



2023 School-Based Behavioral Health Services Summary Report

Abstract

As of the 2022-2023 academic year, Ohio's community behavioral health providers continue to offer critical screening, prevention, treatment, and crisis intervention services in nearly **3,000** 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 since the pandemic.

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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 seven years, the prevalence of school and community behavioral health partnerships where providers deliver care 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. **In our most recent survey, conducted in February-April of 2023, 78 community behavioral health provider organizations reported delivering school-based services in 584 school districts, ESCs, alternative, private, and charter schools in nearly 3,000 school buildings across the state.** Since 2017, the number of school buildings receiving services through school and community-based behavioral health partnerships has increased by more than 155%.

The mental health needs of our youth are the public health crisis of a generation. Recent research covering 80,000 youth globally found that depressive and anxiety disorders doubled during the COVID 19 pandemic,¹ and in 2021, more than 40% of high school students felt so sad or hopeless they could not engage in regular activities for at least two weeks during the previous year.² We know that the presence of mental health issues directly impacts student learning and success. Students aged 6-17 with mental, emotional, or behavioral concerns are 3x more likely to repeat a grade³ and high school students with significant symptoms of depression are more than twice as likely to drop out of school compared to their peers.⁴

School-based behavioral health and prevention services are critically important for supporting learning and preparing students to achieve their full potential. The results from this year's *2023 School-Based Behavioral Health Services survey* reflect the growing immediate need that our students and Ohio school-districts have for school-based behavioral health services. The two greatest challenges to meeting the mental health needs of Ohio's students identified throughout the 2023 survey results were 1) the growing severity of youth mental health concerns and 2) complex workforce challenges resulting from the youth behavioral health crisis. **This report highlights the ways in which, if appropriately resourced, Ohio's community-based behavioral health providers are uniquely positioned to prevent and treat the mental health needs of Ohio's children; and makes recommendations for strategies to mitigate workforce challenges and improve mental health outcomes for both students and the community at-large.**

The State of the Youth Mental Health Crisis

Reflecting the urgent need that our students have for school-based behavioral health supports: for the second year in a row, respondents of the *2023 School-Based Behavioral Health Services survey* identified **Crisis De-Escalation and Intervention Services as being the top-needed behavioral health service in school-based settings (69.2%)**; followed by training for educators/administrators (67.95%), parent/caregiver support and intervention (65.4%), and *then* trailed by Parent/caregiver education and training (61.5%) and treatment services (61.5%). This data mirrors other state and national reports highlighting the intensifying behavioral health needs of America's youth; and is representative of a shift in behavioral health functioning from the pre-pandemic era: where rather than existing in a predominantly-crisis space, prevention services or individual counseling for more moderate behavioral health concerns was the immediate need.

A report released in 2023 by the Centers for Disease Control and Prevention (CDC) found that 57% of high school girls and 29% of boys reported symptoms consistent with major depression;⁵ and in 2020, suicide was the 2nd leading cause of death among children aged 10-14 and 3rd leading cause of death among those aged 15-24 – both in Ohio and Nationwide.⁶ Children with higher Adverse Childhood Experiences (ACE) exposure are at much higher risk of experiencing mental health challenges, are less likely to be engaged in school or repeat a grade; and are more likely to engage in dangerous behaviors like substance misuse.⁷ When those children become adults, their probability of experiencing health risks like alcoholism, drug use, depression, or suicide attempts will be 12x greater than their peers who have 3 or less ACEs.⁸

Optimistically, however, research also demonstrates that implementing evidence-based interventions to lessen the impact of ACEs and improve social and emotional learning (SEL) skills significantly improves social functioning, physical health, and mental and emotional wellbeing.⁹ School-based behavioral health providers teach SEL skills using evidence-based curriculum; and 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. During this year's survey, **88.5%** of responding school-based behavioral health providers reported using **at least one evidence-based social and emotional learning curriculum** in their daily practice.

Currently, Ohio's School-Based Behavioral Health providers are responding to the urgent need for youth mental health supports: providing behavioral health treatment, prevention, and social and emotional learning services to tens of thousands of students in over **1,294 elementary schools, 807 middle schools, 752 high schools, and 111 ESCs, private and charter schools**. Behavioral Health providers are not only providing these critical services to students, **but 94.9% of providers are collaborating with school districts** to assist with duties like participating on school planning teams to address students' behavioral health and wellness, or engaging with students' families to address social, emotional, and behavioral health functioning.

Despite the undeniable value that school-based behavioral health providers contribute within our education system – the cost of providing these services is largely covered by Medicaid and local funding. The 2023 survey data suggests that only **51%** of providers reported receiving *any* funds from Ohio's school districts; and of those organizations, providers reported that the percentage of funding received from the school districts **only covered, on average, 14% of the cost of providing school-based behavioral health services**. Providers reported filling this deficit largely with funds provided by Medicaid reimbursement from clinical services provided in the schools, ADAMH Board funds, and grants. Additionally, even though the state earmarks funding through the Disadvantaged Student Impact Aid (formerly "Student Wellness and Success") fund to support the social, emotional, and behavioral health of students, **only 28.95%** of school-based behavioral health providers received Disadvantaged Pupil Impact Aid funds from Ohio's school districts.

Workforce Impacts

Results from the *2023 School-Based Behavioral Health Services survey* reflected workforce challenges in three key areas. First: challenges created within Ohio's workforce at-large, as parents and caregivers to youth who are experiencing mental healthcare concerns must take time away from work to their students' behavioral healthcare needs. Second: strains being felt within the behavioral healthcare workforce itself, as providers stretch their caseload capacities to meet the growing needs of students amidst the backdrop of staffing shortages and funding deficits. Third: growing stress being felt among teachers and school staff as they try to adapt to their students' needs to provide mental and behavioral health supports to students that are outside of teachers' traditional scope of practice.

Workforce Challenges At-Large: Recent research has highlighted the ways in which the mounting severity of the youth mental health crisis across Ohio is contributing to broader workforce impacts with parents, caregivers, and employers at-large. Results from the “On Our Sleeves” study released by Nationwide Children’s Hospital in 2022 found that **53% of working parents miss work at least one time each month** to deal with a child’s mental health.¹⁰ The increased needs families have for support in addressing students’ mental health is, likewise, reflected in the *2023 School-Based Behavioral Health Services survey*, as nearly **80%** of providers reported **working collaboratively with the school districts to engage families** in addressing their students’ social, emotional, and behavioral health needs; and **65%** of providers reported **providing prevention services directly to parents and caregivers**.

Behavioral Health Workforce Shortages: Shortages in the behavioral health workforce continue to be an ongoing state and national issue, severely limiting at-risk students’ ability to access the services they need to thrive. These workforce challenges were mirrored in survey results from the *2023 School-Based Behavioral Health Services survey*. Despite a 9.6% increase in the number of districts being served, **over 84% of providers reported challenges with school-based workforce recruitment and retention**.

By far, the largest reported barrier to being able to provide services in school-based settings was the shortage of available professionals (79.5%), followed by extremely long wait lists and the high need of students (50%). Across the agencies surveyed there were a cumulative **335 full time school-based behavioral health positions currently vacant** or unfilled. Over **77.6%** of school-based behavioral health providers reported that **salary** was the top reason that staff reported leaving their positions.

School Staff Workforce Challenges: In 2022, a national survey of school board members across the United States identified **student mental health as the top concern** for the upcoming school year.¹¹ Because providing behavioral health services is outside of teachers’ traditional scope of practice, robust partnerships between school districts and community behavioral health providers are an effective way to mitigate these concerns. **97.4% of providers who participated in the 2023 School-Based Behavioral Health Services survey are already engaging in these efforts: actively participating in collaborative practices within their school districts**, like assisting with school district planning teams, data collection, and family engagement.

Finally, a 2022 survey of teachers and principals across the United States found that teachers and principals experience job-related stress at twice the rate of the general population of working adults. Some of the top factors contributing to this stress were student behavior and supporting students’ mental health and well-being. Despite working in this high-stress environment, 20% of principals and 35% of teachers reported not having access to employer-provided mental health support.¹² As identified in the *2023 School-Based Behavioral Health Services survey* results, Ohio’s school-based behavioral health providers are responding to the growing behavioral health needs of school staff by delivering valuable behavioral health services directly to school administrators and teachers. **70.5%** of respondents reported providing **behavioral health consultation** to school staff, **46.1%** provided **prevention services and/or training**, and **26.9%** of providers were providing **clinical treatment services** directly to school staff members themselves. The impact of having school-based behavioral health providers embedded in school settings continues to have far-reaching benefits beyond directly improving student behavioral health functioning; but also supports school-personnel health and wellbeing.

The Continued Growth of School-Based Services

Despite identified workforce challenges, community behavioral health providers continue to answer the call to serve Ohio's youth, as evidenced by the continued growth of school-based behavioral health services. The number of **school districts** where services are being provided **grew by 9.6%**, moving from 533 districts, charters and ESCs being served during the 2021 – 2022 school year to **584**. Ohio's school-based behavioral health providers also reported adding **68** new school *buildings* to their service areas: bringing the total number of buildings served to **2,964**. Services are being provided in not only traditional classrooms, but in special education classrooms, disability-specific classrooms, vocational schools, daycares, and even juvenile detention centers across Ohio.

Moreover, community behavioral health providers are not simply serving more *students*, but in 2023 they are shouldering a more diverse range of responsibilities that are integral to ensuring safety and wellbeing across Ohio's schools. For the first time, the *2023 School-Based Behavioral Health Services survey* asked providers to share information on their participation in school-district and student threat assessment services. **More than 1 out of every 3 providers (38.5%) are involved with providing threat assessment services or planning for potential threats within the school district.**

School-Based Behavioral Health providers reported involvement in activities like being part of a crisis plan in the event of a school shooting; completing lethality assessments with students who express homicidal ideation; completing safety plans with students who express suicidal thoughts or ideas; or providing grief counseling after a student has died by suicide. Against the national backdrop of increasing school safety concerns and intensifying prevalence and severity of youth behavioral health challenges: the expanded role that Ohio's community behavioral health workforce is playing in helping promote students' safety during the school day cannot be overlooked.

Conclusion

Ohio's youth mental health crisis is at a turning point. Mental Health challenges are impacting more youth than ever before. Despite national, state, and local shortages within the behavioral health workforce, in 2023 Ohio's community-based behavioral health providers responded to these growing needs by expanding partnerships with school districts by nearly 10%. Not only are more students being impacted, but the severity of youth mental health conditions is worsening. Prior to the pandemic the most common behavioral health needs for students were prevention services or treatment for moderate mental health conditions. Today, however, crisis de-escalation and threat assessment services have been brought to the forefront, requiring that more complex intervention and treatment modalities be made available to students.

Ohio's youth mental health crisis is having a negative impact across the workforce: Putting a strain on the behavioral health workforce as it struggles to meet growing demand; contributing to added stress and job dissatisfaction for school staff; and having a broader economic impact as more than half of all parents and caregivers report missing work at least one time per month to deal with a child's mental health needs. Leveraging partnerships between school districts and community-based behavioral health providers is the best way to mitigate these challenges. School and community-based behavioral health partnerships create opportunities for additional teacher support and eliminate transportation and access barriers by bringing these critical services directly to students during the school day. Moreover, the services provided by community-based behavioral health providers are available beyond the school day and year.

The 2023 School-Based Behavioral Health Services survey results also highlighted broader funding challenges for school-based behavioral health services. 2023 data revealed that among respondents, Medicaid was the primary payer for school-based behavioral health services. This funding stream, however, only compensates providers for the billable services they provide directly to students who are enrolled as their clients; and leaves major gaps in reimbursement for other critical behavioral health services being performed in school settings - like teacher consultation, prevention, school district collaboration, parent engagement, or threat assessment planning. Even though Disadvantaged Pupil Impact Aid funding is intended to support school-based behavioral health and prevention services, only 28.95% of providers were accessing these funds. Limitations related to funding were the largest driver of behavioral health workforce recruitment and retention challenges, as 77.6% of respondents listed that over the past year, salary was the top reason staff members had left their positions.

Recommendations

To ensure that students leave school with the support and skills they need to thrive, it is critical that we continue to invest in the expansion of school-based behavioral health services. Ohio can support the expansion of school-based behavioral health services by:

- Providing a dedicated and stable funding source specifically for prevention, consultation, early intervention, referral, assessment, and treatment services in schools.
- Developing and disseminating 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 universal 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 2022-2023 Academic Year

Responding community behavioral health centers (CBHCs): 78

Number of districts, charter schools, and ESCs served: 584

Number of school buildings with school-based BH services: 2,964

- Elementary: 1,294
- Middle School: 807
- High School: 752
- ESC/Other: 111

Types of Services Available in Schools

- 68 respondents offer one or more **PREVENTION** services through school-based partnerships.
 - 57 offer universal interventions (Tier I), 54 offer selected interventions (Tier II), 51 offer Staff Support, 50 provide parent/caregiver services, and 47 offer targeted interventions (Tier III).
- 76 respondents offer one or more **CONSULTATION** services to schools.
 - 84.6% of organizations reported offering student-specific consultation. 79.5% offer consultation to teachers, and 70.5% reported providing consultation within the classroom.
- 68 respondents offer one or more **TREATMENT** services to schools.
 - Most offered treatment services: Individual counseling (87%), assessment (87%), CPST (71.4%), TBS (63.6%), crisis intervention (60%), and group counseling (58.4%).

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

- Treatment/Counseling Services (All Levels)
- Prevention Services (All Levels)
- Crisis Services (All Levels)

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

- Crisis De-Escalation & Behavior Management: 69.2% of respondents
- Training for Educator/Administrators: 67.9% of respondents
- Parent/Caregiver Support & Intervention: 65.3% of respondents
- Parent/Caregiver Education & Training: 61.5% of respondents
- Treatment - All Types: 61.5% of respondents

BH Services Provided Directly to Teacher/Staff:

- Consultation: 70.5% of respondents
- Prevention: 46.1 % of respondents
- Treatment: 26.9% of respondents

Evidence-Based Curricula in Use

Among respondents, 88.5% 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 (42.86% of respondents)
Botvin LifeSkills Training (LSC)	26 (37.14% of respondents)
PAX Tools	22 (31.43% of respondents)
Zones of Regulation	21 (30.% of respondents)
Too Good for Drugs	16 (22.86% of respondents)
QRP	11 (15.71% of respondents)
Therapeutic Crisis Intervention (CPI)	10 (14.29% of respondents)
Olweus Bullying Prevention Program	6 (8.57% of respondents)
Say Something	4 (5.7% of respondents)
Keepin' it REAL (KIR)	3 (4.29% of respondents)
Creating Lasting Family Connections (CLFC)	2 (2.86% of respondents)
The Mandt System	0 (0% of respondents)
Other Curricula	46 (65.7% of respondents)
<i>Top "other" curricula: Catch my Breath (5), Positive Action (5), Too Good for Violence (5), Incredible Years (4), Safe Dates (4), Second Step (4), Project Alert (4), Sources of Strength (4), Girls Circle (4)</i>	

Providers Offering Universal Screening: 29 of 76 respondents (25%)

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 (79.5% of respondents)
- Planning (Generally) (74.36%)
- Participating in School Planning Teams (71.8%)
- Involved in Planning Social Emotional Learning Strategies (69.2%)
- Data Collection and Informed Decision Making (52.56%)

Behavioral Health Funding Sources

- 62 organizations reported payment for services from Medicaid; 59 using the community behavioral health Medicaid program, and 3 reported using the Medicaid School program.
- 61 organizations reported using ADAMH board funds to pay for school-based services.
- 42 organizations reported using private grant or foundation funding for school-based services.
- 40 report having contracts with schools directly.
- 31 provider organizations reported billing commercial insurance.
- 8 reported using funds from other sources (including United Way and OhioMHAS funds)
- 22 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

- **84.42%** of respondents reported challenges with school-based workforce recruitment/retention (*increase from 77.3% in 2022*).
- **36** responding behavioral health agencies reported losing **103** school-based staff to schools or ESCs.
- **59** responding agencies reported having **335** full time school-based behavioral health positions that were currently vacant.
- Respondents reported that their primary competition for school-based staff this year have been **community behavioral health centers, schools, private practice, and hospitals**.
- The most reported reasons that school-based staff have left their positions in the past twelve (12) months was **salary** (77.6%), **other reasons specified by respondents** (42.1%), including stress, expectations, and burnout, and **documentation** (22.4%).
- The most reported barriers to providing services are a **shortage of professionals** (79.5%), **extremely high need/long wait lists** (50%), **difficulty placing providers in schools** (29.5%), and **resistance from parents/community members** (29.5%).

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

School/School District	School-Based Service Providers as of 2023
Accel Public Charter Schools	Murtis Taylor Human Services System
ACLD School & Learning Center	Alta Care Group
Adena LSD	Integrated Services for Behavioral Health Pickaway Area Recovery Services
Akron CSD	CHC Addiction Services Child Guidance & Family Solutions Coleman Health Services Greenleaf Family Center OhioGuidestone Red Oak Behavioral Health
Alexander LSD	Health Recovery Services Hopewell Health Centers Nationwide Children's Hospital
Allen East LSD	Family Resource Center of Northwest Ohio, Inc.
Alliance CSD	Child and Adolescent Behavioral Health
Amanda-Clearcreek LSD	Integrated Services for Behavioral Health OhioGuidestone The Recovery Center
Amherst EVSD	OhioGuidestone Positive Education Program The LCADA Way
Apollo Career Center District	Family Resource Center of Northwest Ohio, Inc.
Arcadia LSD	Family Resource Center of Northwest Ohio, Inc.
Archbishop Hoban High School	Greenleaf Family Center Red Oak Behavioral Health
Archbold-Area LSD	Maumee Valley Guidance Center
Arch Diocese of Cincinnati	Child Focus
Arlington LSD	Family Resource Center of Northwest Ohio, Inc.
Arts and College Preparatory Academy	Nationwide Children's Hospital
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
Ashtabula Area CSD	Community Counseling Center Positive Education Program
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

School/School District	School-Based Service Providers as of 2023
Aurora CSD	Children's Advantage Townhall II
Austintown LSD	Alta Care Group
Avon Lake CSD	Positive Education Program The LCADA Way
Avon LSD	Positive Education Program The LCADA Way
Ayersville LSD	Maumee Valley Guidance Center RFS Behavioral Health
Barberton CSD	CHC Addiction Services Child Guidance & Family Solutions Coleman Health Services Greenleaf Family Center Red Oak Behavioral Health
Batavia LSD	Child Focus Greater Cincinnati Behavioral Health Services
Bay Village CSD	Murtis Taylor Human Services System Positive Education Program Recovery Resources
Beachwood CSD	Positive Education Program
Beaver LSD	Family Recovery Center
Beavercreek CSD	I Am Boundless TCN Behavioral Health
Bedford CSD	Beech Brook Murtis Taylor Human Services System Positive Education Program
Bellaire LSD	Southeast Healthcare
Bellefontaine CSD	TCN Behavioral Health
Bellevue CSD	Positive Education Program
Belpre CSD	Hopewell Health Centers
Benjamin Logan LSD	TNC Behavioral Health
Berea CSD	Murtis Taylor Human Services System OhioGuidestone Positive Education Program Recovery Resources
Berkshire LSD	Crossroads Health & New Directions
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

School/School District	School-Based Service Providers as of 2023
Big Walnut LSD	I Am Boundless OhioGuidestone Syntero, Inc.
Bio-Med Science Academy	Children's Advantage Townhall II
Bishop Fenwick School	Allwell Behavioral Health Services Nationwide Children's Hospital
Bishop Flaget School	Integrated Services for Behavioral Health
Black River Career Prep	OhioGuidestone
Black River LSD	OhioGuidestone Positive Education Program
Bloom-Carroll LSD	New Horizons Mental Health Services OhioGuidestone The Recovery Center
Bloomfield-Mespo LSD	Compass Family & Community Services
Boardman LSD	Alta Care Group Meridian Healthcare
Bowling Green CSD	Children's Resource Center Harbor I Am Boundless
Breakthrough Public Schools	Murtis Taylor Human Services System OhioGuidestone Positive Education Program
Brecksville-Broadview Heights CSD	Positive Education Program Red Oak Behavioral Health
Bridgeport EVSD	Southeast Healthcare
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 (Jefferson County)	Coleman Health Services Family Recovery Center
Buckeye LSD (Medina County)	OhioGuidestone Positive Education Program

School/School District	School-Based Service Providers as of 2023
Buckeye Valley LSD	I Am Boundless Syntero, Inc.
Bucyrus CSD	RFS Behavioral Health
Butler County ESC	Talbert House
Caldwell EVSD	Allwell Behavioral Health Services Nationwide Children's Hospital
Cambridge CSD	Nationwide Children's Hospital
Campbell CSD	Alta Care Group
Canal Winchester LSD	I Am Boundless Nationwide Children's Hospital The Buckeye Ranch
Canfield LSD	Alta Care Group Family & Community Services, Inc.
Canton CSD	Child and Adolescent Behavioral Health CommQuest Stark County TASC
Canton LSD	CommQuest
Cardington-Lincoln LSD	Syntero, Inc.
Carrollton EVSD	SpringVale Health Centers
Cascade Career Prep High School	OhioGuidestone
Case Preparatory Academy	Red Oak Behavioral Health
CASTLE High School	OhioGuidestone
Centerburg LSD	Alcohol & Drug Freedom Center of Knox County
Centerville CSD	South Community
Central LSD	Maumee Valley Guidance Center RFS Behavioral Health
Champion LSD	Compass Family & Community Services
Chardon LSD	Pickaway Area Recovery Services Positive Education Program
Chillicothe CSD	Integrated Services for Behavioral Health Nationwide Children's Hospital
Chippewa LSD	Anazao Community Partners OneEighty
Christian Life Academy	Hopewell Health Centers
Cincinnati CSD	Best Point Education & Behavioral Health Child Focus eXclusive Services Greater Cincinnati Behavioral Health Services Talbert House
Circleville CSD	Integrated Services for Behavioral Health Nationwide Children's Hospital Pickaway Area Recovery Services
Clark-Shawnee LSD	WellSpring
Clay LSD	Shawnee Family Health Center

School/School District	School-Based Service Providers as of 2023
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 Murtis Taylor Human Services System OhioGuidestone Positive Education Program Recovery Services The Centers
Cleveland Transformation Alliance Charter Schools	Murtis Taylor Human Services System
Clinton County Head Start	Solutions Community Counseling & Recovery Centers
Cloverleaf LSD	Bellefaire JCB Positive Education Program
Columbiana EVSD	Family Recovery Center
Columbus CSD	CompDrug (Youth to Youth Program) Directions For Youth & Families Eastway Behavioral Healthcare Nationwide Children's Hospital North Community Counseling Centers Southeast Healthcare The Buckeye Ranch
Conneaut Area CSD	Community Counseling Center
Constellation Schools	Bellefaire JCB OhioGuidestone Positive Education Program The Centers
Copley-Fairlawn CSD	CHC Addiction Services Child Guidance & Family Solutions Red Oak Behavioral Health
Cory-Rawson LSD	Family Resource Center of Northwest Ohio, Inc.
Coshocton Career Center	Allwell Behavioral Health Services
Coshocton CSD	Allwell Behavioral Health Services Coshocton Behavioral Health Choices Nationwide Children's Hospital
Coventry LSD	Greenleaf Family Center
Covington EVSD	TNC Behavioral Health
Crestview LSD (Columbiana County)	Family Recovery Center
Crestview LSD (Richland County)	Appleseed Community Mental Health Center

School/School District	School-Based Service Providers as of 2023
Crestwood LSD	Children's Advantage Townhall II
Crooksville EVSD	Nationwide Children's Hospital
Crossroads Christian Academy	Pickaway Area Recovery Services
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	Thrive Therapeutics
Dayton Early College Academy	Thrive Therapeutics
Dayton Leadership Academy	Thrive Therapeutics
Deer Park Community CSD	Best Point Education & Behavioral Health
Defiance CSD	Maumee Valley Guidance Center RFS Behavioral Health
Delaware CSD	I Am Boundless Syntero, Inc.
Diocese of Cleveland Catholic Schools	Murtis Taylor Human Services System
Diocese of Toledo Schools	Harbor
Dover CSD	OhioGuidestone SpringVale Health Centers
Dublin CSD	CompDrug (Youth to Youth Program) I Am Boundless Syntero, Inc. The Buckeye Ranch
Eastbridge K-8	North Community Counseling Centers
East Cleveland CSD	Murtis Taylor Human Services System OhioGuidestone Positive Education Program
East Clinton LSD	Solutions Community Counseling and Recovery Centers
East Guernsey LSD	Nationwide Children's Hospital
East Holmes LSD	OneEighty
East Knox LSD	Alcohol & Drug Freedom Center of Knox County I Am Boundless
East Liverpool CSD	Family Recovery Center
East Muskingum LSD	Nationwide Children's Hospital
East Palestine CSD	Family Recovery Center
Eastern LSD	Nationwide Children's Hospital
Eastern LSD (Meigs County)	Hopewell Health Centers
Eastland/Fairfield Career Centers	New Horizons Mental Health Services

School/School District	School-Based Service Providers as of 2023
Eastwood LSD	Children's Resource Center
Eaton CSD	South Community
Edgerton LSD	Maumee Valley Guidance Center
Edison LSD (Erie County)	Positive Education Program
Edison LSD (Jefferson County)	Family Recovery Center
Edon-Northwest LSD	Maumee Valley Guidance Center
Elgin Local Schools	OhioGuidestone
Elmwood LSD (Wood County)	Children's Resource Center
Elyria CSD	Applewood Centers Beech Brook OhioGuidestone Positive Education Program The LCADA Way
Euclid CSD	Bellefaire JCB Crossroads Health & New Directions Murtis Taylor Human Services System OhioGuidestone Positive Education Program
Evergreen LSD	Maumee Valley Guidance Center OhioGuidestone
Fairbanks LSD	Nationwide Children's Hospital
Fairborn CSD	TNC Behavioral Health
Fairfield CSD	NewPath Child & Family Solutions
Fairfield County ESC	OhioGuidestone
Fairfield LSD	Pickaway Area Recovery Services
Fairfield Union LSD	OhioGuidestone
Fairport Harbor EVSD	Crossroads Health & New Directions
Fairview Park CSD	Positive Education Program
Fayette LSD	Maumee Valley Guidance Center RFS Behavioral Health
Fayetteville-Perry LSD	Child Focus
Federal Hocking LSD	Health Recovery Services Hopewell Health Centers
Felicity-Franklin LSD	Child Focus
Field LSD	Children's Advantage Coleman Health Services Greenleaf Family Center Townhall II
Findlay CSD	Family Resource Center of Northwest Ohio, Inc.
Firelands LSD	OhioGuidestone The LCADA Way
Flex High School	OhioGuidestone
Focus East High School	North Community Counseling Centers
Forest Hills LSD	Child Focus

School/School District	School-Based Service Providers as of 2023
Fort Frye LSD	Hopewell Health Centers
Fostoria CSD	Family Resource Center of Northwest Ohio, Inc.
Franklin LSD	New Horizons Mental Health Services
Fraklinton Prep High School	Integrated Services for Behavioral Health
Fredericktown LSD	Alcohol & Drug Freedom Center of Knox County Nationwide Children's Hospital
Frontier LSD	Hopewell Health Centers
Gahanna-Jefferson CSD	Concord Counseling Services I Am Boundless
Gallia CSD	Health Recovery Services
Gallia County LSD	Field of Hope Community Campus Health Recovery Services Hopewell Health Centers
Gallia-Jackson-Meigs Joint Vocational School	Hopewell Health Centers
Gallipolis CSD	Hopewell Health Centers
Garaway LSD	OhioGuidestone
Garfield Heights CSD	Applewood Centers Murtis Taylor Human Services System Positive Education Program
Geneva Area CSD	Community Counseling Center
Genoa Area LSD	OhioGuidestone
George Voinovich Contemporary Career High School	OhioGuidestone
Georgetown EVSD	Child Focus
Girard CSD	Family & Community Services, Inc. Meridian Healthcare
Gladden Pre-K	Integrated Services for Behavioral Health
Global Ambassadors Language Academy	OhioGuidestone
Global Impact STEM Academy	Nationwide Children's Hospital
Goshen LSD	Child Focus Greater Cincinnati Behavioral Health Services
Graham LSD	TCN Behavioral Health WellSpring
Grand Valley LSD	Community Counseling Center Signature Health
Grandview Heights CSD	Syntero, Inc.
Grant Career Center	Child Focus
Granville EVSD	I Am Boundless 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

School/School District	School-Based Service Providers as of 2023
Green LSD (Summit County)	Child Guidance & Family Solutions
Green LSD (Wayne County)	OneEighty
Greenfield EVSD	Integrated Services for Behavioral Health Pickaway Area Recovery Services
Greenon LSD	WellSpring
Groveport Madison LSD	Concord Counseling Services I Am Boundless Nationwide Children's Hospital The Buckeye Ranch
Hamilton County ECS Head Start	Best Point Education & Behavioral Health
Hamilton CSD (Butler County)	Best Point Education & Behavioral Health Community Behavioral Health/Community First NewPath Child & Family Solutions
Hamilton LSD (Franklin County)	OhioGuidestone I Am Boundless The Buckeye Ranch
HARCATUS Head Start	SpringVale Health Centers
Heath CSD	Nationwide Children's Hospital
Heritage Christian School	Family Resource Center of Northwest Ohio, Inc.
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	The Recovery Council
Hillsdale LSD	Appleseed Community Mental Health Center
Hilltop Early Learning Center	Nationwide Children's Hospital
Holgate LSD	Maumee Valley Guidance Center
Holy Family Grade School	Greenleaf Family Center
Horizon Science Academy (Springfield)	OhioGuidestone
Howland LSD	Family & Community Services, Inc.
Huber Heights CSD	I Am Boundless South Community
Hudson CSD	Child Guidance & Family Solutions Greenleaf Family Center Positive Education Program
Huntington LSD	Integrated Services for Behavioral Health Pickaway Area Recovery Services The Recovery Council
Huron CSD	Positive Education Program
IDEA Public Schools	eXclusive Services
Immaculate Conception School	OhioGuidestone

School/School District	School-Based Service Providers as of 2023
Independence Education Center	OhioGuidestone
Indian Creek LSD (Jefferson County)	Family Recovery Center
Indian Lake LSD	TCN Behavioral Health
Indian Valley LSD	OhioGuidestone
Innovation Academy West	OhioGuidestone
Intergenerational Schools	OhioGuidestone The Centers
Jackson CSD	Health Recovery Services Hopewell Health Centers Integrated Services for Behavioral Health Nationwide Children's Hospital
Jackson-Milton LSD	Alta Care Group
James A. Garfield LSD	Children's Advantage Greenleaf Family Center Townhall II
Jefferson Area LSD	Signature Health
Jefferson County ESC	Coleman Health Services
John F. Kennedy Catholic School	Alta Care Group
Joint Vocational School District	Nationwide Children's Hospital
Kent CSD	Children's Advantage Coleman Health Services Greenleaf Family Center Townhall II
Kenton CSD	Family Resource Center of Northwest Ohio, Inc.
Kettering CSD	South Community
Keystone LSD	OhioGuidestone 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 & New Directions
LaBrae LSD	Family & Community Services, Inc.
Lake Erie International School	OhioGuidestone
Lake LSD (Stark County)	Child and Adolescent Behavioral Health
Lake LSD (Wood County)	Children's Resource Center
Lakeview LSD	Alta Care Group
Lakewood CSD (Cuyahoga County)	Bellefaire JCB Murtis Taylor Human Services System OhioGuidestone Positive Education Program Recovery Resources
Lakewood LSD (Licking County)	I Am Boundless

School/School District	School-Based Service Providers as of 2023
Lakota LSD (Butler County)	Solutions Community Counseling and Recovery Centers
Lakota LSD (Sandusky County)	Family Resource Center of Northwest Ohio, Inc.
Lancaster Catholic Schools	The Recovery Center
Lancaster CSD	I Am Boundless New Horizons Mental Health Services OhioGuidestone The Recovery Center
Leetonia EVSD	Family Recovery Center
Liberty Center LSD	Maumee Valley Guidance Center OhioGuidestone
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 OhioGuidestone The Recovery Center
Liberty-Benton LSD	Family Resource Center of Northwest Ohio, Inc.
Licking Heights LSD	I Am Boundless
Lima CSD	Family Resource Center of Northwest Ohio, Inc.
Lincoln Park Academy LSD	OhioGuidestone
Linden Early Learning Center	Nationwide Children's Hospital
Linden Grove School	Best Point Education & Behavioral Health
Lisbon EVSD	Family Recovery Center
Logan Elm LSD	Hopewell Health Centers Pickaway Area Recovery Services
Logan-Hocking LSD	Health Recovery Services Hopewell Health Centers I Am Boundless
London CSD	Nationwide Children's Hospital
Lorain County Community College	OhioGuidestone
Lorain County Joint Vocational School	OhioGuidestone The LCADA Way
Lorain CSD	Beech Brook Murtis Taylor Human Services System OhioGuidestone Positive Education Program The LCADA Way
Lorain Preparatory Academy	OhioGuidestone
Lordstown LSD	Compass Family & Community Services
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

School/School District	School-Based Service Providers as of 2023
Lutheran East High School	OhioGuidestone
Mac-O-Cheek Learning Center	TNC Behavioral Health
Mad River LSD	Samaritan Behavioral Health
Madison LSD	Crossroads Health & New Directions
Madison LSD (Butler County)	Talbert House
Madison-Plains LSD	Nationwide Children's Hospital
Mahoning County Career and Technical Center	Alta Care Group
Manchester LSD	Greenleaf Family Center
Maple Heights CSD	Applewood Centers Murtis Taylor Human Services System Positive Education Program
Mapleton LSD	Applesed 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
Marlington LSD	Child and Adolescent Behavioral Health
Martins Ferry CSD	Southeast Healthcare
Marysville EVSD	Nationwide Children's Hospital
Massillon CSD	Child and Adolescent Behavioral Health Red Oak Behavioral Health
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
McComb LSD	Family Resource Center of Northwest Ohio, Inc.
McDonald LSD	Alta Care Group Family & Community Services, Inc.
Mechanicsburg EVSD	TCN Behavioral Health
Medina CSD	Bellefaire JCB Positive Education Program The Counseling Center of Wayne & Holmes Counties
Meigs LSD	Health Recovery Services Hopewell Health Centers
Mentor EVSD	Crossroads Health & New Directions
Metro Schools	The Ohio State University Wexner Medical Center
Miami Trace LSD	Integrated Services for Behavioral Health Nationwide Children's Hospital Pickaway Area Recovery Services
Miami Valley Career Technology Center	Samaritan Behavioral Health

School/School District	School-Based Service Providers as of 2023
Miamisburg CSD	I Am Boundless
Mid-East Career and Technology Centers	Allwell Behavioral Health Services
Midview LSD	Applewood Centers Positive Education Program The LCADA Way
Milford EVSD	Best Point Education & Behavioral Health Child Focus
Millcreek-West Unity LSD	Maumee Valley Guidance Center
Milton-Union EVSD	Samaritan Behavioral Health
Minerva LSD	CommQuest
Minford LSD	Shawnee Family Health Center
Mogadore LSD	CHC Addiction Services Greenleaf Family Center Red Oak Behavioral Health Townhall II
Montgomery County ESC	South Community
Montpelier EVSD	Maumee Valley Guidance Center
Morgan LSD	Allwell Behavioral Health Services Nationwide Children's Hospital
Mount Gilead EVSD	Syntero, Inc.
Mount Healthy CSD	Best Point Education & Behavioral Health
Mount Vernon CSD	Alcohol & Drug Freedom Center of Knox County I Am Boundless
Napoleon Area CSD	Harbor 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 Bremen LSD	Family Resource Center of Northwest Ohio, Inc.
New Knoxville LSD	Family Resource Center of Northwest Ohio, Inc.
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
Newark CSD	I Am Boundless
Newcomerstown EVSD	OhioGuidestone
Newton Falls EVSD	Alta Care Group

School/School District	School-Based Service Providers as of 2023
Niles CSD	Family & Community Services, Inc. Meridian Healthcare
Nordonia Hills CSD	Greenleaf Family Center
North Baltimore LSD	Children's Resource Center
North Canton CSD	CommQuest
North Central LSD	Maumee Valley Guidance Center
North College Hill CSD	NewPath Child & Family Solutions
North Olmsted CSD	Beech Brook Positive Education Program
North Ridgeville CSD	OhioGuidestone Positive Education Program The LCADA Way
North Royalton CSD	Positive Education Program
North Union LSD	Nationwide Children's Hospital
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
Northmont CSD	South Community
Northmor LSD	Syntero, Inc.
Northridge LSD	The Buckeye Ranch
Northwest School of the Arts	OhioGuidestone
Northwest LSD (Stark/Summit County)	Greenleaf Family Center
Northwest LSD (Hamilton County)	Best Point Education & Behavioral Health NewPath Child & Family Solutions
Northwest LSD (Scioto County)	Shawnee Family Health Center
Northwestern LSD (Wayne County)	Anazao Community Partners OneEighty WellSpring
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 Integrated Services for Behavioral Health
Oakwood CSD	South Community
Oberlin CSD	Applewood Centers Positive Education Program The LCADA Way
Ohio Virtual Academy	Syntero, Inc.

School/School District	School-Based Service Providers as of 2023
Old Brook Alternative High Schools	Applewood Centers
Olentangy LSD	I Am Boundless Syntero, Inc. The Ohio State University Wexner Medical Center
Olmsted Falls CSD	OhioGuidestone Positive Education Program
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 I Am Boundless
Our Catholic Schools	Nationwide Children's Hospital
Our Lady of the Elms	Greenleaf Family Center
Painesville City LSD	Crossroads Health & New Directions Signature Health
Paint Valley LSD	Integrated Services for Behavioral Health
Parma Academy	OhioGuidestone
Parma CSD	Bellefaire JCB Murtis Taylor Human Services System OhioGuidestone Positive Education Program Recovery Resources
Patrick Henry LSD	Maumee Valley Guidance Center
Perkins LSD	OhioGuidestone Positive Education Program
Perry LSD (Lake County)	Crossroads Health & New Directions Positive Education Program
Perry LSD (Stark County)	CommQuest Red Oak Behavioral Health
Perrysburg EVSD	Children's Resource Center I Am Boundless
Pettisville LSD	Maumee Valley Guidance Center
Pickaway Ross Career & Technology Center	Integrated Services for Behavioral Health
Pickerington LSD	I Am Boundless 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 TNC Behavioral Health
Plain LSD	Child and Adolescent Behavioral Health

School/School District	School-Based Service Providers as of 2023
Pleasant LSD	OhioGuidestone
Poland LSD	Alta Care Group Meridian Healthcare
Portage Lakes Career Center	Red Oak Behavioral Health
Portsmouth CSD	Shawnee Family Health Center
Potential Development	Alta Care Group
Princeton CSD	Best Point Education & Behavioral Health Talbert House
Promise Academy	Applewood Centers
Pymatuning Valley LSD	Community Counseling Center
Randall Park High	Applewood Centers
Ravenna CSD	Children's Advantage Townhall II
Reading Community CSD	Best Point Education & Behavioral Health
Revere LSD	CHC Addiction Services Greenleaf Family Center
Reynoldsburg CSD	CompDrug (Youth to Youth Program) I Am Boundless Nationwide Children's Hospital Southeast Healthcare The Buckeye Ranch
Richmond Heights LSD	OhioGuidestone Positive Education Program
Ridgedale LSD	OhioGuidestone
Ridgemont LSD	Family Resource Center of Northwest Ohio, Inc.
Ridgewood LSD	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
Riverdale LSD	Family Resource Center of Northwest Ohio, Inc.
Riverside LSD (Lake County)	Crossroads Health & New Directions Signature Health
Riverside LSD (Logan County)	TCN Behavioral Health
Rocky River CSD	Positive Education Program
Rolling Hills LSD	Nationwide Children's Hospital
Rootstown LSD	Coleman Health Services Townhall II
Ross County Christian Academy	Integrated Services for Behavioral Health
Ross Pike ESC	Integrated Services for Behavioral Health
Rossford EVSD	Children's Resource Center I Am Boundless

School/School District	School-Based Service Providers as of 2023
Saint John School	Community Counseling Center
Saint Rose Catholic School	Alta Care Group
Saint Mary School German Village	Nationwide Children's Hospital
Salem CSD	Family Recovery Center
Sandusky CSD	OhioGuidestone Positive Education Program
Sandy Valley LSD	Child and Adolescent Behavioral Health SpringVale Health Centers
School of Bright Promise	Coleman Health Services
Scioto County Career Technical Center	Shawnee Family Health Center
Scioto Valley LSD	Integrated Services for Behavioral Health The Recovery Council
Sciotoville Community School	Shawnee Family Health Center
Sebring LSD	Alta Care Group
Seton Catholic School	Greenleaf Family Center
Shadyside LSD	Southeast Healthcare
Shaker Heights CSD	Bellefaire JCB Murtis Taylor Human Services System Positive Education Program
Shawnee LSD	Family Resource Center of Northwest Ohio, Inc.
Sheffield-Sheffield Lake CSD	OhioGuidestone Positive Education Program The LCADA Way
Solon CSD	Positive Education Program
South Euclid-Lyndhurst CSD	Crossroads Health & New Directions Murtis Taylor Human Services System OhioGuidestone Positive Education Program
South Range LSD	Alta Care Group
Southeast LSD (Portage County)	Townhall II
Southeast LSD (Wayne County)	OneEighty
Southeastern LSD	Integrated Services for Behavioral Health
Southern LSD (Columbiana County)	Family Recovery Center
Southern LSD (Meigs County)	Hopewell Health Centers
Southern LSD (Perry County)	Allwell Behavioral Health Services Integrated Services for Behavioral Health
Southington LSD	Alta Care Group Compass Family and Community Services
Southwest Licking LSD	I Am Boundless
Southwest LSD	Best Point Education & Behavioral Health
South-Western CSD	Directions For Youth & Families I Am Boundless Nationwide Children's Hospital The Buckeye Ranch

School/School District	School-Based Service Providers as of 2023
Spencerville LSD	Family Resource Center of Northwest Ohio, Inc.
Springfield CSD	I Am Boundless Mental Health Services for Clark and Madison Counties WellSpring
Springfield LSD (Lucas County)	OhioGuidestone
Springfield LSD (Mahoning County)	Alta Care Group
Springfield LSD (Summit County)	Bellefaire JCB CHC Addiction Services Greenleaf Family Center Red Oak Behavioral Health
St. Bernard-Elmwood Place CSD	Greater Cincinnati Behavioral Health Services
St. Francis School	OhioGuidestone
St. Joan of Arc Catholic School	CommQuest
St. John Nottingham Lutheran School	OhioGuidestone
St. Joseph Parish School	OhioGuidestone
St. Mary Catholic School	CommQuest Hopewell Health Centers
St. Mary's CSD	Family Resource Center of Northwest Ohio, Inc.
St. Peter Catholic School	CommQuest
St. Rita School for the Deaf	NewPath Child & Family Solutions
St. Rocco School	OhioGuidestone
St. Thomas Aquinas Catholic Schools	CommQuest
St. Vincent-St. Mary High School	Red Oak Behavioral Health
Stark County ESC	CommQuest
Stepstone Academy	OhioGuidestone
Steubenville Catholic Schools	Family Recovery Center
Steubenville CSD	Coleman Health Services Family Recovery Center
Stow-Munroe Falls CSD	CHC Addiction Services Child Guidance & Family Solutions Greenleaf Family Center
Strasburg-Franklin LSD	SpringVale Health Centers
Streetsboro CSD	Children's Advantage Townhall II
Strongsville CSD	Positive Education Program
Struthers CSD	Alta Care Group Meridian Healthcare
Summit Academy School - Lorain	OhioGuidestone
Summit Academy Community School for Alternative Learning	Bellefaire JCB
Swanton LSD	Maumee Valley Guidance Center RFS Behavioral Health
Switzerland of Ohio	Southeast Healthcare

School/School District	School-Based Service Providers as of 2023
Sycamore Community CSD	eXclusive Services Positive Education Program
Sylvania CSD	Beyond Healthcare Harbor
Talawanda CSD	Best Point Education & Behavioral Health
Tallmadge CSD	Greenleaf Family Center Red Oak Behavioral Health
Teays Valley LSD	Pickaway Area Recovery Services
Tecumseh LSD	Mental Health Services for Clark and Madison Counties WellSpring
The Gerson School	Applewood Centers
The Greater Dayton School	I Am Boundless
The Leona Group Schools	Harbor
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	OhioGuidestone Philio Inc. dba New Concepts RFS Behavioral Health Unison Health
Tolles Career & Technical Center	Syntero, Inc.
Toronto CSD	Nationwide Children's Hospital Family Recovery Center
Towpath Trail High School	Red Oak Behavioral Health
Triad LSD	TCN Behavioral Health
Tri-County Career Center	Health Recovery Services Integrated Services for Behavioral Health
Tri-Valley LSD	I Am Boundless
Trimble LSD	Hopewell Health Centers Nationwide Children's Hospital
Triway LSD	OneEighty
Trotwood-Madison CSD	Samaritan Behavioral Health
Trumbull Career & Technical Center	Family & Community Services, Inc.
Trumbull County ESC	Alta Care Group Family & Community Services, Inc.
Tuscarawas Central Catholic	OhioGuidestone SpringVale Health Centers
Tuslaw LSD	Child and Adolescent Behavioral Health
Twin Valley Community LSD	NewPath Child & Family Solutions
Twinsburg CSD	Positive Education Program
Union Scioto LSD	Integrated Services for Behavioral Health
United LSD	Family Recovery Center

School/School District	School-Based Service Providers as of 2023
United Preparatory Academy	Eastway Behavioral Healthcare
Upper Arlington CSD	I Am Boundless 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 Buren LSD	Family Resource Center of Northwest Ohio, Inc.
Vandalia-Butler CSD	Samaritan Behavioral Health
Vanlue LSD	Family Resource Center of Northwest Ohio, Inc.
Vermilion LSD	OhioGuidestone Positive Education Program The LCADA Way
Vinton County LSD	Health Recovery Services Hopewell Health Centers Integrated Services for Behavioral Health
Wadsworth CSD	Bellefaire JCB Red Oak Behavioral Health
Walnut Township LSD	New Horizons Mental Health Services
Wapakoneta CSD	Family Resource Center of Northwest Ohio, Inc.
Wapakoneta ESC	Family Resource Center of Northwest Ohio, Inc.
Warren CSD (Trumbull County)	Alta Care Group Compass Family and Community Services Family & Community Services, Inc. Positive Education Program
Warren County Head Start	Solutions Community Counseling & Recovery Centers
Warren LSD (Washington County)	Hopewell Health Centers
Warrensville CSD	Murtis Taylor Human Services System
Warrensville Heights CSD	Beech Brook Positive Education Program
Washington Court House CSD	Pickaway Area Recovery Services
Washington LSD (Lucas County)	Harbor I Am Boundless
Washington-Nile LSD	Shawnee Family Health Center
Waterloo LSD	Greenleaf Family Center Townhall II
Wauseon EVSD	Maumee Valley Guidance Center
Waverly CSD	Integrated Services for Behavioral Health The Recovery Council
Wayne County Schools Career Center	OneEighty
Waynesfield Goshen LSD	Family Resource Center of Northwest Ohio, Inc.

School/School District	School-Based Service Providers as of 2023
Wellington EVSD	Applewood Centers Positive Education Program The LCADA Way
Wellston CSD	Health Recovery Services Hopewell Health Centers Integrated Services for Behavioral Health Nationwide Children's Hospital
Wellsville LSD	Family Recovery Center
West Carrollton CSD	Samaritan Behavioral Health
West Clermont CSD	Greater Cincinnati Behavioral Health Services
West Clermont LSD	Child Focus
West Geauga LSD	Crossroads Health & New Directions
West Holmes LSD	Anazao Community Partners OneEighty
West Jefferson LSD	OhioGuidestone
West Liberty-Salem LSD	TCN Behavioral Health WellSpring
Western Brown LSD	Talbert House
Western LSD	Integrated Services for Behavioral Health The Recovery Council
Western Reserve LSD (Huron County)	Positive Education Program
Western Reserve LSD (Mahoning County)	Alta Care Group
Westerville CSD	Concord Counseling Services I Am Boundless The Buckeye Ranch
Westfall LSD	I Am Boundless Nationwide Children's Hospital Pickaway Area Recovery Services
Westlake CSD	Crossroads Health & New Directions Positive Education Program
Whitehall CSD	OhioGuidestone The Buckeye Ranch
Wickliffe CSD	Crossroads Health & New Directions Positive Education Program Signature Health
Williamsburg LSD	Child Focus
Willoughby-Eastlake CSD	Crossroads Health & New Directions Murtis Taylor Human Services System
Wilmington CSD	Solutions Community Counseling and Recovery Centers
Windham EVSD	Children's Advantage Townhall II
Winton Woods CSD	Talbert House

School/School District	School-Based Service Providers as of 2023
Woodridge LSD	CHC Addiction Services Greenleaf Family Center Positive Education Program Red Oak Behavioral Health
Wooster CSD	Anazao Community Partners OneEighty
Worthington CSD	Directions for Youth & Families I Am Boundless The Buckeye Ranch
Wyoming CSD	Best Point Education & Behavioral Health
Youngstown CSD	Alta Care Group
Youthbuild Columbus Community	Integrated Services for Behavioral Health
Zane Trace LSD	Integrated Services for Behavioral Health Pickaway Area Recovery Services
Zanesville CSD	Allwell Behavioral Health Services Nationwide Children’s Hospital
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 New Lexington CSD Northern LSD (Perry County) Southern LSD (Perry County) Zanesville City JDC Zanesville CSD
Alta Care Group	ACLD School & Learning Center Austintown LSD Boardman LSD Campbell CSD Canfield LSD Jackson-Milton LSD John F. Kennedy Catholic School Lakeview LSD Liberty LSD Lowellville LSD Mahoning County Career and Technical Center McDonald LSD Newton Falls EVSD Poland LSD Potential Development Saint Rose Catholic School Sebring LSD South Range LSD Southington PSD Springfield LSD (Mahoning County) Struthers CSD Trumbull County ESC

	<p>Ursuline Academy Warren CSD Western Reserve LSD (Mahoning County) Youngstown CSD</p>
Anazao Community Partners	<p>Chippewa LSD Liberty Preparatory School Northwestern LSD (Wayne County) Norwayne LSD Rittman Academy West Holmes LSD Wooster CSD</p>
Appleseed Community Mental Health Center	<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>
Applewood Centers	<p>Clearview LSD Cleveland Metropolitan CSD Cuyahoga Heights LSD Elyria CSD Garfield Heights CSD Maple Heights CSD Midview LSD Oberlin CSD Old Brook Alternative High Schools Orchard Park Academy Promise Academy Randall Park High The Gerson School Wellington EVSD</p>
Beech Brook	<p>Bedford CSD Cleveland Metropolitan CSD Elyria CSD Lorain CSD North Olmsted CSD Warrensville Heights CSD</p>
Bellefaire JCB	<p>Cloverleaf LSD Constellation Schools Euclid CSD Lakewood CSD Mayfield CSD Medina CSD Parma CSD</p>

	<p>Shaker Heights CSD Springfield LSD (Summit County) Summit Academy Community School for Alternative Learning Wadsworth CSD</p>
Best Point Education & Behavioral Health	<p>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) Princeton CSD Reading Community CSD Southwest LSD Talawanda CSD The Seven Hills Schools Three Rivers LSD Wyoming CSD</p>
Beyond Healthcare	<p>Sylvania CSD</p>
CHC Addiction Services	<p>Akron CSD Barberton CSD Copley-Fairlawn CSD Cuyahoga Falls CSD Mogadore LSD Revere LSD Springfield LSD (Summit County) Stow-Munroe Falls CSD Woodridge LSD</p>
Child and Adolescent Behavioral Health	<p>Alliance CSD Canton CSD Lake LSD (Stark County) Marlington LSD Massillon CSD Plain LSD Sandy Valley LSD Tuslaw LSD</p>
Child Focus	<p>Arch Diocese of Cincinnati Batavia LSD Bethel-Tate LSD Cincinnati CSD Clermont-Northeastern LSD</p>

	<p>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</p>
Child Guidance & Family Solutions	<p>Akron CSD Barberton CSD Copley-Fairlawn CSD Cuyahoga Falls CSD Green LSD (Summit County) Hudson CSD 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 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 Perrysburg EVSD Rossford EVSD</p>
Coleman Health Services	<p>Akron CSD Barberton CSD Buckeye LSD (Jefferson County) Field LSD Jefferson County ESC Kent CSD Rootstown LSD</p>

	School of Bright Promise Steubenville CSD
CommQuest	Canton CSD Canton LSD Louisville CSD Minerva LSD North Canton CSD Perry LSD (Stark County) St. Joan of Arc Catholic School St. Mary Catholic School St. Peter Catholic School St. Thomas Aquinas Catholic Schools Stark County ESC
Community Behavioral Health /Community First	Hamilton CSD
Community Counseling Center	Ashtabula Area CSD Ashtabula County ESC Ashtabula County Technical & Career Campus Buckeye LSD (Ashtabula County) Conneaut Area CSD Geneva Area CSD Grand Valley LSD Pymatuning Valley LSD Saint John School
Compass Family and Community Services	Bloomfield Mespo LSD Champion LSD Liberty LSD Lordstown LSD Southington LSD Warren CSD
CompDrug (Youth to Youth Program)	Columbus CSD Dublin CSD KIPP Columbus Reynoldsburg CSD
Concord Counseling Services	Gahanna-Jefferson CSD Groveport Madison LSD New Albany-Plain LSD Westerville CSD
Coshocton Behavioral Health Choices	Coshocton CSD River View LSD
Crossroads Health & New Directions	Berkshire LSD Euclid CSD (Cuyahoga County) Fairport Harbor EVSD Kirtland LSD Madison LSD

	<p>Mentor EVSD Painesville City LSD Perry LSD Riverside LSD (Lake County) South Euclid Lyndhurst CSD (Cuyahoga County) West Geauga LSD (Gauga County) Westlake CSD (Cuyahoga County) Wickliffe CSD Willoughby-Eastlake CSD</p>
Directions For Youth & Families	<p>Columbus CSD South-Western CSD Worthington CSD</p>
Eastway Behavioral Healthcare	<p>Columbus CSD United Preparatory Academy</p>
eXclusive Services	<p>Cincinnati CSD IDEA Public Schools 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 Trumbull Career & Technical Center Trumbull County ESC Warren CSD</p>
Family Recovery Center	<p>Beaver LSD Buckeye LSD (Jefferson County) Columbiana EVSD Crestview LSD East Liverpool CSD East Palestine CSD Edison LSD (Jefferson County) Indian Creek LSD (Jefferson County) Leetonia EVSD Lisbon EVSD Salem CSD Southern LSD Steubenville CSD (Jefferson County) Steubenville Catholic Schools Toronto CSD (Jefferson County) United LSD</p>

	Wellsville LSD
Family Resource Center of Northwest Ohio, Inc.	Allen East LSD Apollo Career Center District Arcadia LSD Arlington LSD Cory-Rawson LSD Findlay CSD Fostoria CSD Heritage Christian School Kenton CSD Lakota LSD Liberty-Benton LSD Lima CSD McComb LSD New Bremen LSD New Knoxville LSD Ridgemont LSD Riverdale LSD Shawnee LSD Spencerville LSD St. Marys CSD Van Buren LSD Vanlue LSD Wapakoneta CSD Wapakoneta ESC Waynesfield Goshen LSD
Field of Hope Community Campus	Gallia County LSD
Greater Cincinnati Behavioral Health Services	Batavia LSD Cincinnati CSD Goshen LSD St. Bernard-Elmwood Place City Schools West Clermont CSD
Greenleaf Family Center	Akron CSD Archbishop Hoban High School Barberton CSD Coventry LSD Cuyahoga Falls CSD Field LSD Holy Family Grade School Hudson CSD James A. Garfield LSD Kent CSD Manchester LSD Mogadore LSD Nordonia Hills CSD Northwest LSD (Stark/Summit County)

	<p>Norton CSD Our Lady of the Elms Revere LSD Seton Catholic School Springfield LSD (Summit County) Stow-Munroe Falls CSD Tallmadge CSD Waterloo LSD Woodridge LSD</p>
Harbor	<p>Bowling Green CSD Diocese of Toledo Schools Maumee CSD Napoleon Area CSD Oregon CSD Sylvania CSD The Leona Group Schools Washington LSD</p>
Health Recovery Services	<p>Alexander LSD Athens CSD Federal Hocking LSD Gallia CSD Gallia County LSD Jackson CSD Logan-Hocking LSD Meigs LSD Nelsonville-York CSD Oak Hill Union LSD Tri-County Career Center Vinton County LSD Wellston CSD</p>
Hopewell Health Centers	<p>Alexander CSD Athens CSD Belpre CSD Buckeye Hills Career Center Christian Life Academy Eastern LSD (Meigs County) Federal Hocking LSD Fort Frye LSD Frontier LSD Gallia County LSD Gallia-Jackson-Meigs Joint Vocational School District Gallipolis CSD Jackson CSD Logan Elm LSD Logan-Hocking LSD Meigs LSD</p>

	<p>Nelsonville-York CSD Oak Hill Union LSD Southern LSD (Meigs County) St. Mary Catholic School Trimble LSD Vinton County LSD Warren LSD Wellston CSD</p>
<p>I Am Boundless</p>	<p>Beavercreek CSD Big Walnut LSD Bowling Green CSD Buckeye Valley LSD Canal Winchester LSD Delaware CSD Dublin CSD East Knox LSD Gahanna-Jefferson PSD Granville EVSD Groveport Madison LSD Hamilton LSD Hilliard CSD Huber Heights CSD Lakewood LSD Lancaster CSD Licking Heights LSD Logan-Hocking LSD Miamisburg CSD Mount Vernon CSD Newark CSD Olentangy LSD Otsego LSD Perrysburg EVSD Pickerington LSD Reynoldsburg CSD Rossford EVSD Southwest Licking LSD South-Western CSD Springfield CSD The Greater Dayton School Tri-Valley LSD Upper Arlington CSD Washington LSD Westerville CSD Westfall LSD Worthington CSD</p>
<p>Integrated Services for Behavioral Health</p>	<p>Adena LSD</p>

	<p>Amanda Clearcreek LSD Bishop Flaget School Chillicothe CSD Circleville CSD Franklinton Prep High School Gladden Pre-K Greenfield EVSD Huntington LSD Jackson CSD Miami Trace LSD Oak Hill Union LSD Paint Valley LSD Pickaway Ross Career & Technology Center Ross County Christian Academy Ross Pike Educational Service District Scioto Valley LSD Southeastern LSD Southern LSD (Perry County) Tri County Career Center Union Scioto LSD Vinton County LSD Waverly CSD Wellston CSD Western LSD YouthBuild High School Zane Trace LSD</p>
<p>Maumee Valley Guidance Center</p>	<p>Archbold-Area LSD Ayersville LSD Bryan CSD Central LSD (Fairview) Defiance CSD Edgerton LSD Edon-Northwest LSD Evergreen LSD Fayette LSD Hicksville EVSD Holgate LSD Liberty Center LSD Millcreek-West Unity LSD (Hilltop) Montpelier EVSD Napoleon Area CSD North Central LSD Northeastern LSD (Defiance County) Patrick Henry LSD Pettisville LSD Pike-Delta-York LSD</p>

	Swanton LSD Wauseon EVSD
Mental Health Services for Clark and Madison Counties, Inc.	Springfield CSD Tecumseh LSD
Meridian Healthcare	Boardman LSD Brookfield LSD Girard CSD Niles CSD Poland LSD Struthers CSD
Mid-Ohio Psychological Services, Inc.	Amanda Clearcreek LSD Lancaster CSD
Murtis Taylor Human Services System	Accel Public Charter Schools Bay Village CSD Bedford CSD Berea CSD Breakthrough Public Schools Brooklyn CSD Cleveland Hts.-University Hts. CSD Cleveland Metropolitan CSD Cleveland Transformation Alliance Charter Schools Diocese of Cleveland Catholic Schools East Cleveland CSD Euclid CSD Garfield Heights CSD Lakewood CSD Lorain CSD Maple Heights CSD Mayfield CSD Parma CSD Shaker Heights CSD South Euclid-Lyndhurst CSD Warrensville CSD Willoughby-Eastlake CSD
Nationwide Children’s Hospital	Alexander LSD Arts and College Preparatory Academy Athens CSD Bexley CSD Bishop Fenwick School Caldwell EVSD Cambridge CSD Canal Winchester LSD Chillicothe CSD Circleville CSD Columbus CSD

	<p>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 Hilltop Early Learning Center Jackson CSD Joint Vocational School District KIPP Columbus Linden Early Learning Center 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 Saint Mary School German Village South-Western CSD The Wellington School Toronto CSD Trimble LSD Wellston CSD Westfall LSD Zanesville CSD</p>
<p>New Horizons Mental Health Services</p>	<p>Berne Union LSD Bloom-Carroll LSD Eastland/Fairfield Career Centers Franklin LSD Lancaster CSD Liberty Union-Thurston LSD Pickerington LSD Walnut Township LSD</p>
<p>NewPath Child & Family Solutions</p>	<p>Fairfield CSD</p>

	<p>Hamilton CSD North College Hill CSD Northwest LSD St. Rita School for the Deaf Twin Valley Community LSD</p>
North Community Counseling Centers	<p>Columbus CSD Eastbridge K-8th Grade Focus East High School</p>
OhioGuidestone	<p>Akron CSD Amanda Clearcreek LSD Amherst EVSD Berea CSD Berne Union LSD Big Walnut LSD Black River Career Prep Black River LSD Bloom Carroll LSD Breakthrough Public Schools Brooklyn CSD Brunswick CSD Bryan CSD Buckeye LSD (Medina County) Cascade Career Prep High School CASTLE High School Cleveland Metropolitan CSD Constellation Schools Dover CSD East Cleveland CSD Elgin LSD Elyria CSD Euclid CSD Evergreen LSD Fairfield County ESC Fairfield Union LSD Firelands LSD Flex High School Garaway LSD Genoa Area LSD George Voinovich Contemporary Career High School Global Ambassadors Language Academy (Charter) Granville EVSD Hamilton LSD Highland CSD Horizon Science Academy (Springfield) Independence Education Center Indian Valley LSD</p>

	Innovation Academy West (Charter) Intergenerational Schools (Charter) Keystone LSD KIPP Columbus Lake Erie International School (Charter) Lakewood CSD Lancaster CSD Liberty Center LSD Liberty Union-Thurston LSD Lincoln Park Academy LSD Lorain County Community College – Early College High School Lorain County Joint Vocational School Lorain CSD Lorain Preparatory Academy Luther Memorial School Lutheran East High School Marion CSD New Philadelphia CSD Newcomerstown EVSD North Ridgeville CSD Northwest School of the Arts Olmsted Falls CSD Parma Academy Parma CSD Perkins LSD Pickerington LSD Pleasant LSD Richmond Heights LSD Ridgedale LSD River Valley LSD Sandusky CSD Sheffield-Sheffield Lake CSD South Euclid-Lyndhurst CSD Springfield LSD (Lucas County) St. Francis School St. John Nottingham Lutheran School St. Joseph Parish School St. Rocco School Stepstone Academy (Charter) Summit Academy School - Lorain Toledo CSD Tuscarawas Central Catholic Elementary Immaculate Conception Urban Community School (Charter) Vermilion LSD
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	West Jefferson LSD Whitehall CSD
OneEighty	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
Philio Inc. dba New Concepts	Toledo CSD
Pickaway Area Recovery Services	Adena LSD Chillicothe LSD Circleville CSD Crossroads Christian Academy Fairfield LSD Greenfield EVSD Huntington LSD Logan Elm LSD Miami Trace LSD Teays Valley LSD Washington Court House CSD Westfall LSD Zane Trace LSD
Positive Education Program	Amherst EVSD Ashtabula Area CSD Avon Lake CSD Avon LSD Bay Village CSD Beachwood CSD Bedford CSD Bellevue CSD Berea CSD Black River LSD Breakthrough Public Schools Brecksville-Broadview Heights CSD Brooklyn CSD Brunswick CSD Buckeye LSD (Medina County) Chardon LSD Clearview LSD

	Cleveland Heights - University Heights 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 Perry LSD (Lake County) 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
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	<p>Western Reserve LSD (Huron County) Westlake CSD Wickliffe CSD Woodridge LSD</p>
Recovery Resources	<p>Bay Village CSD Berea CSD Cleveland Metropolitan CSD 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 Copley-Fairlawn CSD Cuyahoga Falls CSD Massillon CSD Mogadore LSD Norton CSD Perry LSD (Stark County) 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 Fayette LSD Northeastern LSD (Defiance County) Pike-Delta-York LSD Swanton LSD Toledo CSD</p>
Samaritan Behavioral Health	<p>Mad River LSD Miami Valley Career Technology Center Milton-Union EVSD Piqua CSD Trotwood-Madison CSD Vandalia-Butler CSD West Carrollton CSD</p>
Shawnee Family Health Center	<p>Clay LSD Green LSD (Scioto County)</p>

	<p>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>Grand Valley LSD Jefferson Area LSD Painesville CSD Riverside LSD (Lake County) Wickliffe CSD</p>
Solutions Community Counseling and Recovery Centers	<p>Clinton County Head Start East Clinton LSD Great Oaks Career Campuses: Laurel Oaks Lakota LSD (Butler County) Warren County Head Start Wilmington CSD</p>
South Community	<p>Centerville CSD Eaton CSD Huber Heights CSD Kettering CSD Montgomery County ESC New Lebanon LSD Northmont CSD Oakwood CSD The Modern College of Design Valley View LSD</p>
Southeast Healthcare	<p>Bellaire LSD Bridgeport EVSD Columbus CSD Martins Ferry CSD Reynoldsburg CSD Shadyside LSD Switzerland of Ohio LSD</p>
Springvale Health Centers	<p>Brown LSD Carrollton EVSD Dover CSD HARCATUS Head Start New Philadelphia CSD Sandy Valley LSD Strasburg-Franklin LSD Tuscarawas Central Catholic Junior/Senior High School</p>
Stark County TASC-	<p>Canton CSD</p>

<p>Syntero</p>	<p>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</p>
<p>Talbert House</p>	<p>Butler County Educational Service Center Cincinnati CSD Madison LSD (Butler County) Norwood CSD Princeton CSD Western Brown LSD Winton Woods CSD</p>
<p>TCN Behavioral Health</p>	<p>Beavercreek CSD Bellefontaine CSD Benjamin Logan LSD Covington EVSD Fairborn CSD Graham LSD Indian Lake LSD Mac-O-Cheek Learning Center Mechanicsburg EVSD Piqua CSD Riverside LSD (Logan County) Triad LSD Urbana CSD West Liberty-Salem LSD</p>
<p>The Buckeye Ranch</p>	<p>Berne Union LSD Bexley CSD Canal Winchester LSD Columbus CSD Dublin CSD Groveport Madison LSD Hamilton LSD Hilliard CSD KIPP Columbus New Albany-Plain LSD Northridge LSD</p>

	Reynoldsburg CSD South-Western CSD Upper Arlington CSD Westerville CSD Whitehall CSD Worthington CSD
The Centers	Cleveland Metropolitan CSD Constellation Schools Intergenerational Schools
The Counseling Center of Wayne & Holmes Counties	Dalton LSD Medina CSD Orrville CSD
The LCADA Way	Amherst EVSD Avon Lake CSD Avon LSD Clearview LSD 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 Bloom-Carroll LSD Lancaster Catholic Schools Lancaster CSD Liberty Union-Thurston LSD Pickerington LSD
The Recovery Council (merged with Family Recovery Services)	Hillsboro CSD Huntington LSD Scioto Valley LSD – Piketon Waverly CSD Western LSD
Thrive Therapeutics	Dayton CSD Dayton Early College Academy Dayton Leadership Academy

Townhall II	<p>Aurora CSD Bio-Med Science Academy Crestwood LSD Field LSD James A. Garfield LSD Kent CSD Mogadore LSD Ravenna CSD Rootstown LSD Southeast LSD (Portage County) Streetsboro CSD Waterloo LSD Windham EVSD</p>
Unison Health	<p>Toledo CSD</p>
WellSpring	<p>Clark-Shawnee LSD Graham LSD Greenon LSD Northwestern LSD Springfield CSD Tecumseh LSD West Liberty-Salem LSD</p>

Community Behavioral Health Provider Profiles (Alphabetical)

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:	8
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 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 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
Treatment:	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT <input checked="" type="checkbox"/> None of the Above
Prevention:	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III - Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services <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>Not Applicable</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, we are providing universal screening. <input checked="" type="checkbox"/> No, we are NOT providing universal screening.
<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>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 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>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, 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:	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):	

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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Alta Care Group

Primary Contact: Corinne Milentijevic, MSSA, LISW-S
Email: corinnem@altacaregroup.org
Telephone: 330-793-2487

Partnering School Districts: ACLD School & Learning Center, Austintown LSD, Boardman LSD, Campbell CSD, Canfield LSD, Jackson-Milton LSD, John F. Kennedy Catholic School, Lakeview LSD, Liberty LSD, Lowellville LSD, Mahoning County Career & Technical Center, McDonald LSD, Newton Falls EVSD, Poland LSD, Potential Development, Saint Rose Catholic School, Sebring LSD, South Range LSD, Southington PSD, Springfield LSD (Mahoning County), Struthers CSD, Trumbull County ESC, Ursuline Academy, Warren CSD, Western Reserve LSD (Mahoning County), Youngstown CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	14
Middle School:	11
High School:	19
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 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 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 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 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 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>The most common services requested are referrals for outpatient and school-based mental health services (individual, group counseling) 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. The Mahoning and Trumbull County Mental Health and Recovery Boards provide funding for universal suicide screening in schools and students who agree to participate and have parent permission.</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 professional development, wellness activities.</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 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 type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify): This academic school year, there have been multiple schools reaching out for assistance with educators needing support as well as the community needing assistance with mental health needs and education within communities where a student completed a suicide.</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> We have had districts ask us to complete student threat assessments as part of expulsion hearings.</p>

Anazao Community Partners

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

Partnering School Districts: Chippewa 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:	10
Middle School:	5
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 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 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 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 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 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):</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>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 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 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 type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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:	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 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 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 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 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 and group therapy. Crisis intervention.</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 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>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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Maple Heights CSD, Midview LSD, Oberlin CSD, Old Brook Alternative High Schools, Orchard Park Academy, Promise Academy, Randall Park High, The Gerson School, Wellington EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	29
Middle School:	25
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 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): Parent
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 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 checked="" 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): Girls Circle, Boys Council, Thinking Feeling Behaving</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Counseling; Individual Consultation; Prevention Groups & Presentations; Professional Development for Teachers; Individual Consultation; Consultation with teachers & parents.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Lorain CSD, North Olmsted CSD, Warrensville Heights CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	32
Middle School:	25
High School:	11
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): Parent/guardian support and education; other school staff support including administration
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>Many schools are requesting assistance with crisis intervention type support including screenings for suicidal ideation/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, managing behavioral difficulties, grief and loss support 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. They are also trained in trauma informed practices including the TFCBT model. 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.</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): Education</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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Bellefaire JCB

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

Partnering School Districts: Cloverleaf LSD, Constellation Schools, Euclid CSD, Lakewood CSD, Mayfield CSD, Medina CSD, Parma CSD, Shaker Heights CSD, Springfield LSD (Summit County), Summit Academy Community School for Alternative Learning, Wadsworth CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	37
Middle School:	22
High School:	11
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 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 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 and consultation services.</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 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>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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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), Princeton CSD, 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:	51
Middle School:	21
High School:	21
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 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 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 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): Girls Circle, Teaching Family Model</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Therapy/Counseling; Medication Management; TBS (for classroom and home-based intervention); day treatment; risk assessment; teacher training.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Clarity app and Columbia (CSSR-S) for suicide screen/assessment.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No. While we don't do the screening ourselves, some schools are using Terrace Metrics for universal screening and then we help with the assessment and triage for youth with high risk-scores.</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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Most commonly, we are asked to assess a student with suicidal ideation. We have had youth referred to us so that we can indicate if they are safe to return to school – this is problematic for a number of reasons.</p>

Beyond Healthcare

Primary Contact: Erin Karl
Email: ekarl@beyondhc.com
Telephone: 419-824-8680 x 4379

Partnering School Districts: Sylvania CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
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 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 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 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 treatment during school hours; small group psychoeducation</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Collaboration with district in performing Suicide Risk Assessments; utilization of Columbia (CSSR-S) for 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): Brief de-escalation/behavior management education.</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 checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Sylvania schools sponsored our school-based therapist to attend a CSTAG threat assessment training. We are just in the early stages of partnership with threat assessment involvement.</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, Revere LSD, Springfield LSD (Summit County), Stow-Munroe Falls CSD, Woodridge LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	10
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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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:	23
Middle School:	8
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): 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 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 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 (which incorporates the PHQ-9), the Columbia and the 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 type="checkbox"/> Consultation <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input checked="" 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 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>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> We have been requested to provide threat assessments but we have not been involved in the planning process.</p>

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 checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Have been asked to participate in meetings regarding threat assessments and school-based providers have been asked to complete threat assessments before allowing students to return to the building.</p>

Child Guidance & Family Solutions

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

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

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	18
Middle School:	5
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 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 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 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): Triple P, EdSert</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual therapy, crisis intervention, suicide and/or threat assessments, and prevention 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 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>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 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 Other (please specify): </p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, briefly describe your involvement with threat assessment planning or services:</i> </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, Streetsboro CSD, Windham EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	16
Middle School:	8
High School:	9
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): 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 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 crisis 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Case managers are part of the threat assessment team to complete the mental health screening portion.</p>

Children's Resource Center

Primary Contact: Jennifer Thrasher, MSW, LSW
Email: jennifert@crcwoodcounty.org
Telephone: 419-354-7588 x 244

Partnering School Districts: Bowling Green CSD, Eastwood LSD, Elmwood LSD (Wood County), Lake LSD (Wood County), North Baltimore LSD, Northwood LSD, Otsego LSD, Perrysburg EVSD, Rossford EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
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 type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	CBI

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 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 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): Sexual Abuse Prevention Program (SAPP)</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual behavioral health counseling; case management (TBS/CPST)</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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Schools have asked for threat assessments from the agency, agency provides crisis intervention and will coordinate with schools, but do not facilitate threat assessments as part of our role with schools.</p>

Coleman Health Services

Primary Contact: Hattie Tracy
Email: Hattie.Tracy@colemandservices.org
Telephone: 330-673-1347

Partnering School Districts: Akron CSD, Barberton CSD, Buckeye LSD (Jefferson County), Field LSD, Jefferson County ESC, Kent CSD, Rootstown LSD, School of Bright Promise, Steubenville CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	2
Middle School:	6
High School:	4
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 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 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 checked="" 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 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 and support for parents/caregivers; Counseling; Case management; Crisis services; Behavioral issues; and MRSS.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>SOS and CPI</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>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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

CommQuest

Primary Contact: Stephanie Taylor, LPCC-S, SBMH Program Manager
Email: Stephanie.taylor@commquest.org
Telephone: 330-415-4418

Partnering School Districts: Canton CSD, Canton LSD, Louisville CSD, Minerva LSD, North Canton CSD, Perry LSD (Stark County), St. Joan of Arc Catholic School, St. Mary Catholic School, St. Peter Catholic School, St. Thomas Aquinas Catholic School, Stark County ESC

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	15
Middle School:	8
High School:	6
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 checked="" 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 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 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 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 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): AllStars, CAST</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Crisis Intervention, Behavior support, Consultation, Treatment, Prevention, Resiliency</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>CSSR-S screening at every contact, 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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> We have not been involved in planning but have been requested to provide threat assessment services.</p>

Community Behavioral Health/Community First

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

Partnering School Districts: Hamilton CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	1
Middle School:	0
High School:	0
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):	Alternative 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 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 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 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 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 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>We don't provide prevention services.</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): Provide SUD groups in our outpatient offices just not at the school.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Yes, we worked with the school services liaison and had discussion over our emergency planning.</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, Pymatuning Valley LSD, Saint John School

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	15
Middle School:	7
High School:	7
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 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): FCFC, OhioRise, Juvenile Resource Center
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 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 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 checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Catch My Breath; Girls Circle; Boys Council</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, Prevention, Grief Support, Counseling, Case Management</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>None at this time.</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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Yes, staff have been asked to be a part of meetings, assessing threat, and referring to local resources.</p>

Compass Family and Community Services

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

Partnering School Districts: Bloomfield Mespo LSD, Champion LSD, Liberty LSD, Lordstown LSD, Southington LSD, Warren CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	6
Middle School:	7
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 type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Administration and Counselors
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 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 checked="" type="checkbox"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): DBT Steps; Positive Action</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Classroom presentations; Recently requested for vaping/marijuana education and intervention programming.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Currently we are not providing specific suicide prevention programming in the county schools. Two other local agencies are providing this service. COMPASS staff has received training in 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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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:	2
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):	After school programs or other extra-curricular / elective programs.

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): Prevention program ideas
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 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>N/A</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>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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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:	22
Middle School:	11
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):	Alternative High School classrooms

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; School social workers; Admin; Community or School-Based Therapist; Parent/Guardian
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 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 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 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): Too Good for Violence; Sources of Strength; Project Alert; Stanford Tobacco; Catch My Breath; Skillstreaming; Strong Kids</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; Classroom lessons; Parent workshops; Referrals to Treatment.</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 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> <p>Other (please specify):</p>

<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Our staff sometimes are asked to be on committees for the safety planning teams at their schools, which include threat assessment planning. In most districts, our staff are part of the school-wide crisis team.</p>
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Coshocton Behavioral Health Choices

Primary Contact: Jeanette Hall, LPCC-S, LICDC-CS, RPT, OCPC
Email: jhall@coshoctonbhc.org
Telephone: 740-622-0033

Partnering School Districts: Coshocton CSD, River View LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	1
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):
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 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 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 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 counseling or classroom observation.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Involved in school violence and homicidal assessments.</p>

Crossroads Health & New Directions

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

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

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	23
Middle School:	15
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 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):	Services for Euclid, Berkshire and West Geauga districts are provided on-site at Crossroads Health for Day Treatment services, including 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): Whole Building; District-wide

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 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
Prevention:	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III - Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services <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): Light, Bright and Polite; Sources of Strength; Second Step; DBT Skills in Schools; Safety First</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>The most common intervention service requests are that of individual and group intervention based on referrals from partner school districts. Those referrals most frequently identify struggles related to anxiety, depression, anger expression, and trauma. The most common prevention service requests are that of Suicide support, Social Emotional Learning, and Substance Use Prevention. Additionally, we have had continued interest in Lake County to continue with ADAMHS-funded Trauma Sensitive Schools efforts.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>The Crossroads Health prevention specialists use programming of Signs of Suicide (SOS) in local school districts. The team recently completed training to implement Sources of Strength (SOS), which has already been requested by some local districts</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. We are utilizing the Social, Academic, and Emotional Behavior Risk Screener (SAEBRS) tool for identified students through our contracted School-Based Services funded collaboratively via Medicaid-reimbursement, School District financial commitments, and ADAMHS Board 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 type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Trauma Sensitive Schools culture work</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): Risk Assessments, Threat Assessments</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Attended the threat assessment training with various local districts to explore threat assessment curriculum. Engagement has just begun, nothing is formalized with any districts as of this time.</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, Worthington CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	35
Middle School:	15
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 checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Groups
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 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 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 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 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, group counseling, consultation, brief intervention</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>ARC</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>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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Eastway Behavioral Healthcare

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

Partnering School Districts: Columbus CSD, United Preparatory Academy

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 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 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>Individual Counseling, CPST</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>CBT, Motivational Interviewing</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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

eXclusive Services

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

Partnering School Districts: Cincinnati CSD, IDEA Public Schools, Sycamore Community CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
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 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 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 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 checked="" 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 checked="" type="checkbox"/> Tier III - Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services <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): Holistic Wellness, Catch My Breath, Youth Leadership Development and Entrepreneurship</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling, Social Emotional Learning, Wellness, Substance use prevention, Life skills, Menotrship, Peer education/support</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We provide information/education, we provide support, we provide skills/training, we change physical design, change consequences, change/influence policy, enhance access/reduce barriers to help</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Trumbull Career & Technical Center, Trumbull County ESC, Warren CSD

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

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):	Online/Virtual

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): Programmatic
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 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 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>Risk/Lethality Assessment, Individual Case Management, School-Based Individual Counseling, Day Treatment, Wraparound Teams/Care Coordination Support.</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): Program planning; Critical incident debriefing; Wellness consultation support; Resource linkage</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 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 </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Family Recovery Center

Primary Contact: James Stitt
Email: JStitt@FamilyRecovery.org
Telephone: 330-507-1580

Partnering School Districts: Beaver LSD, Buckeye LSD (Jefferson County), Columbiana EVSD, Crestview LSD, East Liverpool CSD, East Palestine CSD, Edison LSD (Jefferson County), Indian Creek LSD (Jefferson County), Leetonia EVSD, Lisbon EVSD, Salem CSD, Southern LSD, Steubenville CSD (Jefferson County), Steubenville Catholic Schools, Toronto CSD (Jefferson County), United LSD, Wellsville LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	22
Middle School:	18
High School:	18
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 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 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 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 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): Health Rocks - Vaping</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Prevention-based lessons for mental health, vaping, drugs & alcohol. After schools programs.</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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Family Resource Center of Northwest Ohio, Inc.

Primary Contact: Allison Yeager, Sr. Director of Administration
Email: Allison.Yeager@frcohio.org
Telephone: 567-200-2527

Partnering School Districts: Allen East LSD, Apollo Career Center District, Arcadia LSD, Arlington LSD, Cory-Rawson LSD, Findlay CSD, Fostoria CSD, Heritage Christian School, Kenton CSD, Lakota LSD, Liberty-Benton LSD, Lima CSD, McComb LSD, New Bremen LSD, New Knoxville LSD, Ridgemont LSD, Riverdale LSD, Shawnee LSD, Spencerville LSD, St. Marys CSD, Van Buren LSD, Vanlue LSD, Wapakoneta CSD, Wapakoneta ESC, Waynesfield Goshen LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	24
Middle School:	12
High School:	12
ESC/Other:	2

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):

<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 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 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 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 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): Dinosaur School & Positive Action</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Younger students: School related issues, usually behaviors. Older students: Social anxiety and social skills amongst peers; Boundary issues; Anger issues at school; Vaping/marijuana; Grief support; Self-esteem; ODD; Calming techniques and anger 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>Yes – Board 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 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>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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Field of Hope Community Campus

Primary Contact: Candace Yongue
Email: candacemcneal@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:	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 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 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 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): Too Good for Violence</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual behavioral health</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>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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Greater Cincinnati Behavioral Health Services

Primary Contact: Anna Stark
Email: astark@gcbhs.com
Telephone: 859-547-5784

Partnering School Districts: Batavia LSD, Cincinnati CSD, Goshen LSD, St. Bernard-Elmwood Place CSD, West Clermont CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	5
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 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 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 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 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 type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Prime for Life</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Therapy; Psychoeducation material for youth on decision making models and healthy lifestyles. Community event engagement to educate families and students</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Working in partnership with another provider to facilitate SOS events each school year.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Holy Family Grade School, Hudson CSD, James A. Garfield LSD, Kent CSD, 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), Stow-Munroe Falls CSD, Tallmadge CSD, Waterloo LSD, Woodridge LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	27
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 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
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 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</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, QPR training for school staff</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>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 checked="" type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Harbor

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

Partnering School Districts: Bowling Green CSD, Diocese of Toledo Schools, Maumee CSD, Napoleon Area CSD, Oregon CSD, Sylvania CSD, The Leona Group Schools,

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	22
Middle School:	12
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 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 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 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):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>For treatment – therapy. For prevention – School-based classroom programming and PAX Tools for parents in the community.</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):</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Health Recovery Services, Inc.

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

Partnering School Districts: Alexander LSD, Athens CSD, Federal Hocking LSD, Gallia CSD, Gallia County LSD, Jackson CSD, Logan-Hocking LSD, Meigs LSD, Nelsonville-York CSD, Oak Hill Union LSD, Tri-County Career Center, Vinton County LSD, Wellston CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	12
Middle School:	12
High School:	12
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 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): Entire Building Staff Training
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 checked="" type="checkbox"/> SUD IOP <input checked="" 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 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 checked="" 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 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): Stack the Deck, You and Me Vape Free Together, Safe Dates</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Behavioral support interventions (TBS), Crisis Intervention, Case Management, CPST, Prevention, Intervention, Residential referral, medication assisted treatment, Inservice Training for Staff</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>Yes. Grant funding and 317 Board Levy Funding</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): 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>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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Belpre CSD, Buckeye Hills Career Center, Christian Life Academy, Eastern LSD (Meigs County), Federal Hocking LSD, Fort Frye LSD, Frontier LSD, Gallia County LSD, Gallia-Jackson-Meigs Joint Vocational School District, 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, Warren 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):	

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

<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 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
<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): DBTA in schools</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; 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><i>[No Answer]</i></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/Self-Care supports</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 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 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>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Part of planning teams.</p>

I Am Boundless

Primary Contact: Jennifer Riha
Email: jriha@iamboundless.org
Telephone: 410-388-5838

Partnering School Districts: Beaver Creek CSD, Big Walnut LSD, Bowling Green CSD, Buckeye Valley LSD, Canal Winchester LSD, Delaware CSD, Dublin CSD, East Knox LSD, Gahanna-Jefferson LSD, Granville EVSD, Groveport Madison LSD, Hamilton LSD, Hilliard CSD, Huber Heights CSD, Lakewood LSD, Lancaster CSD, Licking Heights LSD, Logan-Hocking LSD, Miamisburg CSD, Mount Vernon CSD, Newark CSD, Olentangy LSD, Ostego LSD, Perrysburg EVSD, Pickerington LSD, Reynoldsburg CSD, Rossford EVSD, Southwest Licking LSD, South-Western CSD, Springfield CSD, The Greater Dayton School, Tri-Valley LSD, Upper Arlington CSD, Washington LSD, Westerville CSD, Westfall LSD, Worthington CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	1
Middle School:	2
High School:	0
ESC/Other:	7

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):	

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
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 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 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>In-District: Behavioral management support, responding to symptoms of mental health crisis. Out-of-District: Education/autism support/mental health treatment for highest need students who cannot be supported in district placement.</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>	<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>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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Integrated Services for Behavioral Health

Primary Contact: Kimberly Dement, Managing Director, Community Behavioral Health
Email: kdement@isbh.org
Telephone: 740-649-8292

Partnering School Districts: Adena LSD, Amanda Clearcreek LSD, Bishop Flaget School, Chillicothe CSD, Circleville CSD, Franklinton Prep High School, Gladden Pre-K, Greenfield EVSD, Huntington LSD, Jackson CSD, Miami Trace LSD, Oak Hill Union LSD, Paint Valley LSD, Pickaway Ross Career & Technology Center, Ross County Christian Academy, Ross Pike ESC, Scioto Valley LSD, Southeastern LSD, Southern LSD (Perry County), Tri County Career Center, Union Scioto LSD, Vinton County LSD, Waverly CSD, Wellston CSD, Western LSD, Youth Build High School, Zane Trace LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	17
Middle School:	23
High School:	24
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 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
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 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 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): PBIS and Rainbows</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Classroom intervention; counseling; behavioral skills; prevention; school-to-home services; home-based services; crisis intervention; assessment</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>Yes – Pooled funding with school district, court and ADAMHS Boards</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 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>	<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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Maumee Valley Guidance Center

Primary Contact: Billie Jo Horner
Email: bhorner@mvgcoho.org
Telephone: 419-785-3815

Partnering School Districts: Archbold-Area LSD, Ayersville LSD, Bryan CSD, Central LSD, Defiance CSD, Edgerton LSD, Edon-Northwest LSD, Evergreen LSD, 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, Swanton LSD, Wauseon EVSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	18
Middle School:	20
High School:	22
ESC/Other:	8

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):	Juvenile Detention Facility, Public Libraries, Daycares

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 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 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 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 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): Teen Mental Health First Aid, Incredible Years, Catch My Breath</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>SOS Signs of Suicide, Incredible Years and Teen Mental Health First Aid and teacher wellness presentations, bullying presentations and vaping (Catch My Breath)</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide and Teen 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>	<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): Presentations on Personal Development Days</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 checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Mental Health Services for Clark and Madison Counties, Inc.

Primary Contact: Asia Williams
Email: asia.williams@mhscc.org
Telephone: 937-629-3126

Partnering School Districts: Springfield CSD, Tecumseh LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	1
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 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 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 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 response, trauma related issues, grief related issues</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>CBT, DBT, Motivational Interviewing</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Attended the threat assessment training.</p>

Meridian Healthcare

Primary Contact: Paige Rota
Email: paige_rota@meridianhealthcare.net
Telephone: 330-259-8589

Partnering School Districts: Boardman LSD, Brookfield LSD, Girard CSD, Niles CSD, Poland LSD, Struthers CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	4
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 type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Leaders Club / PANDA
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 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 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><i>No response.</i></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>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 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 checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Mid-Ohio Psychological Services, Inc.

Primary Contact: Miranda Zircher
Email: MirandaZircher@mopsohio.com
Telephone: 740-687-0042

Partnering School Districts: Amanda Clearcreek LSD, Lancaster CSD

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

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): Leaders Club / PANDA
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 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 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): Sources of Strength</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual Psychotherapy and TBS services.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We are not providing specific suicide prevention in schools, but the Sources of Strength Program has some elements of 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 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 checked="" 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 checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Bay Village CSD, Bedford CSD, Berea CSD, Breakthrough Public Schools, Brooklyn CSD, Cleveland Hts.-University Hts. CSD, Cleveland Metropolitan CSD, Cleveland Transformation Alliance Charter Schools, Diocese of Cleveland Catholic Schools, East Cleveland CSD, Euclid CSD, Garfield Heights CSD, Lakewood CSD, Lorain CSD, Maple Heights CSD, Mayfield CSD, Parma CSD, Shaker Heights CSD, South Euclid-Lyndhurst CSD, Warrensville CSD, Willoughby-Eastlake CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	59
Middle School:	54
High School:	38
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):

<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 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 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>Mental Health Treatment, Case Management, Psychopharmacology, and Consultation.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Cognitive Behavioral Therapy and Sensory Motor Activities.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. Grants funded.</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>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 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 checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Bishop Fenwick School, 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, Hilltop Early Learning Center, Jackson CSD, Joint Vocational School District, KIPP Columbus, Linden Early Learning Center, 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, Saint Mary School (German Village), 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:	71
Middle School:	46
High School:	65
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):	Private School, Parochial School, Early Learning 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): Parent/Caregiver
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<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 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 checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Too Good for Violence, Skillstreaming, Coping Cat, DBT Skills in Schools: Skills training for emotional problem solving for adolescents (DBT STEPS-A), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), PAX Good Behavior Game, Early Childhood Mental health (ECMH) Classroom Consultation</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, prevention groups, trauma-informed staff trainings, suicide screenings.</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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Some of our school partners have requested assistance with threat assessment services prior to them fully understanding conceptually what that means. There was an initial knowledge gap with both the school partners and the behavioral health providers, however all parties now understand what it means and that it is outside of the scope of our school-based behavioral health program. As an organization, we have initiated a relationship with the Ohio School Safety Center to help inform opportunities and resources available to NCH and our school partners.</p>

New Horizons Mental Health Services

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

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

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	3
Middle School:	10
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 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 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 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>Social emotional learning, individual/group counseling, 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>Yes. ADAMH Board of Fairfield County, Ryan Reeb Foundation, United Way</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>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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> We have been involved with individual students who have been deemed a possible threat and then need to have a plan to return safely to school.</p>

NewPath Child & Family Solutions

Primary Contact: Carolyn Flynn, Assistant Director of Outpatient
Email: carolyn.flynn@newpath.org
Telephone: 513-653-0906

Partnering School Districts: Fairfield CSD, Hamilton CSD, North College Hill CSD, Northwest LSD, St. Rita School for the Deaf, Twin Valley Community LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	8
Middle School:	4
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 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 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 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 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>Therapy</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide Prevention Program</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

North Community Counseling Centers

Primary Contact: Kathy Brown, LISW-S
Email: katbrown@northcommunity.com
Telephone: 380-206-7786

Partnering School Districts: Columbus CSD, Eastbridge K-8th Grade, Focus East High School

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
Middle School:	5
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):
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 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 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>Prevention, Individual Counseling, and CPST Services are consistently requested.</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>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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

OhioGuidestone

Primary Contact: Amanda Wattenberg, Vice President of Regional Operations
Email: Amanda.Wattenberg@OhioGuidestone.org
Telephone: 888-522-9174

Partnering School Districts: Akron CSD, Amanda Clearcreek LSD, Amherst EVSD, Berea CSD, Berne Union LSD, Big Walnut LSD, Black River Career Prep, Black River LSD, Bloom Carroll LSD, Breakthrough Public Schools, Brooklyn CSD, Brunswick CSD, Bryan CSD, Buckeye LSD (Medina County), Cascade Career Prep High School, CASTLE High School, Cleveland Metropolitan CSD, Constellation Schools, Dover CSD, East Cleveland CSD, Elgin LSD, Elyria CSD, Euclid CSD, Evergreen LSD, Fairfield County ESC, Fairfield Union LSD, Firelands LSD, Flex High School, Garaway LSD, Genoa Area LSD, George Voinovich Contemporary Career High School, Global Ambassadors Language Academy (Charter), Granville EVSD, Hamilton LSD, Highland CSD, Horizon Science Academy (Springfield), Immaculate Conception, Independence Education Center, Indian Valley LSD, Innovation Academy West (Charter), Intergenerational Schools (Charter), Keystone LSD, KIPP Columbus, Lake Erie International School (Charter), Lakewood CSD, Lancaster CSD, Liberty Center CSD, Liberty Union-Thurston LSD, Lincoln Park Academy LSD, Lorain County Community College Early College High School, Lorain County Joint Vocational School, Lorain CSD, Lorain Preparatory Academy, Luther Memorial School, Lutheran East High School, Marion CSD, New Philadelphia CSD, Newcomerstown EVSD, North Ridgeville CSD, Northwest School of the Arts, Olmsted Falls CSD, Parma Academy, Parma CSD, Perkins LSD, Pickerington LSD, Pleasant LSD, Richmond Heights LSD, Ridgedale LSD, River Valley LSD, Sandusky CSD, Sheffield-Sheffield Lake CSD, South Euclid-Lyndhurst CSD, Springfield LSD (Lucas County), St. Francis School, St. John Nottingham Lutheran School, St. Joseph Parish School, St. Rocco School, Stepstone Academy (Charter), Summit Academy Schools – Lorain, Toledo CSD, Tuscarawas Central Catholic, Urban Community School (Charter), Vermilion LSD, West Jefferson LSD, Whitehall CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	166
Middle School:	71
High School:	77
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):	Preschools, ESC, K-12 School, College

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 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 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 checked="" type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): LEADS, Catch my Brath, Second Step, Incredible Years, Skill Streaming, Ruling our Experiences, 7Mindsets, Too Good for Drugs, Too Good for Violence, Boys Council – Men of Honor, Thinking Feeling & Behaving, Girls Circle.</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.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>LEADS, Sources of Strength</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No. While we did not conduct the screeners ourselves, one school district completed the SSISTM Brief Scales Series screeners in their district and want to have us collaborate to review results to identify gaps to implement additional supports.</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 checked="" 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 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 type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, briefly describe your involvement with threat assessment planning or services:</i> </p>

Philio Inc. dba New Concepts

Primary Contact: Jacque Caro
Email: jcaro@newconceptsio.org
Telephone: 419-531-5544

Partnering School Districts: Toledo Public Schools

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	8
Middle School:	0
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 checked="" 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 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 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 type="checkbox"/> Botvin LifeSkills Training (LSC) <input checked="" 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 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): 7 Mindsets, DBT-A in Schools, Voices, Hazeldon's Life Skills Series</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>TBS and consultation. Recent focus on SEL curriculum.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Hazelden’s Life Lines.</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>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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Pickaway Area Recovery Services

Primary Contact: Amy Seidle LCDC III, OCPC
Email: aseidle@parsohio.org
Telephone: 740-420-9490

Partnering School Districts: Adena LSD, Chillicothe LSD, Circleville CSD, Crossroads Christian Academy, Fairfield LSD, Greenfield EVSD, Huntington LSD, Logan Elm LSD, Miami Trace LSD, Teays Valley LSD, Washington Court House CSD, Westfall LSD, Zane Trace LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	12
Middle School:	8
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 checked="" type="checkbox"/>
Charter School:	<input type="checkbox"/>
None of the Above/No Response:	<input type="checkbox"/>
Other (please specify):	Christian 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

<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 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 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): Positive Action, Second Step</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Nicotine and Vaping Education, Treatment for Nicotine Addiction, Bullying</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We do not provided these services unless there is a buy-in of the district Hazelden Lifelines</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No; we offered it last year but had little success.</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 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 Other (please specify): </p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, briefly describe your involvement with threat assessment planning or services:</i> </p>

Positive Education Program

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

Partnering School Districts: Amherst EVSD, Ashtabula Area CSD, Avon Lake CSD, Avon LSD, Bay Village CSD, Beachwood CSD, Bedford CSD, Bellevue CSD, Berea CSD, Black River LSD, Breakthrough Public Schools, Brecksville-Broadview Heights CSD, Brooklyn CSD, Brunswick CSD, Buckeye LSD (Medina County), Chardon LSD, 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:	29
Middle School:	19
High School:	10
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):	

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, Trauma-Informed Practices
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. We do a mental health assessment for all youth enrolled in PEP Day Treatment Centers. We bill Medicaid for the MHA.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Recovery Resources

Primary Contact: Nabil Pervaiz
Email: npervaiz@recres.org
Telephone: 216-713-0743

Partnering School Districts: Bay Village CSD, Berea CSD, Cleveland Metropolitan CSD, Lakewood CSD, Parma CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
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 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 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 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, Lions Quest; HALO</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Prevention services, specifically universal and selective.</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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Red Oak Behavioral Health

Primary Contact: Megan Kleidon
Email: mkleidon@redoakbh.org
Telephone: 330-564-4643

Partnering School Districts: Akron CSD, Archbishop Hoban High School, Barberton CSD, Brecksville-Broadview Heights CSD, Case Preparatory Academy, Copley-Fairlawn CSD, Cuyahoga Falls CSD, Massillon CSD, Mogadore LSD, Norton CSD, Perry LSD (Stark County), 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:	52
Middle School:	21
High School:	25
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):

<p>Collaborative Practices:</p>	<ul style="list-style-type: none"> <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 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 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 type="checkbox"/> None of the Above <p>Other (please specify): Lion's Quest, Active Parenting</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>School-based therapy and case management, health and wellness services, SEL programming, staff support and trauma training, prevention programming</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>QPR and MHFA</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. DAP, DECA/DESSA</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 type="checkbox"/> None of the Above <p>Other (please specify): EAP in Wadsworth, trauma and DE&I 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>	<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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Our Health and Wellness Coordinators in one district have been asked to provide threat assessments.</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, Toledo CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	50
Middle School:	0
High School:	11
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 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 checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input checked="" 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 checked="" type="checkbox"/> None of the Above <p>Other (please specify): Why Try</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Proactive services, case management and therapy (TF-CBT, SFT)</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Columbia suicide severity rating scale.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes, RFS contracts with Dr. Wood from the University of Toledo, who implements screeners with our schools. It is funded through RFS. We receive no funding.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> RFS staff are routinely a part of the districts core team.</p>

Samaritan Behavioral Health

Primary Contact: Amy Binkley-Dils, LPCC-S
Email: ANBinkleyD@premierhealth.com
Telephone: 937-734-9461

Partnering School Districts: Mad River LSD, Miami Valley Career Technology Center, Milton-Union EVSD, 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:	14
Middle School:	6
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 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 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 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 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):</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>General mental health screenings and linkage to ongoing therapy and counseling; Crisis consultation; Risk assessments.</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>Yes. Contractual agreements for licensed clinician to provide screening services including SBIRT.</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): Address topics as requested by staff.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> General participation with risk assessment panel.</p>

Shawnee Family Health Center

Primary Contact: 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:	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):	Vocational 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):
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 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 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 counseling, crisis screenings</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Zero Suicide - CSSRS</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 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 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 Other (please specify): </p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Two schools have been included with threat assessment planning. </p>

Signature Health

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

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

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	4
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 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 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 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>Referrals from schools for diagnostic assessment and individual counseling - typically ongoing care for students whose BH issues are interfering with school performance. We involve families if we can. Beyond that we do consultation and short-term intervention (up to 4 sessions) for kids who may not need ongoing. WE do a lot of teacher consultation and some classroom support and education.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We do not do specific prevention programming. We are often asked to assess risk level, and use the C-SSRS screening tool, the ASQ is being implemented 3/1 and we use the SAFE-T. WE also use the Stanley Brown safety planning intervention. These are only utilized for referred students, not across the entire student population.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> In one district we are standing members of their threat assessment team and have completed the Sandy Hook Promise training. Other districts have asked us to consult on threat assessment situations.</p>

Solutions Community Counseling and Recovery Centers

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

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

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

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 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 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 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 treatment for kids. Support for teachers and admin, assessment of risk.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We use the Columbia Screen</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>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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Montgomery County ESC, New Lebanon LSD, Northmont CSD, Oakwood CSD, The Modern College of Design, Valley View LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	30
Middle School:	10
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 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 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): Emotional First Aid</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual, group, and crisis intervention and lethality assessments Education on mental health and consultation for teachers and administration and professional development.</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. ADAHMS prevention 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 type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <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>	<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 checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Some districts have us on threat assessment teams (ie Kettering City Schools) up to including training and therapists impeded on each team. Other districts see us as only the consultants and bring us in only in the need to do a lethality assessment and safety plan with a specific student. </p>

Southeast Healthcare

Primary Contact: Wendy Williams
Email: williamsw@southeastinc.com
Telephone: 614-225-0980 x 1183

Partnering School Districts: Bellaire LSD, Bridgeport EVSD, Columbus CSD, Martins Ferry CSD, Reynoldsburg CSD, Shadyside LSD, Switzerland of Ohio LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	13
Middle School:	11
High School:	13
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 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 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 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 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 checked="" type="checkbox"/> Keepin' it REAL (KIR) <input 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): Emotional First Aid</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Vaping diversion, classroom lesson, social emotional learning, small groups (female empowerment, SEL, COPE), Intervention, Behavioral Interventions</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 type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <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>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 checked="" type="checkbox"/> Parent/Caregiver Education and Training <input checked="" type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

SpringVale Health Centers

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

Partnering School Districts: Brown LSD, Carrollton EVSD, Dover CSD, HARCATUS Head Start, New Philadelphia CSD, Sandy Valley LSD, Strasburg-Franklin LSD, Tuscarawas Central Catholic Junior/Senior High School

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	5
Middle School:	6
High School:	6
ESC/Other:	7

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):	Head Start Classrooms: 7

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): Administration/Guidance
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 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 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 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>Assessment, counseling, case management, consultation, crisis assessment</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>N/A – do not provide 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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

Stark County TASC

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

Partnering School Districts: Canton CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	0
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 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 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 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 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>No Answer.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>No Answer.</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>No Answer.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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:	59
Middle School:	18
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 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):
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, ROX</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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> District dependent, but always as a part of an interdisciplinary team with the understanding that our clinical staff cannot assess for future behavior.</p>

Talbert House

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

Partnering School Districts: Butler County ESC, 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 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 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 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 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, "quick" intervention when students are having difficulties. We continue to see most of the students' needs go beyond prevention services. Referrals for assessment/treatment have increased as staff in the schools have decreased.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Sources of Strength 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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> In September, a school in a district we serve was a victim of swatting. After that situation, there was a renewed focus on threat assessments and planning for schools in our district. In two districts, a mental health staff has been requested to sit on the planning committees.</p>

TCN Behavioral Health

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

Partnering School Districts: Beavercreek CSD, Bellefontaine CSD, Benjamin Logan LSD, Covington EVSD, Graham LSD, Indian Lake LSD, Mac-O-Cheek Learning Center, Mechanicsburg EVSD, Piqua CSD, 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:	7
Middle School:	11
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):	

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): Guidance/school counselor/principal/psychologists
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 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 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 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): 1) "Angry Birds" 2) "Wonderfully Me" 3) LGBTQ support, 4) Changes in Family, 5) "Grief Monsters", 6) "How to Get Students Talking", 7) Coping w/ Anxiety</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Behavior health counseling; Crisis Intervention; Case Management/community resources; Prevention</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Signs of Suicide Education and Screenings (6th & 9th grades) for all public schools in our Logan/Champaign counties.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Attend monthly threat assessment multi-disciplinary team meeting in one district; provide crisis support to districts who identify students; attended training to a district on active shooter training.</p>

The Buckeye Ranch

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

Partnering School Districts: Berne Union LSD, Bexley CSD, Canal Winchester LSD, Columbus CSD, Dublin CSD, Gahanna-Jefferson CSD, Groveport Madison LSD, Hamilton LSD, Hilliard CSD, KIPP Columbus, New Albany-Plain LSD, Northridge 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:	9
Middle School:	8
High School:	4
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):	K-8; Day treatment has 10 students in 3 rd – 5 th grade; 21 students in 6 th – 12 th grades.

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 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 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>Crisis Intervention, integrated mental health services, and day treatment.</p>
<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>In 2022 our Day Treatment program utilized 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>	<ul style="list-style-type: none"> <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>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 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>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

The Centers

Primary Contact: Danielle Gullette
Email: Danielle.Gullette@thecentersohio.org
Telephone: 216-253-4524

Partnering School Districts: Cleveland Metropolitan CSD, Constellation Schools, Intergenerational Schools

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	6
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 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): Unable to provide consultation due to lack of funding but are open to doing so upon finding funding sources.
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 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>All referrals for our school-based providers have been for individual counseling/TBS services. Some schools have asked about prevention and consultation group services, but unfortunately, we are not able to provide this service due to a lack of funding.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>We currently do not have suicide prevention programming, but all student who are referred for school based services are screened using the Columbia Suicide Severity Rating Scale (C-SSRS) at time of 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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

The Counseling Center of Wayne & Holmes Counties

Primary Contact: Jeff Bradford, MA, LPCC-S
Email: jbradford@ccwhc.org
Telephone: 330-264-9029

Partnering School Districts: Dalton LSD, Medina CSD, Orrville CSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	2
Middle School:	2
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 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): TBS Groups
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 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 checked="" 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 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 common service request is on-site treatment of youth involved in their ED programs or on IEP's related to ED or behavioral issues. Additionally, the counselors are asked to complete risk assessments for youth that are indicated to be struggling or making suicidal comments during school hours.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Our School-Based staff use the Collaborative Assessment and Management of Suicidality (CAMS)</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. The SOS program is primarily funded through a federal grant with some supplemental funds provided by the local MHRB for administrative oversight of the program.</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Staff attended 4-hour training by Ohio called District Threat Assessment Team Training. This did include suicidal threats and one school counselor is on the threat assessment team.</p>

The LCADA Way

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

Partnering School Districts: Amherst EVSD, Avon Lake CSD, Avon LSD, Clearview LSD, 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:	8
Middle School:	10
High School:	14
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):	Lorain County JVS – 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 checked="" type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Community Coalitions
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 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 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 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 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): Risky Business</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Vape Education for youth, school staff, and parents</p> <p>Our Voices for Change Groups (Youth Led Prevention) request MH awareness and Suicide Prevention Awareness</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>QPR, Youth MHFA, and SOS</p>
<p>Is your organization offering universal screening? If so, how is it funded?</p>	<p>Yes. We offer PreVenturea as a universal screening choice – funded by MHARS. We offer Youth-SASSI Screening as a component of our Eduvention (diversion) Program – Court-MHARS funded. We also offer CRAFFT-2 screening as a component of our Project AMP Youth-Peer Mentoring Program – MHARS funded.</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 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 type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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:	3
High School:	6
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 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): 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 coordinating efforts to implement signs of suicide or support the implementation of SOS in the districts we serve. We primarily provide treatment services.</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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Have provided guidance on threat assessment planning policy revisions.</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, Bloom-Carroll LSD, Lancaster Catholic Schools,, Lancaster CSD, Liberty Union-Thurston LSD, Pickerington LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	5
Middle School:	5
High School:	4
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 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 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 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, Safe Dates, Catch My Breath</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Reconnecting Youth, Too Good for Drugs and Violence, Project Alert</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Red Flags is an educational program.</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): Education</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

The Recovery Council

Primary Contact: Monique Bellamy, LPCC-S
Email: m.bellamy@therecoverycouncil.org
Telephone: 937-393-4562

Partnering School Districts: Hillsboro CSD, Huntington LSD, Scioto Valley LSD (Piketon), Waverly CSD, Western LSD

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	1
Middle School:	4
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):
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 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): Generation Rx- Safe Medication Practices</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Individual counseling, substance use prevention, suicide prevention</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. Previously used and not received well by school administration so it was ended.</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): Education</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 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): Specific tier III prevention</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Not asked to be part of planning but to be part of their crisis plan.</p>

Thrive Therapeutics

Primary Contact: Kelli Ott, CEO
Email: KOtt@thrive-therapeutics.org
Telephone: 937-405-5672

Partnering School Districts: Dayton CSD, Dayton Early College Academy, Dayton Leadership Academy

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	6
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 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 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>Assessment, Counseling, TBS, CPST</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>No prevention services are being provided.</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 checked="" type="checkbox"/> Parent/Caregiver Education and Training <input type="checkbox"/> Parent/Caregiver Support and Intervention </p> <p>Other (please specify):</p>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></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, Mogadore LSD, 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:	13
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 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 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 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 checked="" type="checkbox"/> Too Good for Drugs <input type="checkbox"/> Zones of Regulation <input type="checkbox"/> None of the Above <p>Other (please specify): Personal Body Safety, Safe Dates, Project Alert, Active Parenting, Parenting Wisely, Second Step</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>All of our prevention programs are being actively sought after.</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 – funded by the 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 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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i> Our agency is part of a demonstration project through Miami University and our Behavioral Health and Wellness Specialist is stationed in Crestwood Intermediate and has assisted with and been a part of this process with them.</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:	4
Middle School:	4
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 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 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 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): Positive Action</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Diagnostic Assessments & Individual Counseling</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Positive Action</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 checked="" type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> None of the Above </p> <p>Other (please specify): Trainings re: mental health (signs/symptoms, trauma informed etc. via our SAMHSA grant)</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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>

WellSpring

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

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

Please indicate the number of school buildings in which school-based services are provided:	
Elementary:	6
Middle School:	8
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 checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> None of the Above Other (please specify): Principals
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 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 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 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, Peer Led Initiatives, SPARK, FAST</p>
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>The two programs touching the most students include PAX GBG and Botvin LifeSkills Training, with 1800 and 1500 students respectively. SPARK touches 60 kindergarten students and their families. FAST typically averages around 15 families.</p>

<p>What evidence-based practices is your agency using in school settings for suicide prevention programming?</p>	<p>Proven longer-term outcomes for students with exposure to PAX GBG includes less suicide ideation and behavior.</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 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 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 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>
<p>Have you been involved with school district threat assessment planning or had requests for staff to provide threat assessment services?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p><i>If yes, briefly describe your involvement with threat assessment planning or services:</i></p>