRP	13 (17.3% of respondents)
Therapeutic Crisis Intervention (CPI)	9 (12% of respondents)
Say Something	5 (6.6% of respondents)
Keepin' it REAL (KIR)	2 (2.6% of respondents)
Olweus Bullying Prevention Program	2 (2.6% of respondents)
Creating Lasting Family Connections (CLFC)	1 (1.3% of respondents)
The Mandt System	0 (0% of respondents)
Other Curricula	34 (45.3% of respondents)
<i>The most used other curricula include: Project Alert (6), Incredible Years (5), CAST (3), DBT in Schools (3), Positive Action (3), Safe Dates (3), and Second Step (3).</i>	

Collaborative Practices in Use

Collaborative Practices in Use: This series of questions asked providers how they are engaging with schools, students, and families in collaborative ways. The most commonly reported collaborative practices were:

- Engaging Families in Social, Emotional, and Behavioral Health Needs (73.3% of respondents)
- Planning (Generally) (72%)
- Involved in Planning Social Emotional Learning Strategies (66.6%)
- Participating in School Planning Teams (66.6%)
- Data Collection and Informed Decision Making (40%)

Behavioral Health Funding Sources

- 52 organizations reported payment for treatment services using the community behavioral health Medicaid program, and 5 reported using the Medicaid School program.
- 36 provider organizations reported billing commercial insurance.
- 56 organizations reported using ADAMH board funds to pay for school-based services.
- 31 organizations reported using private grant or foundation funding for school-based services.
- 46 report having contracts with schools directly.
- 10 reported using federal COVID-19 relief funds (ARPA/HCBS) for school-based services.
- 19 organizations reported services were being covered in whole or in part with Disadvantaged Student Impact Funds (formerly known as Student Wellness and Success Funds) this academic year.

Workforce-Related Data

- **77.3%** of respondents reported challenges with school-based workforce recruitment/retention.
- **27** responding behavioral health agencies reported losing **130** school-based staff to schools or ESCs.
- Respondents reported that their primary competition for school-based this year have been **community behavioral health centers, schools, private practice, and hospitals.**
- The most commonly reported reasons that school-based staff have left in the 2021-2022 year are **salary, other reasons specified by respondents** (including stress, expectations, and burnout), **documentation**, and **schedule/work hours.**
- The most commonly reported barriers to providing services are a **shortage of professionals** (78.7%), **extremely high need/long wait lists** (50.7%), **difficulty placing providers in schools** (34.7%), and **difficulty establishing relationships with schools** (30.7%).

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

School/School District	School-Based Service Providers as of 2022
Accel Public Charter Schools	Murtis Taylor Human Services System
Adams County/Ohio Valley LSD	Family Recovery Services
Akron CSD	CHC Addiction Services Greenleaf Family Center OhioGuidestone Red Oak Behavioral Health
Alexander CSD	Hopewell Health Centers
Alexander LSD	Health Recovery Services Nationwide Children's Hospital
Alliance CSD	Child and Adolescent Behavioral Health Stark County TASC
Amanda-Clearcreek LSD	New Horizons Mental Health Services The Recovery Center
Amherst CSD	OhioGuidestone
Amherst EVSD	Positive Education Program
Ashland County Community Academy	Appleseed Community Mental Health Center
Ashland County-West Holmes Career Center	Appleseed Community Mental Health Center
Ashland CSD	Appleseed Community Mental Health Center
Arch Diocese of Cincinnati	Child Focus
Archbishop Hoban High School	Greenleaf Family Center Red Oak Behavioral Health
Archbold-Area LSD	Maumee Valley Guidance Center
Arts and College Preparatory Academy	Nationwide Children's Hospital
Ashtabula Area CSD	Community Counseling Center Signature Health
Ashtabula County ESC	Community Counseling Center
Ashtabula County Technical & Career Campus	Community Counseling Center
Athens CSD	Health Recovery Services Hopewell Health Centers Nationwide Children's Hospital
Aurora CSD	Children's Advantage Townhall II
Avon CSD	OhioGuidestone
Avon Lake CSD	Bellefaire JCB Positive Education Program The LCADA Way
Avon LSD	Positive Education Program The LCADA Way

School/School District	School-Based Service Providers as of 2022
Ayersville LSD	Maumee Valley Guidance Center RFS Behavioral Health
Barberton CSD	CHC Addiction Services Child Guidance & Family Solutions Greenleaf Family Center OhioGuidestone Red Oak Behavioral Health
Batavia LSD	Child Focus
Bay Village CSD	Positive Education Program Recovery Resources
Beachwood CSD	Positive Education Program
Beaver LSD	The Counseling Center of Columbiana County
Beavercreek CSD	TCN Behavioral Health
Bedford CSD	Beech Brook Murtis Taylor Human Services System Positive Education Program
Bellefontaine CSD	TCN Behavioral Health
Bellevue CSD	Positive Education Program
Berea CSD	Murtis Taylor Human Services System OhioGuidestone Positive Education Program Recovery Resources
Berne Union LSD	New Horizons Mental Health Services OhioGuidestone The Buckeye Ranch The Recovery Center
Bethel-Tate LSD	Child Focus
Bexley CSD	Nationwide Children's Hospital The Buckeye Ranch
Big Walnut LSD	OhioGuidestone Syntero, Inc.
Bio-Med Science Academy	Children's Advantage Townhall II
Bishop Fenwick School	Allwell Behavioral Health Services
Black River Career Prep	OhioGuidestone
Black River LSD	OhioGuidestone Positive Education Program
Bloom-Carroll LSD	New Horizons Mental Health Services
Boardman LSD	Alta Care Group Meridian Healthcare
Bowling Green CSD	Children's Resource Center
Breakthrough Public Schools	OhioGuidestone
Brecksville-Broadview Heights CSD	Positive Education Program Red Oak Behavioral Health

School/School District	School-Based Service Providers as of 2022
Bristol LSD	Family & Community Services, Inc.
Brookfield LSD	Family & Community Services, Inc. Meridian Healthcare
Brooklyn CSD	Murtis Taylor Human Services System OhioGuidestone Positive Education Program
Brown LSD	SpringVale Health Centers
Brunswick CSD	OhioGuidestone Positive Education Program
Bryan CSD	Maumee Valley Guidance Center OhioGuidestone
Buckeye Hills Career Center	Hopewell Health Centers
Buckeye LSD (Ashtabula County)	Community Counseling Center
Buckeye LSD (Medina County)	OhioGuidestone Positive Education Program
Buckeye Valley LSD	Syntero, Inc.
Bucyrus CSD	RFS Behavioral Health
Caldwell EVSD	Allwell Behavioral Health Services Nationwide Children's Hospital
Cambridge CSD	Allwell Behavioral Health Services Nationwide Children's Hospital
Campbell CSD	Meridian Healthcare
Canal Winchester LSD	Nationwide Children's Hospital OhioGuidestone
Canfield LSD	Family & Community Services, Inc.
Canton CSD	Child and Adolescent Behavioral Health CommQuest Stark County TASC
Canton LSD	CommQuest Stark County TASC
Cardington-Lincoln LSD	Syntero, Inc.
Carroll Hills Schools (DD)	SpringVale Health Centers
Carrollton EVSD	SpringVale Health Centers
Case Preparatory Academy	Red Oak Behavioral Health
CASTLE High School	OhioGuidestone
Centerburg LSD	Alcohol & Drug Freedom Center of Knox County Behavioral Healthcare Partners of Central Ohio
Centerville CSD	South Community
Central LSD	Maumee Valley Guidance Center RFS Behavioral Health
Champion LSD	Compass Family and Community Services
Chillicothe CSD	Nationwide Children's Hospital
Chippewa LSD	Anazao Community Partners OneEighty

School/School District	School-Based Service Providers as of 2022
Christian Life Academy	Hopewell Health Centers
Cincinnati CSD	Best Point Education & Behavioral Health Child Focus eXclusive Services NewPath Child & Family Solutions Talbert House
Circleville CSD	Nationwide Children's Hospital
Citizens Academy (Breakthrough Schools)	Positive Education Program
City Day Community School	Eastway Behavioral Healthcare
Clark-Shawnee LSD	WellSpring
Clay LSD	Shawnee Family Health Center
Clearview LSD	Applewood Centers Positive Education Program The LCADA Way
Clermont-Northeastern LSD	Child Focus
Cleveland Hts.-University Hts. CSD	Murtis Taylor Human Services System Positive Education Program
Cleveland Metropolitan CSD	Applewood Centers Beech Brook Bellefaire JCB Murtis Taylor Human Services System OhioGuidestone Positive Education Program Recovery Services The Centers
Cleveland Transformation Alliance Charter Schools	Murtis Taylor Human Services System
Cloverleaf CSD	OhioGuidestone
Cloverleaf LSD	Bellefaire JCB Positive Education Program
Columbus CSD	Community for New Direction CompDrug (Youth to Youth Program) Directions For Youth & Families Eastway Behavioral Healthcare Nationwide Children's Hospital North Community Counseling Centers The Buckeye Ranch
Conneaut Area CSD	Community Counseling Center
Constellation Schools	Bellefaire JCB OhioGuidestone Positive Education Program
Copley-Fairlawn CSD	CHC Addiction Services Child Guidance & Family Solutions
Coshocton Career Center	Allwell Behavioral Health Services

School/School District	School-Based Service Providers as of 2022
Coshocton CSD	Allwell Behavioral Health Services Coshocton Behavioral Health Choices Nationwide Children's Hospital
Coventry LSD	Greenleaf Family Center
Crestview LSD (Columbiana County)	The Counseling Center of Columbiana County
Crestview LSD (Richland County)	Appleseed Community Mental Health Center
Crestview LSD (Van Wert County)	Westwood Behavioral Health Center, Inc.
Crestwood LSD	Children's Advantage Townhall II
Crooksville EVSD	Nationwide Children's Hospital
Cuyahoga Falls CSD	CHC Addiction Services Child Guidance & Family Solutions Greenleaf Family Center Red Oak Behavioral Health
Cuyahoga Heights LSD	Applewood Centers Positive Education Program
Dalton LSD	OneEighty The Counseling Center of Wayne & Holmes Counties
Danville LSD	Alcohol & Drug Freedom Center of Knox County
Dayton CSD	Eastway Behavioral Healthcare Samaritan Behavioral Health Thrive Therapeutics
Dayton Early College Academy	Eastway Behavioral Healthcare
Dayton Leadership Academy	Samaritan Behavioral Health Thrive Therapeutics
Dayton Regional STEM School	Samaritan Behavioral Health
Dayton SMART Elementary	Eastway Behavioral Healthcare Samaritan Behavioral Health
Deer Park Community CSD	Best Point Education & Behavioral Health
Defiance CSD	Maumee Valley Guidance Center RFS Behavioral Health
Delaware CSD	The Buckeye Ranch
Delaware LSD	Syntero, Inc.
Delphos CSD	Westwood Behavioral Health Center, Inc.
Dover CSD	SpringVale Health Centers
Dublin CSD	CompDrug (Youth to Youth Program) I Am Boundless Syntero, Inc. The Buckeye Ranch
Early College High School	OhioGuidestone The LCADA Way
East Cleveland CSD	OhioGuidestone Positive Education Program
East Clinton LSD	Solutions Community Counseling and Recovery Centers

School/School District	School-Based Service Providers as of 2022
East Guernsey LSD	Nationwide Children's Hospital
East Holmes LSD	Anazao Community Partners OneEighty
East Knox LSD	Alcohol & Drug Freedom Center of Knox County Behavioral Healthcare Partners of Central Ohio
East Muskingum LSD	Nationwide Children's Hospital
East Palestine CSD	The Counseling Center of Columbiana County
Eastern LSD	Nationwide Children's Hospital
Eastern LSD (Meigs County)	Health Recovery Services Hopewell Health Centers
Eastland/Fairfield Career Centers	New Horizons Mental Health Services
Eastwood LSD	Children's Resource Center
Eaton CSD	South Community
Edgerton LSD	Maumee Valley Guidance Center
Edison LSD (Erie County)	Positive Education Program
Edon-Northwest LSD	Maumee Valley Guidance Center
Elmwood LSD (Wood County)	Children's Resource Center
Elyria CSD	Applewood Centers Beech Brook Bellefaire JCB OhioGuidestone Positive Education Program The LCADA Way
Emerson Academy	Samaritan Behavioral Health
Euclid CSD	Bellefaire JCB Murtis Taylor Human Services System OhioGuidestone Positive Education Program
Evergreen LSD	Maumee Valley Guidance Center OhioGuidestone
Fairbanks LSD	Nationwide Children's Hospital
Fairfield CSD	NewPath Child & Family Solutions
Fairless LSD	Stark County TASC
Fairport Harbor EVSD	Crossroads Health
Fairview Park CSD	Positive Education Program Recovery Resources
Fayette LSD	RFS Behavioral Health
Fayetteville-Perry LSD	Child Focus
Federal Hocking LSD	Hopewell Health Centers
Felicity-Franklin LSD	Child Focus
Field LSD	Children's Advantage Greenleaf Family Center Townhall II
Firelands LSD	The LCADA Way

School/School District	School-Based Service Providers as of 2022
Flex High School	OhioGuidestone
Forest Hills LSD	Child Focus
Fort Frye LSD	Hopewell Health Centers
Franklin LSD	New Horizons Mental Health Services
Fredericktown LSD	Alcohol & Drug Freedom Center of Knox County Nationwide Children's Hospital
Frontier LSD	Hopewell Health Centers
Gahanna-Jefferson CSD	Concord Counseling Services The Buckeye Ranch
Gallia County LSD	Field of Hope Community Campus Health Recovery Services Hopewell Health Centers
Gallipolis CSD	Hopewell Health Centers
Garaway LSD	OhioGuidestone SpringVale Health Centers
Garfield Heights CSD	Applewood Centers Beech Brook Murtis Taylor Human Services System OhioGuidestone Positive Education Program
Geneva Area CSD	Community Counseling Center
Genoa Area LSD	OhioGuidestone
Georgetown EVSD	Child Focus
Gesu Catholic School	Harbor
Girard CSD	Family & Community Services, Inc. Meridian Healthcare
Global Ambassadors Language Academy	OhioGuidestone
Global Impact STEM Academy	Nationwide Children's Hospital
Gorham Fayette LSD	Maumee Valley Guidance Center
Goshen LSD	Child Focus Greater Cincinnati Behavioral Health Services
Graham LSD	TCN Behavioral Health
Grand Valley LSD	Community Counseling Center Signature Health
Grandview Heights CSD	Syntero, Inc.
Grant Career Center	Child Focus
Granville EVSD	OhioGuidestone
Great Oaks Career Campuses: Cincinnati	Best Point Education & Behavioral Health
Great Oaks Career Campuses: Laurel Oaks	Solutions Community Counseling and Recovery Centers
Great Oaks Vocational Schools	Child Focus
Green LSD (Scioto County)	Shawnee Family Health Center
Green LSD (Summit County)	Child Guidance & Family Solutions
Green LSD (Wayne County)	OneEighty

School/School District	School-Based Service Providers as of 2022
Greenon LSD	WellSpring
Groveport Madison LSD	Concord Counseling Services Nationwide Children's Hospital The Buckeye Ranch
Hamilton County ECS Head Start	Best Point Education & Behavioral Health
Hamilton CSD	Best Point Education & Behavioral Health Community Behavioral Health/Community First NewPath Child & Family Solutions
Hamilton LSD	OhioGuidestone The Buckeye Ranch
HARCATUS Head Start	SpringVale Health Centers
Heath CSD	Behavioral Healthcare Partners of Central Ohio Nationwide Children's Hospital
Hicksville EVSD	Maumee Valley Guidance Center
Highland CSD	OhioGuidestone
Highland LSD (Medina County)	Positive Education Program
Highland LSD (Morrow County)	Syntero, Inc.
Hilliard CSD	I Am Boundless Syntero, Inc. The Buckeye Ranch
Hillsboro CSD	Family Recovery Services
Hillsdale LSD	Appleseed Community Mental Health Center
Holgate LSD	Maumee Valley Guidance Center
Hope Learning Academy of Toledo	Harbor
Horizon Science Academy (Dayton)	Samaritan Behavioral Health
Horizon Science Academy (Springfield)	OhioGuidestone
Howland LSD	Family & Community Services, Inc.
Huber Heights CSD	Samaritan Behavioral Health, South Community
Hudson CSD	Child Guidance & Family Solutions Greenleaf Family Center Positive Education Program
Huron CSD	Positive Education Program
Imagine Academy	Red Oak Behavioral Health
Independent Education Center	OhioGuidestone
Indian Lake LSD	TCN Behavioral Health
Indian Valley LSD	OhioGuidestone
Innovation Academy West	OhioGuidestone
Intergenerational Schools	OhioGuidestone
Invictus High Schools	OhioGuidestone
Jackson CSD	Hopewell Health Centers Nationwide Children's Hospital
Jackson LSD	CommQuest Stark County TASC

School/School District	School-Based Service Providers as of 2022
Jackson-Milton LSD	Alta Care Group
James A. Garfield LSD	Children's Advantage Greenleaf Family Center Townhall II
Jefferson Area LSD	Community Counseling Center Signature Health
Jefferson LSD	OhioGuidestone
John F. Kennedy Catholic School	Alta Care Group
Joint Vocational School District	Nationwide Children's Hospital
Kent CSD	Children's Advantage Townhall II
Kettering CSD	South Community
Keystone LSD	Bellefaire JCB Positive Education Program The LCADA Way
KIPP Columbus	CompDrug (Youth to Youth Program) Nationwide Children's Hospital OhioGuidestone The Buckeye Ranch
Kirtland LSD	Crossroads Health
LaBrae LSD	Family & Community Services, Inc.
Lake Erie International School	OhioGuidestone
Lake Erie Preparatory Academy	Recovery Resources
Lake LSD (Stark County)	Child and Adolescent Behavioral Health
Lake LSD (Wood County)	Children's Resource Center
Lakewood CSD	Bellefaire JCB OhioGuidestone Positive Education Program Recovery Resources
Lakota LSD (Butler County)	Solutions Community Counseling and Recovery Centers
Lancaster CSD	New Horizons Mental Health Services OhioGuidestone The Recovery Center
Leetonia EVSD	The Counseling Center of Columbiana County
Liberty Center CSD	OhioGuidestone
Liberty Center LSD	Maumee Valley Guidance Center
Liberty LSD	Alta Care Group Compass Family and Community Services
Liberty Preparatory School	Anazao Community Partners
Liberty Union-Thurston LSD	New Horizons Mental Health Services The Recovery Center
Lincoln Park Schools	OhioGuidestone
Lincolnview LSD	Westwood Behavioral Health Center, Inc.
Linden Grove School	Best Point Education & Behavioral Health

School/School District	School-Based Service Providers as of 2022
Lisbon EVSD	The Counseling Center of Columbiana County
Little Miami LSD	Solutions Community Counseling and Recovery Centers
Lockland CSD	NewPath Child & Family Solutions
Logan Elm LSD	Hopewell Health Centers
Logan-Hocking LSD	Health Recovery Services Hopewell Health Centers
London CSD	Mental Health Services for Clark and Madison Counties Nationwide Children's Hospital
Lorain County Joint Vocational School	OhioGuidestone The LCADA Way
Lorain CSD	Applewood Centers Beech Brook Bellefaire JCB OhioGuidestone Positive Education Program The LCADA Way
Lorain Preparatory Academy	OhioGuidestone
Loudonville-Perrysville EVSD	Appleseed Community Mental Health Center
Louisville CSD	CommQuest
Loveland CSD	Best Point Education & Behavioral Health
Lowellville LSD	Alta Care Group
Luther Memorial School	OhioGuidestone
Lutheran East High School	OhioGuidestone
Mad River LSD	Samaritan Behavioral Health
Madison LSD	Crossroads Health
Madison LSD (Butler County)	Talbert House
Madison-Plains LSD	Nationwide Children's Hospital
Mahoning County Career and Technical Center	Alta Care Group
Manchester LSD	Child Guidance & Family Solutions Greenleaf Family Center
Maple Heights CSD	Applewood Centers Murtis Taylor Human Services System Positive Education Program
Mapleton LSD	Appleseed Community Mental Health Center
Maplewood Career Center	Children's Advantage
Maplewood LSD	Family & Community Services, Inc.
Margaretta LSD	Positive Education Program
Mariemont CSD	Child Focus
Marion CSD	OhioGuidestone The Buckeye Ranch
Marlington LSD	Child and Adolescent Behavioral Health Stark County TASC
Marysville EVSD	Nationwide Children's Hospital

School/School District	School-Based Service Providers as of 2022
Massillon CSD	Child and Adolescent Behavioral Health CommQuest Stark County TASC
Maumee CSD	Harbor
Mayfield CSD	Bellefaire JCB Murtis Taylor Human Services System Positive Education Program
Maysville LSD	Allwell Behavioral Health Services Nationwide Children's Hospital
McDonald LSD	Family & Community Services, Inc.
Mechanicsburg EVSD	TCN Behavioral Health
Medina CSD	Bellefaire JCB OhioGuidestone Positive Education Program
Meigs LSD	Health Recovery Services Hopewell Health Centers
Mentor EVSD	Crossroads Health
Metro Schools	The Ohio State University Wexner Medical Center
Miami Trace LSD	Eastway Behavioral Healthcare Nationwide Children's Hospital
Miami Valley Academies	Eastway Behavioral Healthcare
Miami Valley Career Technology Center	Samaritan Behavioral Health
Miamisburg CSD	Samaritan Behavioral Health South Community
Middletown Fitness & Prep Academy	Eastway Behavioral Healthcare
Mid-East Career and Technology Centers	Allwell Behavioral Health Services
Midview LSD	Bellefaire JCB Positive Education Program The LCADA Way
Milford EVSD	Best Point Education & Behavioral Health Child Focus Greater Cincinnati Behavioral Health Services
Millcreek-West Unity LSD	Maumee Valley Guidance Center
Milton-Union EVSD	Samaritan Behavioral Health
Minerva LSD	CommQuest Stark County TASC
Minford LSD	Shawnee Family Health Center
Mogadore LSD	CHC Addiction Services Greenleaf Family Center Red Oak Behavioral Health
Montgomery County ESC	South Community
Montpelier EVSD	Maumee Valley Guidance Center
Morgan LSD	Allwell Behavioral Health Services Nationwide Children's Hospital

School/School District	School-Based Service Providers as of 2022
Mount Gilead EVSD	Syntero, Inc.
Mount Healthy CSD	Best Point Education & Behavioral Health
Mount Vernon CSD	Alcohol & Drug Freedom Center of Knox County
Mt. Healthy Preparatory and Fitness Academy	Eastway Behavioral Healthcare
Muskingum County Head Start	Allwell Behavioral Health Services
Napoleon Area CSD	Maumee Valley Guidance Center
Nelsonville-York CSD	Health Recovery Services Hopewell Health Centers Nationwide Children's Hospital
New Albany-Plain LSD	Concord Counseling Services Nationwide Children's Hospital The Buckeye Ranch
New Boston LSD	Shawnee Family Health Center
New Lebanon LSD	South Community
New Lexington CSD	Allwell Behavioral Health Services Nationwide Children's Hospital
New Philadelphia CSD	OhioGuidestone SpringVale Health Centers
New Richmond EVSD	Child Focus Greater Cincinnati Behavioral Health Services
Newcomerstown EVSD	OhioGuidestone
Niles CSD	Family & Community Services, Inc. Meridian Healthcare
Noble Academy	Bellefaire JCB
Nordonia Hills CSD	Greenleaf Family Center
North Baltimore LSD	Children's Resource Center
North Canton CSD	CommQuest
North Central LSD	Maumee Valley Guidance Center OhioGuidestone
North College Hill CSD	NewPath Child & Family Solutions
North Dayton School of Discovery	Samaritan Behavioral Health
North Fork LSD	New Horizons Mental Health Services
North Olmsted CSD	Beech Brook Positive Education Program
North Ridgeville CSD	Positive Education Program The LCADA Way
North Royalton CSD	Positive Education Program
North Union LSD	Nationwide Children's Hospital OhioGuidestone
Northeast Ohio College Preparatory School	Positive Education Program
Northeastern LSD (Defiance County)	Maumee Valley Guidance Center RFS Behavioral Health
Northern LSD (Perry County)	Allwell Behavioral Health Services

School/School District	School-Based Service Providers as of 2022
Northmont CSD	South Community
Northmor LSD	Syntero, Inc.
Northwest Academy	OhioGuidestone
Northwest LSD (Stark/Summit County)	Greenleaf Family Center
Northwest LSD (Hamilton County)	Best Point Education & Behavioral Health
Northwest LSD (Scioto County)	Shawnee Family Health Center
Northwestern LSD (Wayne County)	Anazao Community Partners OneEighty
Northwood LSD	Children's Resource Center
Norton CSD	Greenleaf Family Center Red Oak Behavioral Health
Norwalk CSD	Positive Education Program
Norwayne LSD	Anazao Community Partners OneEighty
Norwood CSD	Talbert House
Oak Hill Union LSD	Health Recovery Services Hopewell Health Centers
Oakwood CSD	South Community
Oberlin CSD	Applewood Centers Positive Education Program The LCADA Way
Ohio Virtual Academy	Syntero, Inc.
Old Brook High	Applewood Centers
Olentangy LSD	Syntero, Inc. The Ohio State University Wexner Medical Center
Olmsted Falls CSD	OhioGuidestone Positive Education Program
On Purpose Academy	Samaritan Behavioral Health
Opportunity School	The Counseling Center of Columbiana County
Orange CSD	Positive Education Program
Orchard Park Academy	Applewood Centers
Oregon CSD	Harbor
Orrville CSD	OneEighty The Counseling Center of Wayne & Holmes Counties
Otsego LSD	Children's Resource Center
Our Catholic Schools	Nationwide Children's Hospital
Our Lady of the Elms	CHC Addiction Services Greenleaf Family Center Red Oak Behavioral Health
Painesville City LSD	Crossroads Health
Painesville CSD	Signature Health
Parma Academy	OhioGuidestone

School/School District	School-Based Service Providers as of 2022
Parma CSD	Murtis Taylor Human Services System OhioGuidestone Positive Education Program Recovery Resources
Pathe/Wood County ESC	Children's Resource Center
Pathways to Success (Alternative)	OhioGuidestone
Patrick Henry LSD	Maumee Valley Guidance Center
Penta Career Center	Children's Resource Center
Perkins LSD	Positive Education Program
Perry LSD	Crossroads Health
Perry LSD (Stark County)	CommQuest Stark County TASC
Perrysburg EVSD	Children's Resource Center
Pettisville LSD	Maumee Valley Guidance Center
Pickerington LSD	New Horizons Mental Health Services OhioGuidestone The Recovery Center
Pike-Delta-York LSD	Maumee Valley Guidance Center RFS Behavioral Health
Piqua CSD	Samaritan Behavioral Health
Plain LSD	Child and Adolescent Behavioral Health Stark County TASC
Pleasant LSD	OhioGuidestone
Poland LSD	Alta Care Group Meridian Healthcare
Portage Lakes Career Center	Red Oak Behavioral Health
Portsmouth CSD	Shawnee Family Health Center
Preble Shawnee LSD	NewPath Child & Family Solutions
Princeton CSD	Talbert House
Promise Academy	Applewood Centers
Pymatuning Valley LSD	Community Counseling Center
Queen of Apostles Catholic School	Harbor
Queen of Peace School	Community Behavioral Health/Community First
Randall Park High	Applewood Centers
Ravenna CSD	Children's Advantage Townhall II
Reading Community CSD	Best Point Education & Behavioral Health
Regent High School	Bellefaire JCB
Revere LSD	CHC Addiction Services Greenleaf Family Center
Reynoldsburg CSD	Community for New Direction CompDrug (Youth to Youth Program) Nationwide Children's Hospital The Buckeye Ranch

School/School District	School-Based Service Providers as of 2022
RG Drage Career Technical Center	CommQuest
Richard Allen Schools	Eastway Behavioral Healthcare
Richmond Heights LSD	Applewood Centers Positive Education Program
Ridgedale LSD	OhioGuidestone
Ridgewood LSD	Coshocton Behavioral Health Choices Nationwide Children's Hospital
Ripley Union Lewis Huntington LSD	Child Focus
Rittman Academy	Anazao Community Partners
Rittman EVSD	OneEighty
River Valley LSD	OhioGuidestone
River View LSD	Coshocton Behavioral Health Choices
Riverside LSD (Lake County)	Crossroads Health Signature Health
Riverside LSD (Logan County)	TCN Behavioral Health
Rocky River CSD	Positive Education Program
Rolling Hills LSD	Nationwide Children's Hospital
Rootstown LSD	Townhall II
Rossford EVSD	Children's Resource Center
Sacred Heart Catholic School	Coshocton Behavioral Health Choices
Saint John School	Community Counseling Center
Saint Rose Catholic School	Alta Care Group
Salem CSD	The Counseling Center of Columbiana County
Sandusky CSD	Positive Education Program
Sandy Valley LSD	Child and Adolescent Behavioral Health
Scioto County Career Technical Center	Shawnee Family Health Center
Sciotoville Community School	Shawnee Family Health Center
Sebring LSD	Alta Care Group
Seton Catholic School	Greenleaf Family Center
Shaker Heights CSD	Bellefaire JCB Murtis Taylor Human Services System Positive Education Program
Sheffield-Sheffield Lake CSD	OhioGuidestone Positive Education Program The LCADA Way
Shepherd of All Gods Children	Meridian Healthcare
Solon CSD	Positive Education Program
South Euclid-Lyndhurst CSD	New Directions OhioGuidestone Positive Education Program
Southeast LSD (Portage County)	Children's Advantage Townhall II

School/School District	School-Based Service Providers as of 2022
Southeast LSD (Wayne County)	OneEighty The Counseling Center of Wayne & Holmes Counties
Southern LSD (Columbiana County)	The Counseling Center of Columbiana County
Southern LSD (Meigs County)	Health Recovery Services Hopewell Health Centers
Southern LSD (Perry County)	Allwell Behavioral Health Services
Southington LSD	Compass Family and Community Services
Southwest Licking LSD	Behavioral Healthcare Partners of Central Ohio
Southwest LSD	Best Point Education & Behavioral Health
South-Western CSD	Directions For Youth & Families Nationwide Children's Hospital The Buckeye Ranch
Springfield CSD	Mental Health Services for Clark and Madison Counties WellSpring
Springfield LSD (Lucas County)	OhioGuidestone
Springfield LSD (Summit County)	CHC Addiction Services Greenleaf Family Center Red Oak Behavioral Health
Springfield Preparatory & Fitness Academy	Eastway Behavioral Healthcare
St. Augustine of Barberton	Greenleaf Family Center
St. Francis School	OhioGuidestone
St. Joan of Arc Catholic School	CommQuest
St. Joseph Catholic School	Harbor
St. Mary Catholic School	CommQuest Hopewell Health Centers
St. Paul Catholic School	CommQuest
St. Peter Catholic School	CommQuest
St. Peter in Chains School	Community Behavioral Health/Community First
St. Rocco School	OhioGuidestone
St. Thomas Aquinas High School & Middle School	CommQuest
St. Vincent-St. Mary High School	Greenleaf Family Center Red Oak Behavioral Health
STAR Alternative Schools	OhioGuidestone
Stark County ESC	CommQuest
Stepstone Academy	OhioGuidestone
Stow-Munroe Falls CSD	CHC Addiction Services Child Guidance & Family Solutions Greenleaf Family Center
Strasburg-Franklin LSD	OhioGuidestone
Streetsboro CSD	Children's Advantage Townhall II
Strongsville CSD	Positive Education Program

School/School District	School-Based Service Providers as of 2022
Struthers CSD	Meridian Healthcare
Stryker LSD	Maumee Valley Guidance Center
Summit Academy	Bellefaire JCB
Summit Academy Akron Middle School	Greenleaf Family Center
Swanton LSD	Maumee Valley Guidance Center RFS Behavioral Health
Sycamore Community CSD	eXclusive Services
Sylvania CSD	Beyond Healthcare Harbor RFS Behavioral Health
Talawanda CSD	Best Point Education & Behavioral Health
Tallmadge CSD	CHC Addiction Services Greenleaf Family Center Red Oak Behavioral Health
TCAP Preschools	Family & Community Services, Inc.
Tecumseh LSD	Mental Health Services for Clark and Madison Counties WellSpring
The Dayton Regional STEM School	South Community
The Maritime Academy of Toledo	RFS Behavioral Health
The Modern College of Design	South Community
The Seven Hills Schools	Best Point Education & Behavioral Health
The Wellington School	Nationwide Children's Hospital
Three Rivers LSD	Best Point Education & Behavioral Health
Toledo CSD	Harbor OhioGuidestone RFS Behavioral Health Unison Health
Toledo School for the Arts	Harbor
Tolles Career & Technical Center	Syntero, Inc.
Toronto CSD	Nationwide Children's Hospital
Towpath Trail High School	Red Oak Behavioral Health
Triad LSD	TCN Behavioral Health
Tri-County Career Center	Health Recovery Services
Trimble LSD	Health Recovery Services Hopewell Health Centers Nationwide Children's Hospital
Triway LSD	OneEighty
Trotwood Preparatory & Fitness Academy	Eastway Behavioral Healthcare
Trotwood-Madison CSD	Samaritan Behavioral Health
Trumbull Career & Technical Center	Family & Community Services, Inc.
Trumbull County ESC	Family & Community Services, Inc.
Tuscarawas Central Catholic Elementary/Immaculate Conception	OhioGuidestone

School/School District	School-Based Service Providers as of 2022
Tuscarawas Central Catholic Junior/Senior High School	SpringVale Health Centers
Tuslaw LSD	Child and Adolescent Behavioral Health
Twinsburg CSD	Positive Education Program
United LSD	The Counseling Center of Columbiana County
Upper Arlington CSD	Syntero, Inc. The Buckeye Ranch The Ohio State University Wexner Medical Center
Urban Community School	OhioGuidestone
Urbana CSD	TCN Behavioral Health
Ursuline Academy	Alta Care Group
Valley LSD	Shawnee Family Health Center
Valley View LSD	South Community
Van Wert CSD	Westwood Behavioral Health Center, Inc.
Vandalia-Butler CSD	Samaritan Behavioral Health
Vermilion LSD	OhioGuidestone Positive Education Program The LCADA Way
Vinton County LSD	Hopewell Health Centers
Wadsworth CSD	Bellefaire JCB OhioGuidestone Red Oak Behavioral Health
Walnut Township LSD	New Horizons Mental Health Services
Warren CSD	Alta Care Group Compass Family and Community Services Family & Community Services, Inc. Positive Education Program
Warrensville CSD	Murtis Taylor Human Services System
Warrensville Heights CSD	Beech Brook Positive Education Program
Washington-Nile LSD	Shawnee Family Health Center
Waterloo LSD	Greenleaf Family Center Townhall II
Wauseon EVSD	Maumee Valley Guidance Center OhioGuidestone
Wayne County Schools Career Center	OneEighty The Counseling Center of Wayne & Holmes Counties
Wayne Trace LSD	Westwood Behavioral Health Center, Inc.
Wellington EVSD	Applewood Centers Positive Education Program The LCADA Way
Wellston CSD	Health Recovery Services Hopewell Health Centers Nationwide Children's Hospital

School/School District	School-Based Service Providers as of 2022
West Carrollton CSD	Eastway Behavioral Healthcare Samaritan Behavioral Health
West Clermont CSD	Greater Cincinnati Behavioral Health Services
West Clermont LSD	Child Focus
West Geauga LSD	Crossroads Health
West Holmes LSD	Anazao Community Partners OneEighty
West Liberty-Salem LSD	TCN Behavioral Health WellSpring
Western Brown LSD	Talbert House
Western Reserve LSD (Huron County)	Positive Education Program
Western Reserve LSD (Mahoning County)	Alta Care Group
Westerville CSD	Concord Counseling Services The Buckeye Ranch
Westfall LSD	Nationwide Children's Hospital
Westlake CSD	Bellefaire JCB New Directions Positive Education Program
Whitehall CSD	OhioGuidestone The Buckeye Ranch
Wickliffe CSD	Crossroads Health Positive Education Program Signature Health
Williamsburg LSD	Child Focus Greater Cincinnati Behavioral Health Services
Willoughby-Eastlake CSD	Crossroads Health Murtis Taylor Human Services System
Wilmington CSD	Solutions Community Counseling and Recovery Centers
Wilmington Head Start	Solutions Community Counseling and Recovery Centers
Windham EVSD	Children's Advantage Townhall II
Winton Woods CSD	Talbert House
Woodridge LSD	CHC Addiction Services Greenleaf Family Center Positive Education Program Red Oak Behavioral Health
Wooster CSD	Anazao Community Partners OneEighty
Worthington CSD	North Community Counseling Centers The Buckeye Ranch
Wyoming CSD	Best Point Education & Behavioral Health
Zanesville City JDC	Allwell Behavioral Health Services

Community Behavioral Health Providers Delivering School-Based Services

School-Based Service Provider	Schools/School Districts
Alcohol & Drug Freedom Center of Knox County	Centerburg LSD Danville LSD East Knox LSD Fredericktown LSD Mount Vernon CSD
Allwell Behavioral Health Services	Bishop Fenwick School Caldwell EVSD Cambridge CSD Coshocton Career Center Coshocton CSD Maysville LSD Mid-East Career and Technology Centers Morgan LSD Muskingum County Head Start New Lexington CSD Northern LSD (Perry County) Southern LSD (Perry County) Zanesville City JDC Zanesville CSD
Alta Care Group	Boardman LSD Jackson-Milton LSD John F. Kennedy Catholic School Liberty LSD Lowellville LSD Mahoning County Career and Technical Center Poland LSD Saint Rose Catholic School Sebring LSD Ursuline Academy Warren CSD Western Reserve LSD (Mahoning County)
Anazao Community Partners	Chippewa LSD East Holmes LSD Liberty Preparatory School Northwestern LSD (Wayne County) Norwayne LSD Rittman Academy West Holmes LSD Wooster CSD

<p>Appleseed Community Mental Health Center</p>	<p>Ashland County Community Academy Ashland County-West Holmes Career Center Ashland CSD Crestview LSD (Richland County) Hillsdale LSD, Loudonville-Perrysville EVSD Mapleton LSD</p>
<p>Applewood Centers</p>	<p>Clearview LSD Cleveland Metropolitan CSD Cuyahoga Heights LSD Elyria CSD Garfield Heights CSD Lorain CSD Maple Heights CSD Oberlin CSD Old Brook High Orchard Park Academy Promise Academy Randall Park High Richmond Heights LSD Wellington EVSD</p>
<p>Beech Brook</p>	<p>Bedford CSD Cleveland Metropolitan CSD Elyria CSD Garfield Heights CSD Lorain CSD North Olmsted CSD Warrensville Heights CSD</p>
<p>Behavioral Healthcare Partners of Central Ohio</p>	<p>Centerburg LSD East Knox LSD Heath CSD Southwest Licking LSD</p>
<p>Bellefaire JCB</p>	<p>Avon Lake CSD Cleveland Metropolitan CSD Cloverleaf LSD Constellation Schools Elyria CSD Euclid CSD Keystone LSD Lakewood CSD Lorain CSD Mayfield CSD Medina CSD Midview LSD Noble Academy Regent High School Shaker Heights CSD</p>

	Summit Academy Wadsworth CSD Westlake CSD
Best Point Education & Behavioral Health	Cincinnati CSD Deer Park Community CSD Great Oaks Career Campuses: Cincinnati Hamilton County ECS Head Start Hamilton CSD Linden Grove School Loveland CSD Milford EVSD Mount Healthy CSD Northwest LSD (Hamilton County) Reading Community CSD Southwest LSD Talawanda CSD The Seven Hills Schools Three Rivers LSD Wyoming CSD
Beyond Healthcare	Sylvania CSD
CHC Addiction Services	Akron CSD Barberton CSD Copley-Fairlawn CSD Cuyahoga Falls CSD Mogadore LSD Our Lady of the Elms Revere LSD Springfield LSD (Summit County) Stow-Munroe Falls CSD Tallmadge CSD Woodridge LSD
Child and Adolescent Behavioral Health	Alliance CSD Canton CSD Lake LSD (Stark County) Marlington LSD Massillon CSD Plain LSD Sandy Valley LSD Tuslaw LSD
Child Focus	Arch Diocese of Cincinnati Batavia LSD Bethel-Tate LSD Cincinnati CSD Clermont-Northeastern LSD Fayetteville-Perry LSD

	<p>Felicity-Franklin LSD Forest Hills LSD Georgetown EVSD Goshen LSD Grant Career Center Great Oaks Vocational Schools Mariemont CSD Milford EVSD New Richmond EVSD Ripley Union Lewis Huntington LSD West Clermont LSD Williamsburg LSD</p>
Child Guidance & Family Solutions	<p>Barberton CSD Copley-Fairlawn CSD Cuyahoga Falls CSD Green LSD (Summit County) Hudson CSD Manchester LSD Stow-Munroe Falls CSD</p>
Children's Advantage	<p>Aurora CSD Bio-Med Science Academy Crestwood LSD Field LSD James A. Garfield LSD Kent CSD Maplewood Career Center Ravenna CSD Southeast LSD (Portage County) Streetsboro CSD Windham EVSD</p>
Children's Resource Center	<p>Bowling Green CSD Eastwood LSD Elmwood LSD (Wood County) Lake LSD (Wood County) North Baltimore LSD Northwood LSD Otsego LSD Pathe/Wood County ESC Penta Career Center Perrysburg EVSD Rossford EVSD</p>
CommQuest	<p>Canton CSD Canton LSD Jackson LSD Louisville CSD Massillon CSD</p>

	<p>Minerva LSD North Canton CSD Perry LSD (Stark County) RG Drage Career Technical Center St. Joan of Arc Catholic School St. Mary Catholic School St. Paul Catholic School St. Peter Catholic School St. Thomas Aquinas High School & Middle School Stark County ESC</p>
Community Behavioral Health /Community First	<p>Hamilton CSD Queen of Peace School St. Peter in Chains School</p>
Community Counseling Center	<p>Ashtabula Area CSD Ashtabula County ESC Ashtabula County Technical & Career Campus Buckeye LSD (Ashtabula County) Conneaut Area CSD Geneva Area CSD Grand Valley LSD Jefferson Area LSD Pymatuning Valley LSD Saint John School</p>
Community for New Direction	<p>Columbus CSD Reynoldsburg CSD</p>
Compass Family and Community Services	<p>Champion LSD Liberty LSD Southington LSD Warren CSD</p>
CompDrug (Youth to Youth Program)	<p>Columbus CSD Dublin CSD KIPP Columbus Reynoldsburg CSD</p>
Concord Counseling Services	<p>Gahanna-Jefferson CSD Groveport Madison LSD New Albany-Plain LSD Westerville CSD</p>
Coshocton Behavioral Health Choices	<p>Coshocton CSD Ridgewood LSD River View LSD Sacred Heart Catholic School</p>
Crossroads Health	<p>Fairport Harbor EVSD Kirtland LSD Madison LSD Mentor EVSD</p>

	<p>Painesville City LSD Perry LSD Riverside LSD (Lake County) West Geauga LSD Wickliffe CSD Willoughby-Eastlake CSD</p>
Directions For Youth & Families	<p>Columbus CSD South-Western CSD</p>
Eastway Behavioral Healthcare	<p>City Day Community School Columbus CSD Dayton CSD Dayton Early College Academy Dayton SMART Elementary Miami Trace LSD Miami Valley Academies Middletown Fitness & Prep Academy Mt. Healthy Preparatory and Fitness Academy Richard Allen Schools Springfield Preparatory & Fitness Academy Trotwood Preparatory & Fitness Academy West Carrollton CSD</p>
eXclusive Services	<p>Cincinnati CSD Sycamore Community CSD</p>
Family & Community Services, Inc.	<p>Bristol LSD Brookfield LSD Canfield LSD Girard CSD Howland LSD LaBrae LSD Maplewood LSD McDonald LSD Niles CSD TCAP Preschools Trumbull Career & Technical Center Trumbull County ESC Warren CSD</p>
Family Recovery Services	<p>Adams County/Ohio Valley LSD Hillsboro CSD</p>
Field of Hope Community Campus	<p>Gallia County LSD</p>
Greater Cincinnati Behavioral Health Services	<p>Goshen LSD Milford EVSD New Richmond EVSD West Clermont CSD Williamsburg LSD</p>
Greenleaf Family Center	<p>Akron CSD</p>

	<p>Archbishop Hoban High School Barberton CSD Coventry LSD Cuyahoga Falls CSD Field LSD Hudson CSD James A. Garfield LSD Manchester LSD Mogadore LSD Nardon Hills CSD Northwest LSD (Stark/Summit County) Norton CSD Our Lady of the Elms Revere LSD Seton Catholic School Springfield LSD (Summit County) St. Augustine of Barberton St. Vincent-St. Mary High School Stow-Munroe Falls CSD Summit Academy Akron Middle School Tallmadge CSD Waterloo LSD Woodridge LSD</p>
Harbor	<p>Gesu Catholic School Hope Learning Academy of Toledo Maumee CSD Oregon CSD Queen of Apostles Catholic School St. Joseph Catholic School Sylvania CSD Toledo CSD Toledo School for the Arts</p>
Health Recovery Services	<p>Alexander LSD Athens CSD Eastern LSD (Meigs County) Gallia County LSD Logan-Hocking LSD Meigs LSD Nelsonville-York CSD Oak Hill Union LSD Southern LSD (Meigs County) Tri-County Career Center Trimble LSD Wellston CSD</p>
Hopewell Health Centers	<p>Alexander CSD Athens CSD</p>

	<p>Buckeye Hills Career Center Christian Life Academy Eastern LSD (Meigs County) Federal Hocking LSD Fort Frye LSD Frontier LSD Gallia County LSD Gallipolis CSD Jackson CSD Logan Elm LSD Logan-Hocking LSD Meigs LSD Nelsonville-York CSD Oak Hill Union LSD Southern LSD (Meigs County) St. Mary Catholic School Trimble LSD Vinton County LSD Wellston CSD</p>
I Am Boundless	<p>Dublin CSD Hilliard CSD</p>
Maumee Valley Guidance Center	<p>Archbold-Area LSD Ayersville LSD Bryan CSD Central LSD Defiance CSD Edgerton LSD Edon-Northwest LSD Evergreen LSD Gorham Fayette LSD Hicksville EVSD Holgate LSD Liberty Center LSD Millcreek-West Unity LSD Montpelier EVSD Napoleon Area CSD North Central LSD Northeastern LSD (Defiance County) Patrick Henry LSD Pettisville LSD Pike-Delta-York LSD Stryker LSD Swanton LSD Wauseon EVSD</p>
Mental Health Services for Clark and Madison Counties, Inc.	<p>London CSD Springfield CSD</p>

	Tecumseh LSD
Meridian Healthcare	Boardman LSD Brookfield LSD Campbell CSD Girard CSD Niles CSD Poland LSD Shepherd of All God’s Children Struthers CSD
Murtis Taylor Human Services System	Accel Public Charter Schools Bedford CSD Berea CSD Brooklyn CSD Cleveland Hts.-University Hts. CSD Cleveland Metropolitan CSD Cleveland Transformation Alliance Charter Schools Euclid CSD Garfield Heights CSD Maple Heights CSD Mayfield CSD Parma CSD Shaker Heights CSD Warrensville CSD Willoughby-Eastlake CSD
Nationwide Children’s Hospital	Alexander LSD Arts and College Preparatory Academy Athens CSD Bexley CSD Caldwell EVSD Cambridge CSD Canal Winchester LSD Chillicothe CSD Circleville CSD Columbus CSD Coshocton CSD Crooksville EVSD East Guernsey LSD East Muskingum LSD Eastern LSD Fairbanks LSD Fredericktown LSD Global Impact STEM Academy Groveport Madison LSD Heath CSD Jackson CSD Joint Vocational School District

	<p>KIPP Columbus London CSD Madison-Plains LSD Marysville EVSD Maysville LSD Miami Trace LSD Morgan LSD Nelsonville-York CSD New Albany-Plain LSD New Lexington CSD North Union LSD Our Catholic Schools Reynoldsburg CSD Ridgewood LSD Rolling Hills LSD South-Western CSD The Wellington School Toronto CSD Trimble LSD Wellston CSD Westfall LSD Zanesville CSD</p>
New Directions	<p>South Euclid-Lyndhurst CSD Westlake CSD</p>
New Horizons Mental Health Services	<p>Amanda-Clearcreek LSD Berne Union LSD Bloom-Carroll LSD Eastland/Fairfield Career Centers Franklin LSD Lancaster CSD Liberty Union-Thurston LSD North Fork LSD Pickerington LSD Walnut Township LSD Zanesville CSD</p>
NewPath Child & Family Solutions	<p>Cincinnati CSD Fairfield CSD Hamilton CSD Lockland CSD North College Hill CSD Preble Shawnee LSD</p>
North Community Counseling Centers	<p>Columbus CSD Worthington CSD</p>
OhioGuidestone	<p>Akron CSD Amherst CSD</p>

	Avon CSD Barberton CSD Berea CSD Berne Union LSD Big Walnut LSD Black River Career Prep Black River LSD Breakthrough Public Schools Brooklyn CSD Brunswick CSD Bryan CSD Buckeye LSD (Medina County) Canal Winchester LSD CASTLE High School Cleveland Metropolitan CSD Cloverleaf CSD Constellation Schools Early College High School East Cleveland CSD Elyria CSD Euclid CSD Evergreen LSD Flex High School Garaway LSD Garfield Heights CSD Genoa Area LSD Global Ambassadors Language Academy (Charter) Granville EVSD Hamilton LSD Highland CSD Horizon Science Academy (Springfield) Independent Education Center Indian Valley LSD Innovation Academy West (Charter) Intergenerational Schools (Charter) Invictus High Schools (Charter) Jefferson LSD KIPP Columbus Lake Erie International School (Charter) Lakewood CSD Lancaster CSD Liberty Center CSD Lincoln Park Schools Lorain County Joint Vocational School Lorain CSD Lorain Preparatory Academy
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	<p>Luther Memorial School Lutheran East High School Marion CSD Medina CSD New Philadelphia CSD Newcomerstown EVSD North Central LSD North Union LSD Northwest Academy Olmsted Falls CSD Parma Academy Parma CSD Pathways to Success (Alternative) Pickerington LSD Pleasant LSD Ridgedale LSD River Valley LSD Sheffield-Sheffield Lake CSD South Euclid-Lyndhurst CSD Springfield LSD (Lucas County) St. Francis School St. Rocco School STAR Alternative Schools Stepstone Academy (Charter) Strasburg-Franklin LSD Toledo CSD Tuscarawas Central Catholic Elementary/Immaculate Conception Urban Community School (Charter) Vermilion LSD Wadsworth CSD Wauseon EVSD Whitehall CSD</p>
<p>OneEighty</p>	<p>Chippewa LSD Dalton LSD East Holmes LSD Green LSD (Wayne County) Northwestern LSD (Wayne County) Norwayne LSD Orrville CSD Rittman EVSD Southeast LSD (Wayne County) Triway LSD Wayne County Schools Career Center West Holmes LSD Wooster CSD</p>

<p>Positive Education Program</p>	<p>Amherst EVSD Avon Lake CSD Avon LSD Bay Village CSD Beachwood CSD Bedford CSD Bellevue CSD Berea CSD Black River LSD Brecksville-Broadview Heights CSD Brooklyn CSD Brunswick CSD Buckeye LSD (Medina County) Citizens Academy (Breakthrough Schools) Clearview LSD Cleveland Hts.-University Hts. CSD Cleveland Metropolitan CSD Cloverleaf LSD Constellation Schools Cuyahoga Heights LSD East Cleveland CSD Edison LSD (Erie County) Elyria CSD Euclid CSD Fairview Park CSD Garfield Heights CSD Highland LSD (Medina County) Hudson CSD Huron CSD Keystone LSD Lakewood CSD Lorain CSD Maple Heights CSD Margaretta LSD Mayfield CSD Medina CSD Midview LSD North Olmsted CSD North Ridgeville CSD North Royalton CSD Northeast Ohio College Preparatory School Norwalk CSD Oberlin CSD Olmsted Falls CSD Orange CSD Parma CSD</p>
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	<p>Perkins LSD Richmond Heights LSD Rocky River CSD Sandusky CSD Shaker Heights CSD Sheffield-Sheffield Lake CSD Solon CSD South Euclid-Lyndhurst CSD Strongsville CSD Twinsburg CSD Vermilion LSD Warren CSD Warrensville Heights CSD Wellington EVSD Western Reserve LSD (Huron County) Westlake CSD Wickliffe CSD Woodridge LSD</p>
Recovery Resources	<p>Bay Village CSD Berea CSD Cleveland Metropolitan CSD Fairview Park CSD Lake Erie Preparatory Academy Lakewood CSD Parma CSD</p>
Red Oak Behavioral Health	<p>Akron CSD Archbishop Hoban High School Barberton CSD Brecksville-Broadview Heights CSD Case Preparatory Academy Cuyahoga Falls CSD Imagine Academy Mogadore LSD Norton CSD Our Lady of the Elms Portage Lakes Career Center Springfield LSD (Summit County) St. Vincent-St. Mary High School Tallmadge CSD Towpath Trail High School Wadsworth CSD Woodridge LSD</p>
RFS Behavioral Health	<p>Ayersville LSD Bucyrus CSD Central LSD Defiance CSD</p>

	<p>Fayette LSD Northeastern LSD (Defiance County) Pike-Delta-York LSD Swanton LSD Sylvania CSD The Maritime Academy of Toledo Toledo CSD</p>
Samaritan Behavioral Health	<p>Dayton CSD Dayton Leadership Academy Dayton Regional STEM School Dayton SMART Elementary Emerson Academy Horizon Science Academy (Dayton) Huber Heights CSD Mad River LSD Miami Valley Career Technology Center Miamisburg CSD Milton-Union EVSD North Dayton School of Discovery On Purpose Academy Piqua CSD Trotwood-Madison CSD Vandalia-Butler CSD West Carrollton CSD</p>
Shawnee Family Health Center	<p>Clay LSD Green LSD (Scioto County) Minford LSD New Boston LSD Northwest LSD (Scioto County) Portsmouth CSD Scioto County Career Technical Center Sciotoville Community School Valley LSD Washington-Nile LSD</p>
Signature Health	<p>Ashtabula Area CSD Grand Valley LSD Jefferson Area LSD Painesville CSD Riverside LSD (Lake County) Summit Academy Wickliffe CSD</p>
Solutions Community Counseling and Recovery Centers	<p>East Clinton LSD Great Oaks Career Campuses: Laurel Oaks Lakota LSD (Butler County) Little Miami LSD Wilmington CSD</p>

	Wilmington Head Start
South Community	Centerville CSD Eaton CSD Huber Heights CSD Kettering CSD Miamisburg CSD Montgomery County ESC New Lebanon LSD Northmont CSD Oakwood CSD The Dayton Regional STEM School The Modern College of Design Valley View LSD
SpringVale Health Centers	Brown LSD Carroll Hills Schools (DD) Carrollton EVSD Dover CSD Garaway LSD HARCATUS Head Start New Philadelphia CSD Tuscarawas Central Catholic Junior/Senior High School
Stark County TASC	Alliance CSD Canton CSD Canton LSD Fairless LSD Jackson LSD Marlington LSD Massillon CSD Minerva LSD Perry LSD (Stark County) Plain LSD
Syntero	Big Walnut LSD Buckeye Valley LSD Cardington-Lincoln LSD Delaware LSD Dublin CSD Grandview Heights CSD Highland LSD (Morrow County) Hilliard CSD Mount Gilead EVSD Northmor LSD Ohio Virtual Academy Olentangy LSD Tolles Career & Technical Center Upper Arlington CSD

Talbert House	<p>Cincinnati CSD Madison LSD (Butler County) Norwood CSD Princeton CSD Western Brown LSD Winton Woods CSD</p>
TCN Behavioral Health	<p>Beavercreek CSD Bellefontaine CSD Graham LSD Indian Lake LSD Mechanicsburg EVSD Riverside LSD (Logan County) Triad LSD Urbana CSD West Liberty-Salem LSD</p>
The Buckeye Ranch	<p>Berne Union LSD Bexley CSD Columbus CSD Delaware CSD Dublin CSD Gahanna-Jefferson CSD Groveport Madison LSD Hamilton LSD Hilliard CSD KIPP Columbus Marion CSD New Albany-Plain LSD Reynoldsburg CSD South-Western CSD Upper Arlington CSD Westerville CSD Whitehall CSD Worthington CSD</p>
The Centers	<p>Cleveland Metropolitan CSD</p>
The Counseling Center of Columbiana County	<p>Beaver LSD Crestview LSD (Columbiana County) East Palestine CSD Leetonia EVSD Lisbon EVSD Opportunity School Salem CSD Southern LSD (Columbiana County) United LSD</p>
The Counseling Center of Wayne & Holmes Counties	<p>Dalton LSD Orrville CSD</p>

	Southeast LSD (Wayne County) Wayne County Schools Career Center
The LCADA Way	Avon Lake CSD Avon LSD Clearview LSD Early College High School Elyria CSD Firelands LSD Keystone LSD Lorain County Joint Vocational School Lorain CSD Midview LSD North Ridgeville CSD Oberlin CSD Sheffield-Sheffield Lake CSD Vermilion LSD Wellington EVSD
The Ohio State University Wexner Medical Center	Metro Schools Olentangy LSD Upper Arlington CSD
The Recovery Center	Amanda-Clearcreek LSD Berne Union LSD Catholic Schools in Fairfield County Lancaster CSD Liberty Union-Thurston LSD Pickerington LSD
Thrive Therapeutics	Dayton CSD Dayton Leadership Academy
Townhall II	Aurora CSD Bio-Med Science Academy Crestwood LSD Field LSD James A. Garfield LSD Kent CSD Ravenna CSD Rootstown LSD Southeast LSD (Portage County) Streetsboro CSD Waterloo LSD Windham EVSD
Unison Health	Toledo CSD

Alcohol & Drug Freedom Center of Knox County

Primary Contact: Afet Kilinc
Email: Afetk@freedomctr.net
Telephone: 740-397-2660

Partnering School Districts: Centerburg LSD, Danville LSD, East Knox LSD, Fredericktown LSD, Mount Vernon CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	9
Middle School:	5
High School:	1
ESC/Other:	13

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input checked="" type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input checked="" type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <input 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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Second Step, Word of Mouth</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Prevention Education</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>None</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Allwell Behavioral Health Services

Primary Contact: Jim Still-Pepper
Email: jstillpepper@allwell.org
Telephone: 740-454-9766

Partnering School Districts: Bishop Fenwick School, Caldwell EVSD, Cambridge CSD, Coshocton Career Center, Coshocton CSD, Maysville LSD, Mid-East Career and Technology Centers, Morgan LSD, Muskingum County Head Start, New Lexington CSD, Northern LSD (Perry County), Southern LSD (Perry County), Zanesville City JDC, Zanesville CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	14
Middle School:	9
High School:	9
ESC/Other:	5

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Family Wellness, CPST Living Skills</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Prevention and education services, counseling, family case management, crisis debriefing, and crisis intervention.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>SOS</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Alta Care Group

Primary Contact: Joe Shorokey
Email: joes@altacaregroup.org
Telephone: 330-793-2487

Partnering School Districts: Boardman LSD, Jackson-Milton LSD, John F. Kennedy Catholic School, Liberty LSD, Lowellville LSD, Mahoning County Career and Technical Center, Poland LSD, Saint Rose Catholic School, Sebring LSD, Ursuline Academy, Warren CSD, Western Reserve LSD (Mahoning County)

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	12
Middle School:	9
High School:	9
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	We are currently in Glenwood Junior High's BRYT classroom, which is a transition mental health classroom where students that are coming from an acute hospitalization or partial hospitalization may enter up to 8-10 weeks to transition academically and emotionally back to their regular intensive schedule based upon their progress and emotional stability.

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):

Collaborative Practices:	<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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Linkages Program provides suicide prevention and education to middle and high school students as well as assessments and screenings.</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>The most common services requested are mental health referrals for outpatient and school-based mental health services at this time as well as crisis intervention.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide (SOS)</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Mahoning County Mental Health and Recovery Board.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above <p>Other (please specify):</p>

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>

Anazao Community Partners

Primary Contact: Mark Woods
Email: woodsm@anazaocommunitypartners.org
Telephone: 330-621-4395

Partnering School Districts: Chippewa LSD, East Holmes LSD, Liberty Preparatory School, Northwestern LSD (Wayne County), Norwayne LSD, Rittman Academy, West Holmes LSD, Wooster CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	9
Middle School:	6
High School:	8
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling and Case Management</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>TF-CBT</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above Other (please specify): </p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention Other (please specify): </p>

Appleseed Community Mental Health Center

Primary Contact: Jerry Strausbaugh
Email: jstrausbaugh@appleseedcmhc.org
Telephone: 419-281-3716

Partnering School Districts: Ashland County Community Academy, Ashland County-West Holmes Career Center, Ashland CSD, Crestview LSD (Richland County), Hillsdale LSD, Loudonville-Perrysville EVSD, Mapleton LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	7
Middle School:	5
High School:	8
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Parent/Caregiver Services <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> QRP <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 type="checkbox"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling and crisis services.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>QPR, DBT, IFAST</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Applewood Centers

Primary Contact: Lori Konieczka, MSSA, LISW-S
Email: lkonieczka@applewoodcenters.org
Telephone: 216-532-2940

Partnering School Districts: Clearview LSD, Cleveland Metropolitan CSD, Cuyahoga Heights LSD, Elyria CSD, Garfield Heights CSD, Lorain CSD, Maple Heights CSD, Oberlin CSD, Old Brook High, Orchard Park Academy, Promise Academy, Randall Park High, Richmond Heights LSD, Wellington EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	31
Middle School:	9
High School:	8
ESC/Other:	4

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Consultation (student and adult), Prevention topics, Professional Development trainings for teachers, Individual Counseling, prevention groups.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>SOS, Helpful Minds</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. MHARS Board of Lorain County.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Beech Brook

Primary Contact: Jennifer H Bruehler, LISW-S
Email: jbruehler@beechbrook.org
Telephone: 216-831-2255 ext. 4001

Partnering School Districts: Bedford CSD, Cleveland Metropolitan CSD, Elyria CSD, Garfield Heights CSD, Lorain CSD, North Olmsted CSD, Warrensville Heights CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	45
Middle School:	34
High School:	13
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Other school staff, including administration and support staff.
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Most schools are requesting assistance with crisis intervention type scenarios including screenings for suicidal ideation and intent, intent to harm others or to help manage behavioral difficulties in students. Some schools have requested broader training for staff and administrators. Topics vary from being more trauma informed, supporting youth during Covid and self care for teachers</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>All of our school-based therapists are trained on the use of the Columbia Suicide Screening Tool. Signs of Suicide has been conducted at some of our high schools but due to barriers with funding it is not provided at all of the schools we work with.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No. Aside from the Columbia Suicide Screening tool that is utilized on an as-needed bases at no cost, universal screenings are not utilized primarily due to a lack of funding for this.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Behavioral Healthcare Partners of Central Ohio

Primary Contact: Rachelle Byrnes (Knox County) and Kelly Reitz (Licking County)
Email: rachelleybyrnes@bhcpartners.org, kellyreitz@bhcpartners.org
Telephone: 740-522-8477

Partnering School Districts: Centerburg LSD, East Knox LSD, Heath CSD, Southwest Licking LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	7
Middle School:	5
High School:	4
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Screening, assessment, consultation, and crisis de-escalation.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide, Columbia Suicide Screening and Risk Assessment, CBT.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. We assist Mental Health America in providing depression screening annually for students.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Bellefaire JCB

Primary Contact: Ali Trotter
Email: trottera@bellefairejcb.org
Telephone: 216-320-8491

Partnering School Districts: Avon Lake CSD, Cleveland Metropolitan CSD, Cloverleaf LSD, Constellation Schools, Elyria CSD, Euclid CSD, Keystone LSD, Lakewood CSD, Lorain CSD, Mayfield CSD, Medina CSD, Midview LSD, Noble Academy, Regent High School, Shaker Heights CSD, Summit Academy, Wadsworth CSD, Westlake CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	54
Middle School:	27
High School:	20
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Alternative Schools

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Assessment and individual counseling. Individual and group prevention.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>LifeAid and SOS (Sources of Strength)</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. C-SSRS.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Best Point Education & Behavioral Health

Primary Contact: Debbie Gingrich
Email: dgingrich@bestpoint.org
Telephone: 513-527-7200

Partnering School Districts: Cincinnati CSD, Deer Park Community CSD, Great Oaks Career Campuses: Cincinnati, Hamilton County ECS Head Start, Hamilton CSD, Linden Grove School, Loveland CSD, Milford EVSD, Mount Healthy CSD, Northwest LSD (Hamilton County), Reading Community CSD, Southwest LSD, Talawanda CSD, The Seven Hills Schools, Three Rivers LSD, Wyoming CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	50
Middle School:	21
High School:	20
ESC/Other:	6

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Girls Circle & Council for Boys and Young Men, Teaching Family Model</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling, case management, medication management, day treatment, teaching training, teacher consultation, ABA.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Have piloted Clarity app. Supported SI assessments and screenings after school administer the Terrace Metrics survey.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No. See above—schools are contracting with Terrace Metrics and then we support the individual student assessments for suicidal ideation.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Training</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Beyond Healthcare

Primary Contact: Lisa Richardson
Email: lrichardson@beyondhc.com
Telephone: 419-309-3991

Partnering School Districts: Sylvania CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
Middle School:	2
High School:	0
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Prevention is through partnership with 1n5.</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Handling problematic behaviors. Managing new increases in high-risk kids and behaviors.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Through 1n5 for prevention. Clinically, we use the Columbia scale.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

CHC Addiction Services

Primary Contact: Lauren Munk
Email: lauren.munk@chcaddiction.org
Telephone: 330-608-7634

Partnering School Districts: Akron CSD, Barberton CSD, Copley-Fairlawn CSD, Cuyahoga Falls CSD, Mogadore LSD, Our Lady of the Elms, Revere LSD, Springfield LSD (Summit County), Stow-Munroe Falls CSD, Tallmadge CSD, Woodridge LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	5
Middle School:	13
High School:	6
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Juvenile Detention Center

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Project Alert, Smart Choices, Risky Business</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Health presentations on alcohol, tobacco, other drugs, gambling, and dating violence</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Our agency refers to another agency for suicide prevention.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Child and Adolescent Behavioral Health

Primary Contact: Kimberly Cernansky, LISW-S
Email: kcernansky@childandadolescent.org
Telephone: 330-806-5931

Partnering School Districts: Alliance CSD, Canton CSD, Lake LSD (Stark County), Marlinton LSD, Massillon CSD, Plain LSD, Sandy Valley LSD, Tuslaw LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	29
Middle School:	7
High School:	8
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Parent engagement, linkage to community
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): CASTS, All Stars, Strengthening families, Youth Led Prevention, Incredible Years Dina Dinosaur, Triple P</p>

<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<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>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Zero Suicide, CAMS, and CALM</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above Other (please specify): </p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>

<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>
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Child Focus

Primary Contact: Krissie Myers
Email: kmyers@child-focus.org
Telephone: 513-752-1555

Partnering School Districts: Arch Diocese of Cincinnati, Batavia LSD, Bethel-Tate LSD, Cincinnati CSD, Clermont-Northeastern LSD, Fayetteville-Perry LSD, Felicity-Franklin LSD, Forest Hills LSD, Georgetown EVSD, Goshen LSD, Grant Career Center, Great Oaks Vocational Schools, Mariemont CSD, Milford EVSD, New Richmond EVSD, Ripley Union Lewis Huntington LSD, West Clermont LSD, Williamsburg LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	37
Middle School:	14
High School:	18
ESC/Other:	5

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Parochial Schools

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Parents and Guardians
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> PAX Tools <input checked="" type="checkbox"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Prevention and Therapy</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide and Sources of Strength</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. ADAMH levy funding.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Child Guidance & Family Solutions

Primary Contact: Cassi Galloway
Email: gallc@cgfs.org
Telephone: 330-762-0591

Partnering School Districts: Barberton CSD, Copley-Fairlawn CSD, Cuyahoga Falls CSD, Green LSD (Summit County), Hudson CSD, Manchester LSD, Stow-Munroe Falls CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	17
Middle School:	5
High School:	7
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input checked="" type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Many schools are asking for help for teachers with managing the mental health issues that have arisen for students and for themselves during COVID. Schools are looking for more prevention and support services in addition to treatment.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We are not currently providing these services in schools.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Children's Advantage

Primary Contact: Kristi Fiorentino
Email: kfiorentino@childrensadvantage.org
Telephone: 330-808-5127

Partnering School Districts: Aurora CSD, Bio-Med Science Academy, Crestwood LSD, Field LSD, James A. Garfield LSD, Kent CSD, Maplewood Career Center, Ravenna CSD, Southeast LSD (Portage County), Streetsboro CSD, Windham EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	14
Middle School:	9
High School:	10
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): SRO
Collaborative Practices:	<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 checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>QRP</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Incident response to specific events.</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Children's Resource Center

Primary Contact: Colleen Errington, MA, LISW
Email: colleene@crcwoodcounty.org
Telephone: 419-352-7588 ext. 220

Partnering School Districts: Bowling Green CSD, Eastwood LSD, Elmwood LSD (Wood County), Lake LSD (Wood County), North Baltimore LSD, Northwood LSD, Otsego LSD, Pathe/Wood County ESC, Penta Career Center, Perrysburg EVSD, Rossford EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	10
Middle School:	10
High School:	11
ESC/Other:	2

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Individual sessions for students in general education/special education.

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Safety Threats/Behavior Management/Mental Health Needs

Collaborative Practices:	<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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual therapy, therapeutic/behavioral support, teacher consultation, and parent support/guidance.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>SOS, COPE</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above <p>Other (please specify):</p>

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>

CommQuest

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Email: rene.perez@commquest.org
Telephone: 330 936-1982

Partnering School Districts: Canton CSD, Canton LSD, Jackson LSD, Louisville CSD, Massillon CSD, Minerva LSD, North Canton CSD, Perry LSD (Stark County), RG Drage Career Technical Center, St. Joan of Arc Catholic School, St. Mary Catholic School, St. Paul Catholic School, St. Peter Catholic School, St. Thomas Aquinas High School & Middle School, Stark County ESC

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	14
Middle School:	14
High School:	5
ESC/Other:	4

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Parochial

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Zero Suicide Program, CAST, All Stars, Strengthening Families, Life Skills</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling, Crisis Intervention</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Zero Suicide Program, CSSRS, Stanley Brown Safety Plan</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Community Behavioral Health/Community First

Primary Contact: Erin Day
Email: eday@community-first.org
Telephone: 513-225-3746

Partnering School Districts: Hamilton CSD, Queen of Peace School, St. Peter in Chains School

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	2
Middle School:	0
High School:	1
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	The Catholic schools are regular education, the high school is Hamilton City Schools "Alternative" school for those high school students who are at high risk of failing out.

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Everything, if we are honest. Therapy, crisis, case management. Schools want us to basically handle anything but teaching.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Community Counseling Center

Primary Contact: Loretta Buell
Email: loretta.buell@cccOhio.com
Telephone: 440-998-4210

Partnering School Districts: Ashtabula Area CSD, Ashtabula County ESC, Ashtabula County Technical & Career Campus, Buckeye LSD (Ashtabula County), Conneaut Area CSD, Geneva Area CSD, Grand Valley LSD, Jefferson Area LSD, Pymatuning Valley LSD, Saint John School

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	17
Middle School:	8
High School:	8
ESC/Other:	2

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Crisis Intervention, Behavioral Intervention, Support to Teachers, Care Coordination, Diagnostic Assessment</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Community for New Direction

Primary Contact: John Dawson
Email: jdawson@cndcolumbus.org
Telephone: 614-272-1464

Partnering School Districts: Columbus CSD, Reynoldsburg CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
Middle School:	0
High School:	0
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input checked="" type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input checked="" type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Anti-Bullying</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>N/A</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Compass Family and Community Services

Primary Contact: Cathy Loomis
Email: cloomis@compassfamily.org
Telephone: 330-393-0598 ext. 1721

Partnering School Districts: Champion LSD, Liberty LSD, Southington LSD, Warren CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	6
High School:	1
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Classroom-based education, alternative to suspension for tobacco/vaping violations.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Staff training in Sources of Strength, but we are not currently providing programming in the school.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

CompDrug (Youth to Youth Program)

Primary Contact: Cheryl Sells
Email: csells@youthtoyouth.net
Telephone: 614-586-7960

Partnering School Districts: Columbus CSD, Dublin CSD, KIPP Columbus, Reynoldsburg CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
Middle School:	3
High School:	5
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Youth-led prevention programming or adult advisor support.
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Parent/Caregiver Services <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Youth-Led Prevention</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Educational workshops for youth, ongoing leadership and prevention programs, school-wide assemblies, technical assistance for staff.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify): Many times, people are looking for treatment services for youth or even referrals for families however we do not provide treatment for youth.</p>

Concord Counseling Services

Primary Contact: Anne Karapontso LISW-S/Alex Caughell LISW-S
Email: annekarapontso@concordcounseling.org/alexcaughell@concordcounseling.org
Telephone: 614-882-9338

Partnering School Districts: Gahanna-Jefferson CSD, Groveport Madison LSD, New Albany-Plain LSD, Westerville CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	14
Middle School:	11
High School:	6
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): School counselor, admin team, nurses, social workers, community therapists
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Project Alert, Safety First, Stanford Tobacco, Girls in Real Life Situations, Skillstreaming, Strong Start/Kids/Teens, Coping 10.1, Building Champions, Building Resilience in Children and Adolescents, Trails to Wellness Coping with COVID and Coping with A</p>

<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual & group services, crisis intervention/risk assessment, referral and linkage to community providers/therapy, consultation & collaboration, re-entry support from hospitalization, professional development of school staff, emotional support to students already in treatment who need additional in the moment support to help them get through the school day (work in collaboration with community therapist).</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide, HOPE Squad, Say Something</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Referrals to community as warranted/requested.</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>

<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>
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Coshocton Behavioral Health Choices

Primary Contact: Jeanette Hall
Email: jhall@coshoctonbhc.org
Telephone: 740-622-1020 ext. 104

Partnering School Districts: Coshocton CSD, Ridgewood LSD, River View LSD, Sacred Heart Catholic School

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	6
Middle School:	2
High School:	2
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Social Emotional Education, Too Good for Drugs
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual services for students, afterschool programming.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>SOS</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Crossroads Health

Primary Contact: Lauren G. Wright, LPCC-S
Email: lwright@crossroadshealth.org
Telephone: 440-255-1700

Partnering School Districts: Fairport Harbor EVSD, Kirtland LSD, Madison LSD, Mentor EVSD, Painesville City LSD, Perry LSD, Riverside LSD (Lake County), West Geauga LSD, Wickliffe CSD, Willoughby-Eastlake CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	21
Middle School:	9
High School:	8
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>The most commonly requested services are that of individual and group intervention based on referrals from partner school districts. Additionally, we have had 8 of the 9 public districts in Lake County continue with an ADAMHS-board funded Trauma Sensitive Schools program.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Crossroads Health staff partner with NAMI of Lake County for their Ending the Silence programming within local school systems who elect to participate. Additionally, Crossroads Health staff have trained-trainers for the Signs of Suicide program and work with districts who elect to participate in planning, consultation, and training of district staff as well as through a youth-led model of SOS prevention programming.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No. We are not providing universal screening, but we are working with districts who elect to do so in a consultative manner.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Trauma Sensitive Schools – staff and community care components are built into the program.</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify): General need for increased capacity for all of the above.</p>

Directions For Youth & Families

Primary Contact: John Cervi
Email: jcervi@dfyf.org
Telephone: 614-294-2661

Partnering School Districts: Columbus CSD, South-Western CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	29
Middle School:	9
High School:	3
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input checked="" type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tier I - Universal <input 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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Counseling</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>N/A</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Eastway Behavioral Healthcare

Primary Contact: Lesley Brose
Email: lbrose@eastway.org
Telephone: 937-496-2000 ext. 2522

Partnering School Districts: City Day Community School, Columbus CSD, Dayton CSD, Dayton Early College Academy, Dayton SMART Elementary, Miami Trace LSD, Miami Valley Academies, Middletown Fitness & Prep Academy, Mt. Healthy Preparatory and Fitness Academy, Richard Allen Schools, Springfield Preparatory & Fitness Academy, Trotwood Preparatory & Fitness Academy, West Carrollton CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	12
Middle School:	11
High School:	2
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Counseling, TBS, CPST, Crisis intervention</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

eXclusive Services

Primary Contact: Dr. Benedict Njoku
Email: bnjoku@xservices.org
Telephone: 513-693-5976

Partnering School Districts: Cincinnati CSD, Sycamore Community CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	2
Middle School:	3
High School:	5
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Wellness in 8 Dimensions, Catch My Breath, Youth Leadership Development and Entrepreneurship Program</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Wellness programs, Social Emotional Learning Services, Vape Prevention Programs</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We utilize elements of the QPR (Question Persuade Refer) program, which is evidence-based and highly successful.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Family & Community Services, Inc.

Primary Contact: Renee Klaric
Email: rklaric@fcsserves.org
Telephone: 330-399-6451

Partnering School Districts: Bristol LSD, Brookfield LSD, Canfield LSD, Girard CSD, Howland LSD, LaBrae LSD, Maplewood LSD, McDonald LSD, Niles CSD, TCAP Preschools, Trumbull Career & Technical Center, Trumbull County ESC, Warren CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	10
Middle School:	10
High School:	7
ESC/Other:	14

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Alternative School, Technical School, & Pre-Schools

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): BASE, CASAL SEL</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Prevention/Behavior Intervention, Crisis Intervention, Assessment, Individual Counseling, Case Management, Day Treatment, Wraparound Services, Care Coordination, Staff Training, Consultation</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Family Recovery Services

Primary Contact: Monique Bellamy, LPCC-S
Email: mbellamy@familyrecoveryervices.org
Telephone: 937-393-4562 ext. 404

Partnering School Districts: Adams County/Ohio Valley LSD, Hillsboro CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	1
Middle School:	1
High School:	1
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling services and prevention services.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>None</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Field of Hope Community Campus

Primary Contact: Amber Richards
Email: amberrichards@fieldofhope.life
Telephone: 740-245-3051

Partnering School Districts: Gallia County LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	2
High School:	2
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Prevention services, substance abuse counseling services, and mental health counseling services.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>N/A</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Greater Cincinnati Behavioral Health Services

Primary Contact: Erika Stockman
Email: estockman@gcbhs.com
Telephone: 513-732-5501

Partnering School Districts: Goshen LSD, Milford EVSD, New Richmond EVSD, West Clermont CSD, Williamsburg LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	3
Middle School:	3
High School:	3
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <input 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 type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Parent/Caregiver Services <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Support groups, educations/intervention programs, staff trainings, Youth Led Prevention activities, social/emotional learning activities, alcohol and other drug education, comprehensive prevention programming for the district, screening and problem identification and referral.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>SOS, Supportive role in Child Focus’s implementation of SOS.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Mental Health and Recovery Board</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Prevention staff are school and community-based staff. SUD treatment staff are office and community-based, which places them in schools providing case management and individual counseling sessions.</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Greenleaf Family Center

Primary Contact: April Brewer
Email: bapril@greenleafctr.org
Telephone: 330-376-9494 ext. 221

Partnering School Districts: Akron CSD, Archbishop Hoban High School, Barberton CSD, Coventry LSD, Cuyahoga Falls CSD, Field LSD, Hudson CSD, James A. Garfield LSD, Manchester LSD, Mogadore LSD, Nardon Hills CSD, Northwest LSD (Stark/Summit County), Norton CSD, Our Lady of the Elms, Revere LSD, Seton Catholic School, Springfield LSD (Summit County), St. Augustine of Barberton, St. Vincent-St. Mary High School, Stow-Munroe Falls CSD, Summit Academy Akron Middle School, Tallmadge CSD, Waterloo LSD, Woodridge LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	26
High School:	22
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Private Schools

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):

<p>Collaborative Practices:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above
<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Sources of Strength (Elementary & Secondary)</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Mental Health Treatment, Suicide Prevention</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide, Sources of Strength (Elementary & Secondary)</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above <p>Other (please specify):</p>

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>

Harbor

Primary Contact: Valerie Moyer
Email: vmoyer@harbor.org
Telephone: 567-455-5343

Partnering School Districts: Gesu Catholic School, Hope Learning Academy of Toledo, Maumee CSD, Oregon CSD, Queen of Apostles Catholic School, St. Joseph Catholic School, Sylvania CSD, Toledo CSD, Toledo School for the Arts

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	21
Middle School:	9
High School:	2
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Second Step, Project Alert</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Whole classroom drug prevention curriculum, social emotional, bullying, treatment services (including diagnostic assessment, individual counseling, and case management).</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Health Recovery Services

Primary Contact: Ellen Martin
Email: emartin@hrs.org
Telephone: 740-707-3704

Partnering School Districts: Alexander LSD, Athens CSD, Eastern LSD (Meigs County), Gallia County LSD, Logan-Hocking LSD, Meigs LSD, Nelsonville-York CSD, Oak Hill Union LSD, Southern LSD (Meigs County), Tri-County Career Center, Trimble LSD, Wellston CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	6
Middle School:	12
High School:	12
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Joint Vocational School

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Entire Building Staff Training
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Smoking Cessation, Anti-Bullying, Internet Safety, Safe Dates, Teen Institute</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Staff training, individual MH and SUD work based on behavior and staff referral (full range from education, intervention, assessment, residential, MAT, recovery support) and Prevention for staff and youth CSSRS.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>CSSRS Screening SOS</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes, though Nationwide Cardinal Special Projects.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Hopewell Health Centers

Primary Contact: Sherry Shamblin, Ph.D., LPCC-S
Email: sherry.shamblin@hopewellhealth.org
Telephone: 740-590-1644

Partnering School Districts: Alexander CSD, Athens CSD, Buckeye Hills Career Center, Christian Life Academy, Eastern LSD (Meigs County), Federal Hocking LSD, Fort Frye LSD, Frontier LSD, Gallia County LSD, Gallipolis CSD, Jackson CSD, Logan Elm LSD, Logan-Hocking LSD, Meigs LSD, Nelsonville-York CSD, Oak Hill Union LSD, Southern LSD (Meigs County), St. Mary Catholic School, Trimble LSD, Vinton County LSD, Wellston CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	38
Middle School:	16
High School:	24
ESC/Other:	4

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Private Schools

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Staff training/professional development
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Services to High-Need Students and Caregivers</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Professional Development/Self-Care</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

I Am Boundless

Primary Contact: Kendra Hill
Email: khill@iamboundless.org
Telephone: 614-917-7101

Partnering School Districts: Dublin CSD, Hilliard CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
Middle School:	2
High School:	2
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<input 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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Parent/Caregiver Services <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Treatment and Training</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Maumee Valley Guidance Center

Primary Contact: Connie Planson
Email: cplanson@mvgcoho.org
Telephone: 419-782-8856

Partnering School Districts: Archbold-Area LSD, Ayersville LSD, Bryan CSD, Central LSD, Defiance CSD, Edgerton LSD, Edon-Northwest LSD, Evergreen LSD, Gorham Fayette LSD, Hicksville EVSD, Holgate LSD, Liberty Center LSD, Millcreek-West Unity LSD, Montpelier EVSD, Napoleon Area CSD, North Central LSD, Northeastern LSD (Defiance County), Patrick Henry LSD, Pettisville LSD, Pike-Delta-York LSD, Stryker LSD, Swanton LSD, Wauseon EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	21
Middle School:	20
High School:	22
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input checked="" type="checkbox"/> None of the Above Other (please specify):

<p>Collaborative Practices:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>Treatment:</p>	<ul style="list-style-type: none"> <input 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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Incredible Years, Mental Health First Aid (youth and teen models)</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>General mental health information, suicide prevention, and staff education.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide and Mental Health First Aid</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. ADAMH Board and United Way funding.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above <p>Other (please specify):</p>

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>

Mental Health Services for Clark and Madison Counties, Inc.

Primary Contact: Jill Sokolnicki
Email: jill.sokolnicki@mhscc.org
Telephone: 937-629-3046

Partnering School Districts: London CSD, Springfield CSD, Tecumseh LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	13
Middle School:	4
High School:	3
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Crisis Intervention, Assessments, and Groups</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Columbia SSRS screening and assessment tools, SOS, and Zero Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Meridian Healthcare

Primary Contact: Kathy Komara
Email: Katherine_Komara@meridianhealthcare.net
Telephone: 330-259-8094

Partnering School Districts: Boardman LSD, Brookfield LSD, Campbell CSD, Girard CSD, Niles CSD, Poland LSD, Shepherd of All Gods Children, Struthers CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	1
Middle School:	7
High School:	3
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Mental and behavioral health services and interventions. Additional EAP support. Prevention Education and Prevention groups.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>N/A</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Murtis Taylor Human Services System

Primary Contact: Lovell Custard, CEO
Email: lcustard@murtistaylor.org
Telephone: 216-246-1072

Partnering School Districts: Accel Public Charter Schools, Bedford CSD, Berea CSD, Brooklyn CSD, Cleveland Hts.-University Hts. CSD, Cleveland Metropolitan CSD, Cleveland Transformation Alliance Charter Schools, Euclid CSD, Garfield Heights CSD, Maple Heights CSD, Mayfield CSD, Parma CSD, Shaker Heights CSD, Warrensville CSD, Willoughby-Eastlake CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	57
Middle School:	54
High School:	37
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Mental Health Support, Coping Skills, Emotional Regulation, CBT</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Mental Health Treatment and Case Management</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Cognitive Behavioral Therapy</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Grants.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Nationwide Children's Hospital

Primary Contact: Nakeia L. Hudson, LISW-S, MBA
Email: nakeia.hudson@nationwidechildrens.org
Telephone: 614-355-0520

Partnering School Districts: Alexander LSD, Arts and College Preparatory Academy, Athens CSD, Bexley CSD, Caldwell EVSD, Cambridge CSD, Canal Winchester LSD, Chillicothe CSD, Circleville CSD, Columbus CSD, Coshocton CSD, Crooksville EVSD, East Guernsey LSD, East Muskingum LSD, Eastern LSD, Fairbanks LSD, Fredericktown LSD, Global Impact STEM Academy, Groveport Madison LSD, Heath CSD, Jackson CSD, Joint Vocational School District, KIPP Columbus, London CSD, Madison-Plains LSD, Marysville EVSD, Maysville LSD, Miami Trace LSD, Morgan LSD, Nelsonville-York CSD, New Albany-Plain LSD, New Lexington CSD, North Union LSD, Our Catholic Schools, Reynoldsburg CSD, Ridgewood LSD, Rolling Hills LSD, South-Western CSD, The Wellington School, Toronto CSD, Trimble LSD, Wellston CSD, Westfall LSD, Zanesville CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	69
Middle School:	44
High School:	65
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Private School

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Parent/Caregiver

Collaborative Practices:	<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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Skillstreaming, Coping CAT, DBT Skills, ECMH Consultation; PAX Good Behavior Game</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Crisis management and stabilization services, clinical services, and prevention groups.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>PAX Good Behavior Game and Signs of Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Nationwide Children's Hospital, Nationwide Insurance Pediatric Innovation Funds, Cardinal Health, OhioMHAS, Franklin County Commissioners.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above <p>Other (please specify): Staff Training</p>

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>

New Directions

Primary Contact: Lauren G. Wright, LPCC-S
Email: lwright@crossroadshealth.org
Telephone: 440-255-1700

Partnering School Districts: South Euclid-Lyndhurst CSD, Westlake CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
Middle School:	1
High School:	1
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Safety First</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Assessment and intervention as well as prevention and referrals for/connection with outside support.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify): General need for increased capacity for all of the above.</p>

New Horizons Mental Health Services

Primary Contact: Renee Klautky PhD, CDMS, LSW
Email: rklautky@newhorizonsmentalhealth.org
Telephone: 740-243-2992

Partnering School Districts: Amanda-Clearcreek LSD, Berne Union LSD, Bloom-Carroll LSD, Eastland/Fairfield Career Centers, Franklin LSD, Lancaster CSD, Liberty Union-Thurston LSD, North Fork LSD, Pickerington LSD, Walnut Township LSD, Zanesville CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	5
Middle School:	9
High School:	10
ESC/Other:	2

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Some clinicians are not providing in-class education but are seeing students in school during non-academic classes individually or in groups.

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): School Counselors, Principals

<p>Collaborative Practices:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>This varies; we have clinicians assigned to schools, and also we do the Signs of Suicide. Individual and groups, check ins, consultation, etc. are all being requested and depends on the school as to what the need is.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. ADAMH Board of Fairfield County, United Way, Ryan Reeb Foundation.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above <p>Other (please specify): CPST (case management)</p>

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify): Referral to Services</p>

NewPath Child & Family Solutions

Primary Contact: Julie Herman
Email: julie.herrmann@newpath.org
Telephone: 513-653-2844

Partnering School Districts: Cincinnati CSD, Fairfield CSD, Hamilton CSD, Lockland CSD, North College Hill CSD, Preble Shawnee LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	15
Middle School:	6
High School:	2
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual therapy and case management services (i.e., traditional case management or Transitional Aged Youth case management)</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>N/A</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Trainings and presence at family nights/resource fairs.</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

North Community Counseling Centers

Primary Contact: Carla Morris
Email: cmorris@northcommunity.com
Telephone: 614-369-2937

Partnering School Districts: Columbus CSD, Worthington CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	17
Middle School:	13
High School:	7
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Parent
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Positive Action</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Prevention Assessments, Suicide Prevention</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

OhioGuidestone

Primary Contact: Mindy Kaminski, Assistant Director, Community Counseling
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Partnering School Districts: Akron CSD, Amherst CSD, Avon CSD, Barberton CSD, Berea CSD, Berne Union LSD, Big Walnut LSD, Black River Career Prep, Black River LSD, Breakthrough Public Schools, Brooklyn CSD, Brunswick CSD, Bryan CSD, Buckeye LSD (Medina County), Canal Winchester LSD, CASTLE High School, Cleveland Metropolitan CSD, Cloverleaf CSD, Constellation Schools, Early College High School, East Cleveland CSD, Elyria CSD, Euclid CSD, Evergreen LSD, Flex High School, Garaway LSD, Garfield Heights CSD, Genoa Area LSD, Global Ambassadors Language Academy (Charter), Granville EVSD, Hamilton LSD, Highland CSD, Horizon Science Academy (Springfield), Independent Education Center, Indian Valley LSD, Innovation Academy West (Charter), Intergenerational Schools (Charter), Invictus High Schools (Charter), Jefferson LSD, KIPP Columbus, Lake Erie International School (Charter), Lakewood CSD, Lancaster CSD, Liberty Center CSD, Lincoln Park Schools, Lorain County Joint Vocational School, Lorain CSD, Lorain Preparatory Academy, Luther Memorial School, Lutheran East High School, Marion CSD, Medina CSD, New Philadelphia CSD, Newcomerstown EVSD, North Central LSD, North Union LSD, Northwest Academy, Olmsted Falls CSD, Parma Academy, Parma CSD, Pathways to Success (Alternative), Pickerington LSD, Pleasant LSD, Ridgedale LSD, River Valley LSD, Sheffield-Sheffield Lake CSD, South Euclid-Lyndhurst CSD, Springfield LSD (Lucas County), St. Francis School, St. Rocco School, STAR Alternative Schools, Stepstone Academy (Charter), Strasburg-Franklin LSD, Toledo CSD, Tuscarawas Central Catholic Elementary/Immaculate Conception, Urban Community School (Charter), Vermilion LSD, Wadsworth CSD, Wauseon EVSD, Whitehall CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	169
Middle School:	49
High School:	69
ESC/Other:	13

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Alternative Schools

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Catch My Breath, LEADS, Second Step, Incredible Years, Lionsquest</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Diagnostic Evaluation, Psychotherapy, Therapeutic Behavioral Services, Community Psychiatric Supportive Treatment, Consultation, Prevention, Professional Development, Crisis Intervention, Groups. Schools are requesting services not covered by Medicaid or private insurance. Some consultation funds are used to cover these services as most schools are not willing to pay for additional services. Schools are requesting vaping education.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Linking to Education and Awareness for Depression and Suicide (LEADS), SOS, QPR, and CALM.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Columbia Suicide Severity Scale.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above <p>Other (please specify): Professional Development</p>

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>

OneEighty

Primary Contact: Rhiannon Whalen-Harris
Email: whalenr@one-eighty.org
Telephone: 330-804-3135

Partnering School Districts: Chippewa LSD, Dalton LSD, East Holmes LSD, Green LSD (Wayne County), Northwestern LSD (Wayne County), Norwayne LSD, Orrville CSD, Rittman EVSD, Southeast LSD (Wayne County), Triway LSD, Wayne County Schools Career Center, West Holmes LSD, Wooster CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
Middle School:	7
High School:	13
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Positive Action</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Mentorship</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We provide resources, but not offer specific programming because it is also being provided by another community partner.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above Other (please specify): </p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention Other (please specify): </p>

Positive Education Program

Primary Contact: Habeebah R.Grimes
Email: hrgrimes@pepcleve.org
Telephone: 216-361-4400

Partnering School Districts: Amherst EVSD, Avon Lake CSD, Avon LSD, Bay Village CSD, Beachwood CSD, Bedford CSD, Bellevue CSD, Berea CSD, Black River LSD, Brecksville-Broadview Heights CSD, Brooklyn CSD, Brunswick CSD, Buckeye LSD (Medina County), Citizens Academy (Breakthrough Schools), Clearview LSD, Cleveland Hts.-University Hts. CSD, Cleveland Metropolitan CSD, Cloverleaf LSD, Constellation Schools, Cuyahoga Heights LSD, East Cleveland CSD, Edison LSD (Erie County), Elyria CSD, Euclid CSD, Fairview Park CSD, Garfield Heights CSD, Highland LSD (Medina County), Hudson CSD, Huron CSD, Keystone LSD, Lakewood CSD, Lorain CSD, Maple Heights CSD, Margaretta LSD, Mayfield CSD, Medina CSD, Midview LSD, North Olmsted CSD, North Ridgeville CSD, North Royalton CSD, Northeast Ohio College Preparatory School, Norwalk CSD, Oberlin CSD, Olmsted Falls CSD, Orange CSD, Parma CSD, Perkins LSD, Richmond Heights LSD, Rocky River CSD, Sandusky CSD, Shaker Heights CSD, Sheffield-Sheffield Lake CSD, Solon CSD, South Euclid-Lyndhurst CSD, Strongsville CSD, Twinsburg CSD, Vermilion LSD, Warren CSD, Warrensville Heights CSD, Wellington EVSD, Western Reserve LSD (Huron County), Westlake CSD, Wickliffe CSD, Woodridge LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	33
Middle School:	15
High School:	9
ESC/Other:	6

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Separate Facility, Special Education (PEP Day Treatment Centers)

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): PBIS
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above
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 <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): PATHS, Lions Quest, Neurosequential Model of Education (NME), Neurosequential Model of Therapeutics (NMT), Sanctuary, Conscious Discipline, PEP Intervention Based Bibliotherapy Curriculum</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Services provided through PEP Day Treatment Centers, specifically inclusive of TBS Group Services Per Diem, are requested most by area school districts. 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. Additionally, PEP is one of seven providers of the OhioMHAS Whole Child Matters training, and there is strong demand for these trainings which help early childhood educators gain mental health certification.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>For middle school and high school, we are using Signs of Suicide (SOS). We are preparing to use Sources of Strength for grades 3-6.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Screening is provided for those engaged with the suicide prevention program. We are funding this through our operating expenses. When we implement Sources of Strength, we will access resources provided by the State of Ohio.</p>

<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Recovery Resources

Primary Contact: Ayme McCain
Email: amccain@recres.org
Telephone: 216-713-0573

Partnering School Districts: Bay Village CSD, Berea CSD, Cleveland Metropolitan CSD, Fairview Park CSD, Lake Erie Preparatory Academy, Lakewood CSD, Parma CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	5
Middle School:	6
High School:	4
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Project SUCCESS, Healthy Alternatives for Little Ones, Sources of Strength</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Prevention Education</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Sources of Strength, Question Persuade Refer</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Red Oak Behavioral Health

Primary Contact: Megan Kleidon
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Telephone: 330-564-4643

Partnering School Districts: Akron CSD, Archbishop Hoban High School, Barberton CSD, Brecksville-Broadview Heights CSD, Case Preparatory Academy, Cuyahoga Falls CSD, Imagine Academy, Mogadore LSD, Norton CSD, Our Lady of the Elms, Portage Lakes Career Center, Springfield LSD (Summit County), St. Vincent-St. Mary High School, Tallmadge CSD, Towpath Trail High School, Wadsworth CSD, Woodridge LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	53
Middle School:	19
High School:	21
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Consultation, mental health treatment, screening for MH needs, screening for threat of violence.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We train teachers, staff, and families in QPR and our therapists are all trained in CALM and the Columbia Screener.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Districts purchase screening and intervention services from Red Oak directly (often with their Student Wellness & Success or ESSR funds).</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

RFS Behavioral Health

Primary Contact: Keary Sarabia
Email: ksarabia@rfstackle.com
Telephone: 419-693-9600

Partnering School Districts: Ayersville LSD, Bucyrus CSD, Central LSD, Defiance CSD, Fayette LSD, Northeastern LSD (Defiance County), Pike-Delta-York LSD, Swanton LSD, Sylvania CSD, The Maritime Academy of Toledo, Toledo CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	31
Middle School:	9
High School:	13
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual therapy and case management services.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Completing Columbia Suicide Severity Rating Scales with every client at intake, annually, and then as need arises.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes, via RFS Behavioral Health.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Samaritan Behavioral Health

Primary Contact: Amy Monteith
Email: ammonteith@premierhealth.com
Telephone: 937-475-4097

Partnering School Districts: Dayton CSD, Dayton Leadership Academy, Dayton Regional STEM School, Dayton SMART Elementary, Emerson Academy, Horizon Science Academy (Dayton), Huber Heights CSD, Mad River LSD, Miami Valley Career Technology Center, Miamisburg CSD, Milton-Union EVSD, North Dayton School of Discovery, On Purpose Academy, Piqua CSD, Trotwood-Madison CSD, Vandalia-Butler CSD, West Carrollton CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	13
Middle School:	8
High School:	13
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom
	<input checked="" type="checkbox"/> Teacher
	<input checked="" type="checkbox"/> Student Specific
	<input type="checkbox"/> None of the Above
	Other (please specify):

<p>Collaborative Practices:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services <input type="checkbox"/> None of the Above

<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Group, individual, and crisis.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide, SBIRT</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. ADAMHs.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>

Shawnee Family Health Center

Primary Contact: Cynthia Holstein, Corissa Boggs
Email: c.boggs@shawneemhc.org
Telephone: 740-355-8641

Partnering School Districts: Clay LSD, Green LSD (Scioto County), Minford LSD, New Boston LSD, Northwest LSD (Scioto County), Portsmouth CSD, Scioto County Career Technical Center, Sciotoville Community School, Valley LSD, Washington-Nile LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	9
Middle School:	9
High School:	9
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input checked="" type="checkbox"/>
Other (please specify):	Clients are seen outside of the classroom. Office space is provided at most schools.

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual counseling, crisis and teacher consultations, and mental health education for staff.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We are screening children 12+ using Zero Suicide-CSSRS and the Zero Suicide model.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. We screen any student that needs to be assessed. Medicaid or Title 20. Schools with contracts.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Signature Health

Primary Contact: Patty Smith, LISW
Email: psmith@shinc.org
Telephone: 216-856-2181

Partnering School Districts: Ashtabula Area CSD, Grand Valley LSD, Jefferson Area LSD, Painesville CSD, Riverside LSD (Lake County), Summit Academy, Wickliffe CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	7
Middle School:	4
High School:	3
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>It depends on the district. Some have specifically requested ongoing individual, family, or group counseling for ED classrooms, or for general education students upon referral. Others request participation in short term classroom presentations and psycho educational groups. We have been providing some services to staff (training and wellness programs).</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Solutions Community Counseling and Recovery Centers

Primary Contact: Julie Knueven
Email: jknueven@solutionsccrc.org
Telephone: 513-228-7800 ext. 267

Partnering School Districts: East Clinton LSD, Great Oaks Career Campuses: Laurel Oaks, Lakota LSD (Butler County), Little Miami LSD, Wilmington CSD, Wilmington Head Start

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	13
Middle School:	3
High School:	3
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tier I - Universal <input 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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Mental Health Services</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

South Community

Primary Contact: Stephanie Stratton
Email: sstratton@southcommunity.com
Telephone: 937-643-7088

Partnering School Districts: Centerville CSD, Eaton CSD, Huber Heights CSD, Kettering CSD, Miamisburg CSD, Montgomery County ESC, New Lebanon LSD, Northmont CSD, Oakwood CSD, The Dayton Regional STEM School, The Modern College of Design, Valley View LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	48
Middle School:	11
High School:	9
ESC/Other:	2

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Behavior management, lethality assessments, individual and group therapy with depression, anxiety, autism, ADHD, consultation, classroom presentations, and CIRT responses.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. BSAD.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

SpringVale Health Centers

Primary Contact: Jim Feicht
Email: jfeicht@springvalehealth.org
Telephone: 330-627-4313

Partnering School Districts: Brown LSD, Carroll Hills Schools (DD), Carrollton EVSD, Dover CSD, Garaway LSD, HARCATUS Head Start, New Philadelphia CSD, Tuscarawas Central Catholic Junior/Senior High School

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	12
Middle School:	6
High School:	6
ESC/Other:	9

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Head Start Classrooms: 8

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Crisis
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Trauma Informed</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling and Case Management</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>The Columbia Suicide Severity Rating Scale is administered at intake.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Stark County TASC

Primary Contact: David A. Wills
Email: dwills@starktasc.org
Telephone: 330-479-1912

Partnering School Districts: Alliance CSD, Canton CSD, Canton LSD, Fairless LSD, Jackson LSD, Marlinton LSD, Massillon CSD, Minerva LSD, Perry LSD (Stark County), Plain LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
Middle School:	10
High School:	10
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input checked="" type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input checked="" type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Assessment and Case Management</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Zero Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Syntero, Inc.

Primary Contact: Susan Ortega (Franklin County) / Erica Wood (Delaware/Morrow Counties)
Email: sortega@syntero.org / ewood@syntero.org
Telephone: 614-889-5722

Partnering School Districts: Big Walnut LSD, Buckeye Valley LSD, Cardington-Lincoln LSD, Delaware LSD, Dublin CSD, Grandview Heights CSD, Highland LSD (Morrow County), Hilliard CSD, Mount Gilead EVSD, Northmor LSD, Ohio Virtual Academy, Olentangy LSD, Tolles Career & Technical Center, Upper Arlington CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	71
Middle School:	21
High School:	16
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input checked="" type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Virtual

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Juvenile Court
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> SBIRT <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Coping 10.1; DBT Skills for Schools; The CAT Project/Coping Cat; Safe Dates; HOPE</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Delaware/Morrow Counties: Crisis assessments, targeted prevention, mental health 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.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Universal Screening (12+) with C-SSRS for all referred students; Suicide Risk Monitoring Tool; SAMSHA Best Practices for Preventing Suicide in Schools; Signs of Suicide</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Backing Our Frontline Program (Delaware/Morrow)</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Talbert House

Primary Contact: Nichol A. Boberg
Email: Nichol.Boberg@talberthouse.org
Telephone: 513-751-7747

Partnering School Districts: Cincinnati CSD, Madison LSD (Butler County), Norwood CSD, Princeton CSD, Western Brown LSD, Winton Woods CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	14
Middle School:	4
High School:	5
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Assessment and individual therapy. Prevention is requested, but most of the student's needs go beyond prevention services.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Sources of Strength</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

TCN Behavioral Health

Primary Contact: Kathleen Diegelman
Email: kdiegelman@tcn.org
Telephone: 937-347-1802

Partnering School Districts: Beavercreek CSD, Bellefontaine CSD, Graham LSD, Indian Lake LSD, Mechanicsburg EVSD, Riverside LSD (Logan County), Triad LSD, Urbana CSD, West Liberty-Salem LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	6
High School:	8
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Child Safety Matters</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>SOS and Child Safety Matters</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>SOS and QPR</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. SBIRT is grant funded through an ODRP grant.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above Other (please specify): </p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention Other (please specify): </p>

The Buckeye Ranch

Primary Contact: Kamilah Twymon
Email: ktwymon@buckeyeranch.org
Telephone: 614-512-5882

Partnering School Districts: Berne Union LSD, Bexley CSD, Columbus CSD, Delaware CSD, Dublin CSD, Gahanna-Jefferson CSD, Groveport Madison LSD, Hamilton LSD, Hilliard CSD, KIPP Columbus, Marion CSD, New Albany-Plain LSD, Reynoldsburg CSD, South-Western CSD, Upper Arlington CSD, Westerville CSD, Whitehall CSD, Worthington CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	7
Middle School:	4
High School:	2
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): DBT Skills in Schools</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual and Family Counseling</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Our school-based mental health program uses DBT skills in schools. Our day treatment program will begin to implement Sources of Strength for middle and high schoolers. Our K-6 classes use Zones of Regulation.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

The Centers

Primary Contact: Tamara Iwaszkiw
Email: Tamara.Iwaszkiw@thecentersohio.org
Telephone: 216-355-2486

Partnering School Districts: Cleveland Metropolitan CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	2
Middle School:	1
High School:	0
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input checked="" type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Behavioral Health Counseling and TBS</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We have not identified these practices yet. Our agency started school services February 2022.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input checked="" type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

The Counseling Center of Columbiana County

Primary Contact: Melissa Brak
Email: mbrak@colmhc.org
Telephone: 330-424-9573 ext 245

Partnering School Districts: Beaver LSD, Crestview LSD (Columbiana County), East Palestine CSD, Leetonia EVSD, Lisbon EVSD, Opportunity School, Salem CSD, Southern LSD (Columbiana County), United LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	8
Middle School:	9
High School:	8
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Guidance Counselor Consultation
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Behavioral modification in classrooms and consultation with school staff to address emotional needs of the students.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We would provide Red Flags and Connections if we were able to staff the programs.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

The Counseling Center of Wayne & Holmes Counties

Primary Contact: Jim Foley, LISW
Email: jfoley@ccwhc.org
Telephone: 330-264-9029

Partnering School Districts: Dalton LSD, Orrville CSD, Southeast LSD (Wayne County), Wayne County Schools Career Center

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	6
Middle School:	3
High School:	4
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling, staff-specific case consultation, student mental health training and consultation, staff training.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide (SOS)</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Wayne-Holmes Mental Health Board funds the Signs of Suicide Prevention Program and also acts as a pass-through for a grant.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Training</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

The LCADA Way

Primary Contact: Dan Haight
Email: dhaight@thelcadway.org
Telephone: 440-989-4900

Partnering School Districts: Avon Lake CSD, Avon LSD, Clearview LSD, Early College High School, Elyria CSD, Firelands LSD, Keystone LSD, Lorain County Joint Vocational School, Lorain CSD, Midview LSD, North Ridgeville CSD, Oberlin CSD, Sheffield-Sheffield Lake CSD, Vermilion LSD, Wellington EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	6
Middle School:	19
High School:	12
ESC/Other:	3

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Early College & Vocational Schools

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Vape Education, SEL Skills Building</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>QPR</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

The Ohio State University Wexner Medical Center

Primary Contact: Matt Onorato, LISW-S
Email: matthew.onorato@osumc.edu
Telephone: 614-293-9772

Partnering School Districts: Metro Schools, Olentangy LSD, Upper Arlington CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
Middle School:	1
High School:	7
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input checked="" type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Currently supporting the use of SOS, but are not the agency implementing it.</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Treatment and crisis management services.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We are just beginning partnerships with two of our districts and are still in the planning stages of designing programming. We will primarily be doing treatment services. We are not currently implementing suicide prevention programming, but we are supporting the use of SOS in one of the districts.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

The Recovery Center

Primary Contact: Trisha Farrar
Email: tfarrar@therecoverycenter.org
Telephone: 740-687-4500

Partnering School Districts: Amanda-Clearcreek LSD, Berne Union LSD, Catholic Schools in Fairfield County, Lancaster CSD, Liberty Union-Thurston LSD, Pickerington LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	3
Middle School:	7
High School:	6
ESC/Other:	1

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input checked="" type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Too Good for Violence, Project Alert, Red Flags Depression, Incredible Years, Reconnecting Youth, CAST</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Classroom Prevention, Reconnecting Youth, Counseling</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Red Flags</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Training</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify): We are hearing of more incidents where students are acting out, and school staff do not feel supported by administration -- fearing for their positions. They are allowing students to not be held accountable rather than taking the blame with the administration.</p>

Thrive Therapeutics

Primary Contact: Ken Cannon
Email: kcannon@thrive-therapeutics.org
Telephone: 937-405-5672

Partnering School Districts: Dayton CSD, Dayton Leadership Academy

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	7
Middle School:	4
High School:	4
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input checked="" type="checkbox"/> None of the Above <p>Other (please specify):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Risk assessment, crisis intervention, and IEP collaboration.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Columbia-Suicide Severity Rating Scale in risk assessment.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Townhall II

Primary Contact: Sarah McCully
Email: sarahmc@townhall2.com
Telephone: 234-236-4803

Partnering School Districts: Aurora CSD, Bio-Med Science Academy, Crestwood LSD, Field LSD, James A. Garfield LSD, Kent CSD, Ravenna CSD, Rootstown LSD, Southeast LSD (Portage County), Streetsboro CSD, Waterloo LSD, Windham EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	11
Middle School:	12
High School:	12
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Project Alert, Safe Dates, Active Parenting, and Personal Body Safety</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Classroom-based prevention curriculum, including Too Good for Drugs, Project Alert, Body Safety, Safe Dates, SOS, and parent and staff education and trainings.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>SOS and QPR</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Yes, outcomes data is available and I am able to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input checked="" type="checkbox"/> Consultation for Educators/Administrators <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input checked="" type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input checked="" type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Unison Health

Primary Contact: Amy Kobold
Email: akobold@unisonhealth.org
Telephone: 419-936-7613

Partnering School Districts: Toledo CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	5
Middle School:	5
High School:	3
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): The Incredible Years & Positive Action</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Counseling</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. SAMHSA Grant.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Education (i.e. Lunch & Learns)</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

WellSpring

Primary Contact: Richele Shepard, Executive Director
Email: richele@wellspringfield.org
Telephone: 937-325-5564

Partnering School Districts: Clark-Shawnee LSD, Greenon LSD, Springfield CSD, Tecumseh LSD, West Liberty-Salem LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	16
Middle School:	6
High School:	0
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input checked="" type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Private Catholic School

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Universal Direct Prevention Programming
Collaborative Practices:	<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 <input checked="" type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <input 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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Parent/Caregiver Services <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): PAX Good Behavior Game, SPARK, FAST</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>SPARK is at capacity (60 families and students). Botvin LifeSkills Training is currently in 27 classrooms. PAX GBG is currently in 60 classrooms (down from 160 pre-pandemic).</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>PAX GBG used to fidelity helps reduce suicide ideation and attempts. We are hoping to partner with our local ESC on Sources of Strength in the Fall 2022.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify):</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>Outcomes data is available, but I am unable to share.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input checked="" type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>

Westwood Behavioral Health Center, Inc.

Primary Contact: Mark Spieles
Email: mspieles@westwoodbehavioral.com
Telephone: 419-238-3434

Partnering School Districts: Crestview LSD (Van Wert County), Delphos CSD, Lincolnview LSD, Van Wert CSD, Wayne Trace LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	5
Middle School:	5
High School:	6
ESC/Other:	0

In what types of classrooms are you delivering behavioral health services (check all that apply)?	
Regular Education:	<input checked="" type="checkbox"/>
Special Education:	<input checked="" type="checkbox"/>
Disability Specific:	<input type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	

What types of services do you provide in school settings (check all that apply)?	
Consultation:	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify):
Collaborative Practices:	<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 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 <input type="checkbox"/> None of the Above

<p>Treatment:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>Prevention:</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> None of the Above
<p>What prevention curricula or social emotional programs are you utilizing in schools?</p>	<ul style="list-style-type: none"> <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"/> QRP <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"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Project Alert, Protecting You Protecting Me</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Crisis Services, Assessment, Individual Counseling, Case Management (TBS, PSR)</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide (SOS)</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Local levy dollars, state/federal prevention dollars through the ADAMH board.</p>
<p>Check all the services that your agency offers specifically for <u>teachers/school staff</u>.</p>	<p> <input type="checkbox"/> Screening <input type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" type="checkbox"/> None of the Above Other: </p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p>No, outcomes data is not available.</p>
<p>Which school-based services does your agency see as being the most needed in addition to the services that are most commonly ask for?</p>	<p> <input checked="" type="checkbox"/> Consultation for Students <input type="checkbox"/> Consultation for Educators/Administrators <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Crisis De-Escalation and Behavior Management <input type="checkbox"/> Training for Educator/Administrators <input type="checkbox"/> Educator/Administrator Well-Being and Support <input type="checkbox"/> Educator/Administrator EAP or Intervention <input type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p>