



# S E R A DISTRICT CASE STUDY

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CREATING STUDENT  
SUPPORT SYSTEMS TO  
IMPROVE LEARNING

PREPARED BY

The Georgia Partnership for Excellence in Education



Georgia Partnership  
FOR EXCELLENCE IN EDUCATION



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## PRESIDENT'S LETTER

Between March 2020 and March 2021, Georgia was awarded \$6.6 billion from the federal Elementary and Secondary School Emergency Relief (ESSER) Fund to operate schools safely during the Covid-19 pandemic and address students' academic and non-academic needs. The Georgia State Board of Education distributed 90% of these dollars (\$5.9 billion) to local school districts and state-approved charter schools — also called local education agencies or LEAs. These LEAs received significant flexibility to use ESSER funds to help mitigate the adverse impacts of the global pandemic, accelerate learning, and improve student well-being.

In August 2021, the Georgia Partnership for Excellence in Education (Georgia Partnership) launched the CARES Impact Study, a multi-year research project designed to 1) understand how LEAs used ESSER funds; 2) identify best practices emerging from LEA efforts to accelerate student learning and foster student well-being; 3) and reveal common challenges LEAs have encountered as they carry out their plans.

Funded by the Georgia Department of Education (GaDOE), the study has drawn on interviews with LEA leaders and other stakeholders and experts, as well as an annual survey of LEAs. Findings from previous surveys and interviews are available in the CARES Impact Study [Baseline Report](#), [Year-One Report](#), [Year-Two Report](#), and [Year-Three Report](#).

In March 2024, GaDOE commissioned the Georgia Partnership to produce three case studies that identify promising practices in three areas: closing learning gaps, improving student well-being, and strengthening the educator workforce. The [first case study](#) focused on closing learning gaps through literacy reform. This second case study focuses on improving student well-being through robust support systems.

The Georgia Partnership continues to advance our mission to inform and engage leaders to positively impact education and workforce readiness. The examples detailed in this case study can inform and engage leaders at the state and local levels about Georgia's education challenges and provide them with solutions that could improve education and economic outcomes for all Georgians.



Dr. Dana Rickman  
President, Georgia Partnership For Excellence in Education

# CREATING STUDENT SUPPORT SYSTEMS TO IMPROVE LEARNING

## EXECUTIVE SUMMARY

Schools are on the frontline of the mental health crisis affecting children and youth. Educators in Dublin City Schools, Hall County Schools, and Henry County Schools describe students grappling with depression, anxiety, and anger. Many students carry the weight of family challenges including substance use, physical and emotional abuse, incarceration, caring for elderly family members or younger siblings, and more. These challenges existed before the pandemic and have worsened in its wake.

Districts often struggle to effectively respond to students' mental health challenges. Schools are organized around and accountable for students' academic success. Providing access to mental health and wellness services is an expansion of the school's role in serving students. However, the three districts profiled in this case study recognized the importance of developing integrated student support systems to address students' health and well-being. The districts responded to the needs of their students and communities, ensuring students were ready to succeed.

These support systems have an impact. Student attendance has improved in Dublin City Schools, and the percentage of students reporting suicidal ideations has decreased. Hall County Schools has seen a decline in the percentage of students reporting suicidal ideations as well as a reduction in discipline referrals among students who received mental health services. In Henry County Schools, students who received mental health and well-being support have improved attendance and behavior.

The Georgia Partnership for Excellence in Education (Georgia Partnership) visited these districts to understand their student support systems. The case study is part of the [CARES Impact Study](#), a multi-year project that examines how districts are addressing students' needs in the wake of the COVID-19 pandemic. The case study's aim is to share learnings that inspire policymakers to implement similar student support systems.

While the districts' student support systems differ in many ways, they share five attributes:

***Committed Leadership.*** Each district leader prioritized student mental health and well-being and invested time and resources to develop a comprehensive student support system.

***Systems Approach.*** Each district created an integrated student support system that emphasized the dual focus of student success and well-being. Leaders understood that fostering student wellness required student support strategies that integrate academic and wellness goals.

***Enhanced District Capacity.*** These districts increased the quality and effectiveness of their student support strategies by hiring staff with mental health expertise to provide guidance and direct assistance to school leaders and direct service to students.

***Increased Educator Knowledge.*** Districts invested in building educators' knowledge of and skills in student mental health and well-being, including mental health awareness, the impacts of trauma, identifying students who might need additional support, and delivering effective interventions.

***External Funding.*** External funding, including federal Elementary and Secondary School Emergency Relief (ESSER) grants, made it possible for districts to design and implement their student support systems.<sup>1</sup>

Districts are increasingly expected to deliver and provide access to mental health and well-being services, a significant expansion of their core work of delivering high quality instruction and fostering learning. The student support systems created by Dublin City Schools, Hall County Schools, and Henry County Schools reveal how districts can improve student well-being and their academic success. Their efforts point to action steps

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<sup>1</sup> Georgia's school districts and state charter schools received \$5.9 billion in ESSER funds to help them operate schools safely during the pandemic and provide supports to students to accelerate learning and address pandemic-related barriers to academic success including mental health and well-being concerns. The grants expired in September 2024.

policymakers can take to accelerate the adoption of integrated student support systems in other districts across Georgia.

1. Fund school counselors, social workers, and psychologists at recommended ratios: one school counselor per 250 students, one social worker per 250 students, and one psychologist per 500 students.
2. Increase funding for the Georgia Apex Program, which enables mental health counselors to provide counseling services in schools to students with mental health disorders or other significant needs. The program currently serves 33% of schools.
3. Establish and fund a district-level mental health coordinator position to manage and support delivery of student support services, particularly intensive and individualized mental health services, sometimes referred to as Tier 3 services, to students.
4. Increase funding for professional development in the Quality Basic Education formula so districts can provide quality training to staff in mental health awareness and first aid, trauma-informed practices, and suicide prevention.

#### **DUBLIN CITY SCHOOLS HIGHLIGHT**

Dublin City Schools created the Shamrock Button, a tool that streamlines the identification of and service delivery to students and staff who need assistance.

#### **HALL COUNTY SCHOOLS HIGHLIGHT**

Hall County Schools developed Dialectical Skills Groups, which teach middle and high school students life readiness skills, including managing their emotions, developing positive relationships, and working productively in school and out.

#### **HENRY COUNTY SCHOOLS HIGHLIGHT**

Henry County Schools created the Mental Health and Wellness Facilitator, a school-level position that provides direct support to students and staff and leads the implementation of support system components.



## CREATING STUDENT SUPPORT SYSTEMS TO IMPROVE LEARNING

Schools are on the frontline of the mental health crisis affecting children and youth. Educators in Dublin City Schools, Hall County Schools, and Henry County Schools describe students grappling with depression, anxiety, and anger. Many students carry the weight of family challenges including substance use, physical and emotional abuse, incarceration, caring for elderly family members or younger siblings, and more. These challenges existed before the pandemic and have worsened in its wake.

Districts have often struggled to effectively respond to students' mental health challenges. Schools are organized around and accountable for students' academic success. They have not been adequately staffed or funded to deliver and provide access to mental health and well-being services that many students need today. Despite these constraints, the three districts profiled in this case study have developed robust student support systems to address mental health and well-being issues. Dublin City Schools and Hall County Schools began building their support systems before the pandemic, while Henry County Schools launched its system in response to escalating student needs leaders observed during the pandemic. These systems leveraged existing district strengths and addressed the distinct needs of their students and communities. The development of these support systems grew from district leaders' recognition that students cannot engage in learning and succeed academically if their mental health and well-being needs are not met. For leaders in Dublin City, Hall County and Henry County, providing these supports is the foundation of students' academic success, not a distraction from it.

Building student support systems takes time, but the support systems are yielding benefits in each district. Student attendance has improved in Dublin City Schools, and the percentage of students reporting suicidal ideations has decreased. Hall County Schools has also seen a decline in the percentage of students reporting suicidal ideations as well as a reduction in discipline referrals among students who have received mental health services. In Henry County Schools, students who received mental health and well-being support have shown improvement in attendance and behavior.

The Georgia Partnership for Excellence in Education (Georgia Partnership) visited each of these districts to understand how they designed and implemented their student support systems. The case study is part of the [CARES Impact Study](#), a multi-year project that examines how districts are addressing students' academic and non-academic needs in the wake of the COVID-19 pandemic. The aim of this the case study is to share learnings that inspire state and local policymakers to develop and/or adopt similar student support systems.<sup>1</sup>

While the districts' student support systems differ in many ways, they share five attributes:

***Committed Leadership.*** Each district leader prioritized student mental health and well-being and invested time and resources to develop a comprehensive student support system.

***Systems Approach.*** Each district created an integrated student support system that emphasized the importance of student well-being alongside academic development. Leaders understood that fostering student wellness required integrating mental health and well-being goals and strategies into instruction and school operations, which cannot be done by adding a new program.

***Enhanced District Capacity.*** These districts increased the quality and effectiveness of their integrated student support strategies by hiring staff with mental health expertise to provide guidance and direct assistance to school leaders and direct service to students.

***Increased Educator Knowledge.*** Districts invested in building educators' knowledge of and skills in student mental health and well-being, including mental health awareness, the impacts of trauma, identifying students who might need additional support, and delivering effective interventions.

***External Funding.*** External funding, including federal Elementary and Secondary School

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<sup>1</sup> Georgia's school districts and state charter schools received \$5.9 billion in ESSER funds to help them operate schools safely during the pandemic, provide supports to students to accelerate learning, and address pandemic-related barriers to academic success including mental health and well-being concerns. The grants expired in September 2024.



Emergency Relief (ESSER) grants, made it possible for districts to design and implement their student support systems.

Districts are increasingly expected to deliver and provide access to mental health and well-being services, a significant expansion of their core work of delivering high quality instruction and fostering learning. The student support systems created by Dublin City Schools, Hall County Schools, and Henry County Schools reveal how districts, through intentional design and implementation and additional resources, can fulfill this expectation and improve student well-being and their academic success. Their efforts point to action steps policymakers can take to accelerate the adoption of integrated student support systems in other districts across Georgia.

1. Fund school counselors, social workers, and psychologists at recommended ratios: one school counselor per 250 students, one social worker per 250 students, and one psychologist per 500 students.
2. Increase funding for the Georgia Apex Program, which enables mental health counselors to provide counseling services in schools to students with mental health disorders or other significant needs. The program currently serves 33% of schools.
3. Establish and fund a district-level mental health coordinator position to manage and support delivery of student support services, particularly intensive and individualized mental health services, sometimes referred to as Tier 3 services, to students.
4. Increase funding for professional development in the Quality Basic Education formula so districts can provide quality training to staff in mental health awareness and first aid, trauma-informed practices, and suicide prevention.

## METHODOLOGY

The Georgia Partnership launched the [CARES Impact Study](#) in 2021 to understand how districts across the state support student learning and well-being following the pandemic. The project is funded by the Georgia Department of Education and includes annual reports, three case studies, and an analysis of the needs of rural districts. This report is the second case study.

To develop this case study, Georgia Partnership staff and consultants solicited recommendations for districts at the forefront of improving student mental health and well-being from Georgia Department of Education staff, other district leaders, nonprofit leaders, and other stakeholders who are deeply knowledgeable about child and youth mental health. Dublin City Schools, Hall County Schools, and Henry County Schools received multiple nominations.

The superintendents in each district were invited to participate, and each agreed. A Georgia Partnership consultant visited each district and interviewed educators in schools and district offices to learn about approaches to improve student mental health. Staff also reviewed publicly available information about the districts' efforts.

Educators in these districts generously gave their time and knowledge to this project, enabling the Georgia Partnership to learn about and share their stories with communities across the state. While this is not an evaluation of their programming, the case study provides an opportunity for other district and state leaders to learn from the practitioners in the field who are reporting success with their efforts.

Part One provides a brief overview of student mental health challenges in Georgia and a summary of each district's comprehensive student support system. Part Two provides a more detailed description of each district's approach to meeting their student mental health challenges.

## PART ONE

### YOUTH MENTAL HEALTH IN GEORGIA

Mental health challenges are not unique to students in Dublin City, Hall County, and Henry County. Half of the state's middle and high school students reported feeling depressed, sad, or withdrawn on the 2024 Georgia Student Health Survey, and nearly 10% reported harming themselves.<sup>2</sup> One in 10 Georgia youth reported that they seriously considered suicide, and 5% said they attempted it.

Finding help for these young people is often difficult. There is a shortage of mental health professionals in 151 of the state's 159 counties.<sup>3</sup> Across Georgia's counties:

- 90 do not have a licensed psychologist
- 53 do not have a licensed social worker
- 45 do not have a licensed psychologist or licensed social worker.<sup>4</sup>

In addition, there are only 99 child and adolescent psychiatrists in the state.<sup>5</sup>

For many young people, schools are the only place where they can connect with mental health professionals, but schools often struggle to provide these services. Educators' expertise is in curriculum and instruction, and schools are organized around and accountable for student academic outcomes. Delivering mental health and wellness services or providing access to them is a significant undertaking for schools and districts. Integrating mental health practices into instruction and school operations is also a big challenge and change for many teachers and school leaders.

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2 Georgia Department of Education. (2024). Georgia Student Health Survey. <https://apps.gadoe.org/GSHSSurveyResults/Pages/default.aspx>

3 Voices for Georgia's Children, (2025). Whole Child Primer. [https://024d2608-0225-4a65-9e75-25d868da6eb4.usrfiles.com/ugd/024d26\\_c5293093ebcd4aef953bf369979b14d6.pdf](https://024d2608-0225-4a65-9e75-25d868da6eb4.usrfiles.com/ugd/024d26_c5293093ebcd4aef953bf369979b14d6.pdf)

4 Voices for Georgia's Children. (2024). All About Kids: Factsheets About Georgia's Children. [https://www.georgiavoices.org/\\_files/ugd/024d26\\_96c8927f2ebd43fca56282c06036f547.pdf](https://www.georgiavoices.org/_files/ugd/024d26_96c8927f2ebd43fca56282c06036f547.pdf)

5 Voices for Georgia's Children, (2025). Whole Child Primer. [https://024d2608-0225-4a65-9e75-25d868da6eb4.usrfiles.com/ugd/024d26\\_c5293093ebcd4aef953bf369979b14d6.pdf](https://024d2608-0225-4a65-9e75-25d868da6eb4.usrfiles.com/ugd/024d26_c5293093ebcd4aef953bf369979b14d6.pdf)

Incorporating mental health and well-being services into district goals and operations requires adequate staffing, at a minimum. State funding ratios for school counselors and other mental health professionals are higher than recommended ratios.

	State Funded Ratio	Recommended Ratio
School counselor	1:450	1:250 <sup>6</sup>
Social worker	1:2,475	1:250 <sup>7</sup>
Psychologist	1:2,420 <sup>8</sup>	1:500 <sup>9</sup>

Across the state, 66% of school counselors, social workers, and psychologists report there are not enough mental health professionals in their schools.<sup>10</sup>

State-funded mental health professionals do not include mental health counselors, a role that is different than a school counselor. School counselors promote student academic success by delivering instruction on goal setting, conflict resolution and other important skills. They guide career exploration and postsecondary enrollment. School counselors also identify students who need additional mental health support and provide one-on-one and group sessions, temporary counseling, and crisis intervention and referral. They train and assist teachers to identify signs of student mental health concerns and provide classroom interventions. However, school counselors typically do not have training to diagnose and provide ongoing treatment for significant mental health needs students may experience.

Mental health counselors have the expertise to provide treatment for mental health disorders or other significant needs. They are trained and licensed to assess, diagnose, and treat mental, emotional, and behavioral disorders, including depression and anxiety

6 American School Counselor Association. (nd). School Counselor Roles & Ratios. <https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios>

7 School Social Work Association of America. (nd). School Social Workers Helping Students Succeed: Recommended School Social Worker to Student Ratios. [https://www.sswaa.org/\\_files/ugd/426a18\\_4050422b3c41478f9ee0db83d1bc1f75.pdf](https://www.sswaa.org/_files/ugd/426a18_4050422b3c41478f9ee0db83d1bc1f75.pdf)

8 The Georgia General Assembly funded a reduction to the school psychologist ratio, from 1:2745 to 1:2420, in the Fiscal Year 2026 budget.

9 National Association of School Psychologists. (nd). Federal Public Policy and Legislative Platform. <https://www.nasponline.org/research-and-policy/policy-priorities/nasp-po>

10 Professional Association of Georgia Educators. (2024). Views from the Schoolhouse: Georgia Educator Policy Insights 2024. <https://files.constantcontact.com/9a72cb1c001/30a70952-341d-4c2b-8f0a-532aee42d0ac.pdf>

disorders, suicidal ideation, and substance use as well as trauma. They work in a variety of settings outside of schools, including private and community-based practices.

Connecting students who have mental, emotional, or behavioral disorders or other significant needs with mental health counselors is often difficult. When school counselors refer students to mental health counselors, the students and their families frequently face barriers that prevent them from participating in counseling. Parents may not be able to take time off work to take a child to counseling, may lack transportation, or their insurance may not be accepted by the mental health counselor.

Despite these constraints, Dublin City Schools, Hall County Schools, and Henry County Schools designed and implemented student support systems that address student mental health and wellness needs. As leaders in each district shared, their work is not complete, but they have made valuable progress, which can offer direction to others.

## **DISTRICT STUDENT SUPPORT SYSTEM SNAPSHOTS**

The districts' student support systems have multiple components, which are summarized in the snapshots below. The snapshots also highlight a unique feature of each district's support system.

### ***Dublin City Schools Student Support Snapshot***

#### **Student Support System Core Components**

- District-level changes to support school staff and improve services to students and families, including:
  - Established the district's Department of Behavioral Health & Wellness and staffed the department with a director, two mental health counselors, and program manager
  - Implemented the Shamrock Button, an online tool to streamline identification of students who need additional support
  - Developed a caseload management system to monitor students receiving

- mental health, behavioral or similar services
  - Created a care coordination strategy to refer students to external mental health services, including counseling and inpatient hospital care if needed.
  - Developed a transition process for students to return to school after inpatient treatment
  - Provided mental health counseling to students
  - Established a school-based health center to address student and staff healthcare needs
  - Cultivated relationships with community partners to coordinate services to students and families and access resources.
- School-level changes to improve services to students, including:
    - Provided staff training on student mental health and well-being
    - Added a school counselor at the high school so there are now two school counselors supporting students
    - Hired four more nurses to provide one per school to improve services to students
    - Developed a video series on mental health for students, families and community stakeholders.
- Leveraged external funding to design and implement a student support system: Rural Health Network Development grant, Rural Health Outreach Services grant, and Healthcare Provider Quality Improvement grant.

### **Student Support System Impact Highlight: Shamrock Button**

The Shamrock Button is a tool the district developed to streamline identifying students who are experiencing mental health, wellness or resource needs and provide prompt support. It is a three-question form available on the homepage of the district website that staff, students, and family members use to request help for themselves or others.

A district-level mental health counselor follows up when the Shamrock is clicked to gather additional information and begin developing a support plan tailored to the needs of the



individual student, family or staff involved. The counselor pulls in other district and school staff as needed to carry out the plan and monitor progress.

For teachers, counselors, and school administrators, the Shamrock removes uncertainty about who to call for help and what to do. Before it was created, school-level staff were often unsure who to contact if a student needed help and when to do so. Now there is a clear mechanism to access support for students, which is coordinated at the district level.

## ***Hall County Schools Student Support Snapshot***

### **Student Support System Core Components**

- Expansion of Tier 1 supports including:<sup>11</sup>
  - Provided all staff Trauma and Mental Health Awareness Training (T & MHAT) that reviews mental health awareness, trauma awareness, suicide prevention, and de-escalation skills
  - Developed a Professional Learning Series for teachers and staff, which allows staff to engage in ongoing professional development to reinforce and apply the skills acquired during the T & MHA training. Student behavioral videos are embedded in these lessons
  - Instituted identification of in-school trusted adult for every student
  - Implemented Positive Behavioral Interventions and Supports (PBIS) and Sources of Strength to promote positive school climate.
- Expansion of Tier 2 supports including:<sup>12</sup>
  - Developed Dialectical Skills Groups (DSG), which teach students life skills to manage difficult experiences and emotions in positive ways. DSGs are offered in English and Spanish.
  - Created new district-level mental health staff positions: Caring Adult Skills Instructors (CASIs), who lead DSG groups in schools.

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<sup>11</sup> Tier 1 strategies support all students and include high-quality, schoolwide programs.

<sup>12</sup> Tier 2 strategies provide evidence-based interventions to 15 to 20% of students who need additional support beyond Tier 1.

- Implemented check-in/check-out, an intervention that allows educators and clinicians to provide daily feedback and support to students who need extra support to make positive behavioral decisions.
- Added part-time counselors at high schools.
- Expansion of Tier 3 supports including:<sup>13</sup>
  - District coordination of student access to external mental health services
  - District provided support to student and families during mental health crisis and transition process for students returning to school after crisis.
- Hired dedicated district mental health staff, including a mental health coordinator and mental health advocate, who support Tier 3 interventions, and two PBIS specialists who support school staff with implementation of Tier 1 and Tier 2 practices
- Leveraged external funding for design and implementation of student support system: federal pandemic relief funds, Project Aware grant from GaDOE.

### **Student Support System Impact Highlight: Dialectical Skills Groups**

Dialectical Skills Groups (DSG) is a research-based Tier 2 intervention designed by Hall County staff based on needs shared by students and districtwide results on the GaDOE Student Health Survey data. DSGs teach middle and high school students skills they can place in their life readiness tool belt to equip them in and beyond the walls of their schools, providing students the ability manage their emotions, develop positive relationships, and work productively in school and out. The curriculum is comprised of four topics:

- Mindfulness: the skill of paying attention to one's thoughts, feelings, body sensations, and behavioral urges—responding thoughtfully to experiences rather than reacting emotionally
- Distress Tolerance: the skill of handling emotional distress through positive coping strategies

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<sup>13</sup> Tier 3 strategies provide individualized and intensive interventions to 3 to 5% of students who need assistance beyond Tier 2.

- Emotion Regulation: the skill of controlling thoughts, feelings, and behaviors
- Interpersonal Effectiveness: the skill of developing healthy relationship skills including strong communication, empathy, and problem-solving capabilities.

DSGs meet weekly over a 10-week cycle and are composed of 6-8 students, who are of similar age. Groups can be same gender or mixed gender. Since DSGs are not therapy groups, they focus on teaching coping strategies and emotional regulation techniques without delving into the underlying causes of a student's dysregulation. Regardless of the reasons for a student's dysregulation, the same set of skills applies. The groups are led by Caring Adult Skills Instructors or CASIs, a new position the district created, by school counselors, and by some school social workers. The groups meet during the school day though at a different time each week to ensure students do not miss the same class repeatedly.

Staff describe seeing improved behavior from students who have participated in the groups as well as stronger relationships with peers. Some students who completed a group have encouraged their friends to participate, and a few have asked to repeat it.

DSGs are also offered in-person to employees at the school level and are available virtually to participants in the district's Wellness Program.

## ***Henry County Schools Student Support Snapshot***

### **Student Support System Core Components**

- District-level changes to support school staff and improve services to students and families, including:
  - Established the district's Department of Mental Health and Wellness and hired a director and two specialists who support school-based mental health and wellness facilitators
  - Created HenryCARES, a biannual student and staff survey designed to support students' mental health and overall well-being by providing a structured system for identifying their emotional and social needs. This survey allows

- students to regularly share their feelings, challenges, and concerns, enabling schools to intervene early and provide appropriate support, understand school- and district-wide trends in student behavioral health needs, and design interventions and progress monitoring strategies to address them
  - Provided high-quality training in mental health awareness and skills to all staff.
- School-level changes to improve services to students, including:
  - Created a new position, Mental Health and Wellness Facilitator, in every school who provides direct support to students and staff and leads the implementation of student support system components
  - Established CARE (Caring Adult Responding Everyday) teams in every school to identify, provide services to, and monitor students in need of extra assistance led by the Mental Health and Wellness Facilitator
  - Provided monthly training in mental health awareness and skills to school staff
  - Instituted identification of an in-school trusted adult for students who report not having one
  - Cultivated positive school climate through districtwide social emotional programs and school-specific strategies.
- Leveraged external funding for design and implementation of student support system: federal pandemic relief funds and Title IVA Funding.

### **Student Support System Impact Highlight: Mental Health & Wellness Facilitator**

The district created a new school-level position, mental health and wellness facilitator, to provide direct support to students and staff and lead the implementation of support system component in schools. Every school has a facilitator, and their responsibilities include:

- Building positive relationships with students, staff, and community members
- Helping to identify and provide support to students and staff who are dealing with trauma or crisis, refer anyone who might need mental health assistance and/or offer other types of help

- Using data to guide decisions about supporting individual students and staff, classroom practices, and schoolwide wellness initiatives
- Delivering training and coaching to staff
- Designing and implementing strategies to foster positive school culture.

Facilitators also lead CARE teams, which have been established in each school and are made up of the facilitator, school administration, support staff and other staff members the principal designates. In some schools, this would look like the facilitator, school counselor(s), social worker, principal, attendance clerk, and, at middle and high schools, the college and career readiness coach. The teams' purpose is to identify students who have behavioral, attendance, or other challenges, develop a tailored response plan for these students, and monitor implementation of each student's plan.

Student behavior and attendance have improved with support from facilitators and CARE teams, and staff describe improved relationships with colleagues as a result of facilitators' efforts to foster positive school culture and climate. With interventions from facilitators, students involved in disruptive behavioral incidents return to class more quickly, and teachers affected by these incidents get more support.

## PART TWO

### DUBLIN CITY SCHOOLS

Dublin City Schools serves nearly 2,400 students across six schools, which include a college and career academy, an alternative school, and two gifted academies. Most students live with the challenges of poverty: Ninety-two percent are economically disadvantaged. The majority of students—87%—are black, and 7% are white, 3% are Hispanic, and 3% are multi-racial.

Dublin is a community located in middle Georgia with dynamic local businesses, nonprofits and faith-based organizations, but it also faces challenges. Thirty-five percent of residents are poor, far higher than the state's poverty rate of 14 percent. The area lacks public transportation and has a shortage of affordable housing. Both factors pose challenges for students and their families.

#### *Propelling Change in Dublin City Schools*

District Superintendent Fred Williams has spent most of his career in Dublin City Schools, serving as a teacher and coach, assistant principal, principal, and assistant superintendent before moving into the superintendency in 2015. In each role, he saw the complexities of students' lives spill into the classroom and interfere with their learning. He also saw teachers, school administrators, and even school counselors struggle to effectively address students' mental health, behavioral, and resource needs.

When Williams became superintendent, he knew the district needed help to support student mental health and well-being and signed on to the [Georgia Apex Program](#), an initiative the Georgia Department of Behavioral Health and Developmental Disabilities had recently launched. The program aims to increase access to mental health services for children and youth by supporting partnerships between community-based mental health providers and rural and high-needs schools. Through these partnerships, mental health providers deliver counseling services to students with the greatest needs in schools. The Community Service Board of Middle Georgia, the community-based mental health



provider for the region, received an Apex grant, which enabled it to bring the program to the school district.

The Apex counselors had an immediate and positive impact, according to Williams, but he realized more support for students as well as staff was needed. In 2019 he hired Tonia Spaulding to be director of behavioral health and wellness, a new position. Spaulding was a veteran licensed mental health counselor who had served the district for several years through the Apex program. Williams tasked her with building a support system for students and staff across the district.

The need for a coordinated system of mental health support was clear. The district lacked consistent processes to guide teachers, school counselors, or school administrators when students showed signs of mental health distress. Educators were often uncertain who to ask for help or when to do so. Counselors were stretched thin trying to meet the varying types and levels of student needs in their schools. In addition, the district did not have a care coordination strategy in place to monitor whether students received services or support or if those interventions addressed their needs.

Williams made Spaulding's position a cabinet-level role at the district, signaling the importance of student mental health and well-being in achieving the district's goals for student academic success. Her participation in the leadership team ensures that student mental health and wellness needs are included when the cabinet discusses how to foster higher levels of learning and achievement.

### ***Creating District Capacity to Develop a Student Support System***

One of Spaulding's first steps was building a team that could expand the supports provided to students and help develop the processes to deliver those supports effectively. After winning a multi-year federal grant in 2020, she added two mental health counselors, Bruce Howard and Martavis Issac, who joined her to form the district's Department of Behavioral Health and Well-Being. Both had experience counseling youth in different settings, including serving as Apex counselors. As mental health counselors, they provide counseling that school counselors, with different training and responsibilities, typically

cannot, as well as case management for students identified as needing support.

A year later, Spaulding added a program director, Reanna Osburn, who provides critical operational assistance including data collection and reporting, budgeting, and coordinating and delivering training. She is also an experienced mental health counselor and brings insights from that work into administrative decisions to support the team's work. The program director position was funded with a second federal grant.

### ***The Shamrock Button: Linchpin of the Student Support System***

The centerpiece of the student support system is the Shamrock Button. School staff needed a single access point to request help when a student showed mental health, behavioral or other concerns. The Shamrock Button is that access point.

Implemented during the early months of the pandemic, the Shamrock is a three-question form available on the district's homepage that anyone can use to request help for themselves or others. Staff use it for students, colleagues and themselves. Parents and other family members have turned to it to get assistance for their children and themselves. Students have clicked the Shamrock when they see peers or even their teachers struggling.

““It is our job to connect the dots, not just with the mental health piece, but to meet all the basic needs of the family.”

**-MENTAL HEALTH  
COUNSELOR**

A mental health counselor follows up when the Shamrock Button is clicked to gather additional information and begin developing a support plan tailored to the needs of the individual student, family or staff involved. The plan may entail connecting the student to an external mental health counselor for ongoing therapy, coordinating with school counselors to provide short-term support, or securing food, clothing, housing or other resources to meet basic needs, or other support interventions.

If a student shows immediate risk of harming themselves, the behavioral health team connects families to the Community Service Board, which determines if the student

requires inpatient care. It also facilitates the hospital admission process if students meet criteria for this level of care.

For teachers, counselors, and school administrators, the Shamrock removes uncertainty about who to call for help and what to do. The behavioral health team carries that responsibility, enabling school staff to focus on curriculum and instruction. One school leader who began his career in the district as a teacher described the Shamrock's impact: "As a classroom teacher, it was almost like I had to locate someone to talk to. I had to reach out via email, and I wouldn't always get in touch with somebody. (Or) it may take a couple of days... (now) the Shamrock is almost a one-stop-shop for everything."

### ***Making the Student Support System Work***

When a student is identified as needing support, he or she moves onto the caseload of a district mental health counselor, who monitors the implementation of each student's support plan. This includes routine in-person wellness checks with each student, which may occur as frequently as several times a week for students experiencing more significant needs to once a month for those with fewer issues. The counselors also track attendance, grades, and discipline for signs of continuing or emerging challenges.

Another critical component of their caseload management are weekly meetings between mental health counselors and school principals and school counselors to review the status of students at each school. These meetings often include special education staff, the Multi-Tiered System of Support (MTSS) coordinator, the homeless liaison and others who have a role in monitoring student mental and behavioral health needs. The meetings keep the behavioral health team and school staff updated on students' progress, ensure they are working in alignment, and enable them to adjust support strategies as needed.

The district's mental health counselors also coordinate care for students referred to an Apex counselor or a private mental health counselor. This includes selecting the external counselor best suited to each student based on their specific needs as well as ensuring providers accept students' insurance. Some students do not have insurance, and, in these instances, the behavioral health team helps students and families secure enrollment.

With the mental health counselors coordinating referrals to external service providers, school counselors can focus on delivering schoolwide behavioral health programming, facilitating small groups, and offering one-on-one sessions with students who need extra help in the short term. Even with the added help from mental health counselors, however, school counselors are stretched thin. To help address this, they are no longer required to help administer state exams. The district also added a second counselor at the high school.

The district's mental health counselors provide counseling to students unable to get insurance as well as to those who do not want to use an external counselor. However, the counselors prefer to connect to external counselors when possible as their caseloads average 100 students.

For students who experienced a crisis and received hospital care, the behavioral health team works closely with parents and school staff to develop a plan to help students transition successfully back to school.

### ***Districtwide Supports***

While the Shamrock is the conduit to individualized support for students and staff, the behavioral health team also deploys districtwide strategies to foster positive student mental and well-being.

***Training for Staff & Students.*** The team provides annual training to staff on identifying students who may be experiencing mental health, behavioral or other challenges as well as de-escalation strategies for students displaying disruptive behavior. The team also collaborates with school counselors to identify needs that have emerged in a particular group, grade level, or across schools and provides programs such as mindfulness or conflict resolution skills to them.

***“Be Well” Videos.*** Spaulding collaborates with the district's communications team to prepare “Be Well” videos, an initiative launched during the pandemic. The aim was to connect students, parents, and community members to Spaulding and help them develop skills to cope with the pandemic-related challenges. Feedback on the videos was positive.

In addition to making Spaulding a familiar presence and offering practical mental health advice, they helped de-stigmatize mental health concerns, which sometimes deter students and adults from seeking help.

***Fostering Good Health.*** The behavioral health team secured a third federal grant, which funded a nurse for each school as well as dental screenings for students. Prior to the grant, the district varied between one and two nurses serving all schools. Having a full-time nurse in each school has enabled nurses to shift from dashing between multiple schools each day and “putting out fires” to building relationships with students and gaining a deeper understanding of their physical and mental health needs. School nurses treat ongoing conditions like asthma, administer prescription medication, arrange dental and vision screenings, and provide other services. They also see many students struggling with depression, anxiety, inability to regulate their emotions, or other mental health and behavioral issues. In these instances, they turn to the Shamrock Button for help.

Even with additional nurses on staff, many students have unmet healthcare needs. With a grant from the Georgia Department of Education, the district recently opened a school-based health clinic so students across the district can access healthcare. Clinic staff provide care school nurses cannot such as treatment for an illness or injury and prescribing medication. They also screen students for mental health concerns and refer them to the behavioral health team as needed.

### ***Relationships: Resources that Strengthen the Student Support System***

Strong partnerships with local organizations are essential for the behavioral health team to effectively meet students’ needs. Partners include the Community Service Board, the Dublin Housing Authority, the Dublin Medical Center, local organizations that provide food and clothing assistance, the Department of Juvenile Justice (DJJ), and the Division of Family and Children’s Services (DFCS). Spaulding, the behavioral health team’s director, prioritized building these partnerships, which enable the team to tap external resources as well as work in alignment with community providers and agencies to achieve shared goals for students and families.

Communication flows both ways between the behavioral health team and partners to coordinate assistance to students. Housing authority staff and the behavioral health team frequently reach out to each other to gather insights when they see signs a student or family is struggling and may need extra support. Similarly, DFCS and DJJ staff connect to the team when they become involved with students so the team can determine how to best support students in often difficult and evolving circumstances. Community Service Board leaders and counselors and the behavioral team regularly update each other on students they both serve.

Spaulding created a protocol for partners that provide services to students in schools, which helped set an expectation of communication. The protocol ensures the behavioral team and school staff know the partner staff entering schools and the students they work with, sets parameters for when staff can see students, and facilitates discussion between the team, school staff and partner staff about supporting the involved students.

“(The behavioral health team is) not afraid to come into our communities... There are a lot of professionals who wouldn’t want to come into the housing authority, but Ms. Spaulding and her team, they have no problem coming... That’s the compassion they’re showing.”

**-HOUSING AUTHORITY STAFF**

The behavioral health team also prioritizes positive relationships with students and families and creates opportunities for students and families to get to know them. One tool is the Be Well videos. Another is annual wellness expos hosted by the district, which include community partners and offer food, activities, and resources to students and families. Most prominently is the team’s commitment to transparency in all their interactions with students and families, and their willingness to meet students and families where they are. Housing authority staff described the team’s readiness to come to families in their communities to connect to them, understand their circumstances, and provide help.



## HALL COUNTY SCHOOLS

Hall County Schools serves more than 27,000 students across 36 schools, including a college and career academy, an alternative school, and 13 magnet schools. Nearly half—49%—of the district’s students are Hispanic, 42% are white, 5% are black, 3% are multiracial, and 1% is Asian. Nearly two thirds (65%) of students are economically disadvantaged, and 30% have limited English proficiency, one of the highest rates in Georgia. Many of these students are new to the country and have had little or no formal schooling. Transitioning to school is often difficult for them.

### *Propelling Change in Hall County Schools*

Will Schofield has led Hall County Schools as superintendent since 2005. He recognized the importance of mental health during earlier years of his tenure but viewed it as outside the central work of schools and core expertise of educators. Classroom teachers, school administrators, and district leaders were focused on teaching students essential academic knowledge and skills, introducing them to career options, and preparing them to thrive in college or the workforce. School counselors and social workers in the district supported student mental health and well-being, but their work was not seen as integral to students’ academic success or a central component of school operations.

By the 2018-2019 school year, Schofield and his leadership team began reconsidering this perspective. With growing frequency, their team meetings started with discussions about emotional dysregulation and other mental health concerns erupting among students as well as staff. As a member of the leadership team put it, “people are off the chain... We’ve never seen anything like this.”

Troubling data was also emerging from the Georgia Student Health Survey. Nearly 11% of middle and high school students in the district reported seriously considering suicide in the 2018-2019 school year according to survey results, and 5% reported attempting suicide. These results were consistent with the rest of the state. The team was unsure why so many students and staff struggled to manage their emotions and behavior, but they knew these struggles interfered with teaching and learning. If these issues were

left unaddressed, many students would continue to flounder and risk not reaching their academic goals.

While it was clear to Schofield and his team that changes were needed, it was less clear what the changes should be. Their first step in developing a response was listening to students.

District staff held conversation circles with high school students, asking them about their challenges and concerns, what they needed, and what they wanted teachers to know. Their responses were powerful and gave direction to the district team. Building on the conversation circles, staff developed a survey that went to a broader group of students. Their responses affirmed the concerns raised in conversation circles and corroborated the district's GaDOE Student Health Survey results.

District leaders, including Tamara Byars, a veteran principal who had become director of student support services, also examined the district's existing student support practices. They found the district lacked consistent expectations and programming. Student mental health and behavioral issues were primarily the responsibility of individual school counselors, who often addressed student needs without the help or guidance of district staff. Counselors and social workers often operated in a reactionary mode, responding to crises, not a proactive model that aimed to prevent crises.

To address these issues, the leadership team designed a three-tiered approach to provide services and supports to match students' individual needs. This approach drew on a similar framework the district used to address students' academic needs, Response to Intervention or RTI,<sup>14</sup> to integrate academic and mental health supports.

Creating a comprehensive tiered support system is not a quick process or one with a definitive end. District staff invested time researching potential strategies for each tier

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14 The Response to Intervention framework provides three tiers of instruction. Tier 1 focuses on high quality core instruction that meets the needs of most students. Tier 2 provides interventions to students at risk for learning challenges. Tier 3 offers individualized interventions to students who are not successful with tier two interventions. See: National Center on Response to Intervention. (2010). Essential Components of RTI-A Closer Look at Response to Intervention. <https://files.eric.ed.gov/fulltext/ED526858.pdf>

and piloted them in a few schools. The phased-in approach enabled staff to assess the impact of the piloted strategies and adjust them as needed before scaling practices across the district. District and school leaders continued to examine and modify practices to ensure they met student needs.

Undergirding the new tiered approach was a significant shift in expectation: All adults in schools are responsible for student mental health and well-being. It is no longer work school counselors and social workers do in isolation but rather should be woven into school operations.

### ***Tier 1: Supporting All Students***

Tier 1 components are designed to support all students across Hall County Schools and cultivate a positive school climate.

***Building Staff Knowledge and Skills.*** One of the first steps the district leadership team took was to develop the Trauma and Mental Health Awareness Training (T & MHAT) and educate all certified and classified district staff, including bus drivers, nutrition staff and others in non-teaching roles, in mental health awareness, trauma-informed practices, and de-escalation skills. The training was designed to help staff understand the importance of mental health, identify students who may benefit from additional behavioral health supports, and apply de-escalation techniques when students display distress or disruptive behaviors.

“When the superintendent of a school system with 27,000 kids says this is important... and when he’s leading trainings on de-escalation skills with your staff, which was awesome... and he’s saying we’re striving to be the most caring place on earth.. that was the single most important thing (for shifting the district’s approach).”

**-SCHOOL ADMINISTRATOR**

The leadership team went through the training and then led training sessions for educators across the district in 2020. Their participation, especially Schofield’s, was a powerful signal of the district’s commitment to addressing mental health needs. The

training has been condensed and is now incorporated into training provided to all new staff at the start of each school year.

The district also developed a comprehensive Professional Learning Series for teachers and staff, offering opportunities for ongoing professional development to reinforce and apply the skills learned in the Trauma and Mental Health Awareness Training. These presentations, typically delivered by schools' administrative teams, last around 20-30 minutes and are often incorporated into Principal-Led (PL) meetings.

Each session features one- to two-minute student behavioral videos, created by the district's high school drama club, which address specific challenging behaviors identified by principals as relevant to their schools. The videos are embedded into the lessons to provide real-life examples of how to manage such behaviors.

The series is tailored to different audiences: there is a Middle/High School Professional Learning Series, an Elementary Professional Learning Series, and custom-designed training for bus drivers, media clerks, and other groups.

***Identifying a Trusted Adult.*** Student feedback from the conversation circles and survey highlighted the need for every student to have an adult at school they can turn to during difficult times. The district had already instituted a practice of asking every student to identify a trusted adult, but it had not been implemented with intentionality. The leadership team made it a systemwide priority. Each year, every student identifies a trusted adult at school they can turn to when they have a rough day or difficult experience. The district tracks student responses continuously with a locally developed QR code. Team members receive monthly data reports based on new student responses. School counselors and administrators help students who are not easily able to identify a trusted adult.

***Understanding Student Needs with a Universal Screener.*** While staff often recognize students who need extra help, the district uses a universal behavior screener to help ensure they do not miss other students who may also benefit from additional support. The screener also helps school administrators gauge the effectiveness of their Tier 1 strategies

and identify areas where adjustments are needed.

***Fostering a Supportive Environment.*** District leaders turned to Positive Behavioral Interventions & Support (PBIS) to cultivate a supportive climate in elementary schools. PBIS is a framework that guides school teams in using evidence-based practices to support students, analyze data to monitor implementation and student progress, and engage students and parents. Some schools had previously adopted the PBIS framework though there were inconsistencies in how well it was understood and deployed. The district has focused on implementing PBIS more intentionally, including helping teachers incorporate explicit instruction in behavior and apply behavior management strategies.

Many secondary schools are also using the PBIS framework. The district added two half-time PBIS specialists to help school teams analyze data, identify challenges, and respond to the needs of individual students as well as schoolwide concerns.

Schools also adopted Sources of Strength, a program that trains students to serve as peer leaders to develop positive messaging campaigns to prevent suicide, increase student well-being, and improve school culture. The aim is to help students recognize the resources they can tap to help overcome difficult situations.

## ***Tier 2: Extra Support to Develop Resiliency Life Skills***

District leaders estimate that up to 20% of students need extra support and fall into Tier 2. The district did not initially have a systemwide Tier 2 approach, so the leadership team asked Joy Schofield, a veteran teacher and licensed clinical social worker, to develop one.

Schofield thoroughly reviewed the research literature and concluded that teaching students the resiliency skills of self-regulation and healthy relationship strategies was an effective solution to address widespread student needs in a consistent and scalable way. Dialectical Skills Groups was developed using techniques from cognitive behavioral and dialectical behavioral therapies. DSGs focus on skill-building rather than therapeutic intervention.

Launched in 2020, DSGs teach middle and high school students essential skills for their life readiness toolkit, equipping them to manage emotions, build positive relationships, and work productively in school and out. The curriculum is comprised of four topics:

- Mindfulness: the skill of paying attention to one's thoughts, feelings, body sensations, and behavioral urges—responding thoughtfully to experiences rather than reacting emotionally
- Distress Tolerance: the skill of handling emotional distress through positive coping strategies
- Emotion Regulation: the skill of controlling thoughts, feelings, and behaviors
- Interpersonal Effectiveness: the skill of developing healthy relationship skills including strong communication, empathy, and problem solving capabilities

“I’ve seen (students) better able to stop in the moment when they’re experiencing those strong feelings like anger... pause and think about what’s really going on. And it causes them to change their behavior because they realize, ‘Okay, that’s a thinking mistake. It’s not really happening. That’s the story in my head, so I’m not going to blow up at this student.’”

**-CARING ADULTS SKILLS INSTRUCTOR**

The DSG groups, available in English and Spanish, meet weekly over a 10-week cycle and are made up of six to eight students. Group meetings are held during the school day, but their times vary so students do not miss the same class repeatedly. The groups are led by Caring Adult Skills Instructors or CASIs, a position created to facilitate the groups and initially funded with federal pandemic relief funds. The district has four full-time equivalent CASI positions, consisting of both full-time and part-time roles. Most CASIs are former teachers or counselors. Each CASI runs three cycles a year. Full-time CASIs run 16 DSGs during each cycle. In addition, one counselor at each middle and high school is a trained DSG facilitator and runs groups three times a year. DSGs are also offered in person to employees at the school level and are available virtually to all participants in the district’s Wellness Program.

At the district level, the CASIs are supported by Schofield, now the Dialectical Skills Group



Coordinator. She designed a comprehensive training program all facilitators complete, meets virtually with them weekly, and provides ongoing assistance. She also runs several groups a year.

Regarding group make-up, DSGs consist of students of similar age and can be organized by gender or mixed-gender groups. As these are skill-building groups rather than therapy sessions, the focus is on teaching coping strategies and emotional regulation techniques, without addressing the underlying causes of a student's dysregulation. Regardless of the reasons for dysregulation, the same set of skills is applicable.

Staff emphasize that DSG groups serve all students, regardless of background or circumstances, as every student encounters challenging situations. Students can ask to join a group or are recommended by staff.

Educators in Hall County report the DSG groups are making a difference. They see positive changes in student behavior, including less reactive decisions and improved peer relationships. Some students who completed a group have encouraged their friends to participate, and a few have asked to repeat it. Teachers at one school asked their CASI to facilitate a DSG group for staff, which she did. Schofield led a group for parents to help build their skills and strengthen their relationships with their children. The district administers pre- and post-tests to all students in the skills classes, and the growth in their knowledge of the strategies has been striking.

Byars, the director of student support services, concluded elementary students would also benefit from learning how to manage their feelings. District staff drew on the DSG curriculum to create age-appropriate lessons to help younger students develop emotional regulation skills. The lessons are delivered by school counselors.

More recently, the district added another Tier 2 intervention: check-ins & check-outs. Students who need additional behavioral support check in every morning with a designated adult—often a school counselor or administrator—to set a goal for the day and discuss how to achieve the goal. At the end of the day, students check out to discuss how the day went, celebrate progress, and consider different options if they made poor

decisions.

In addition to these systemwide strategies, counselors across the district offer one-on-one counseling and small groups as they see needs emerge among students.

Driven in part by grant timelines, the district moved quickly to implement these changes and encountered a few bumps along the way. One was adjusting school counselors' workloads, particularly those in high schools. In addition to providing mental health supports, high school counselors assist students with course selection, college and career exploration and planning, college and dual enrollment applications and more. They were stretched thin, and adding DSG groups and Sources of Strength threatened to overwhelm them. Byars did a time use study to understand how their time was allocated to different tasks. Based on the study's results, the district added several days to counselors' contracts so they would have more time for planning and professional development. They also added half-time counselors at all high schools to cover some tasks.

### ***Tier 3: Interventions from External Mental Health Clinicians***

Some students have mental health needs that are beyond the expertise and capacity of the district to address. They need interventions from external mental health clinicians. District leaders estimate that about 3 to 5% of Hall County students require Tier 3 support.

The district had partnerships with several external mental health providers through the Apex Program when Byars became director of student services. At that time, if a school counselor determined a student needed assistance from an external provider, the counselor was responsible for finding an external counselor, following up with the student's parents to encourage them to engage the counselor, assisting with insurance, and more. This consumed a significant amount of school counselors' time, reducing their ability to deliver Tier 1 and 2 supports. Byars also found there were not clear expectations between the district and several external providers or a way to ensure expectations were met.

The district was able to address these issues when it won a [Project Aware](#) grant from the Georgia Department of Education in 2020. The district used the grant to create two positions: a Tier 3 mental health coordinator and Tier 3 mental health advocate. Now, when a student is identified as needing external assistance, the mental health coordinator carries out tasks that previously fell on school counselors.

The coordinator also focuses on building strong relationships with external providers. The district now has a network of more than 20 external providers, expanding access to mental health care for students.

The Tier 3 mental health advocate assists students in crisis who need residential care. She helps students and families navigate the hospitalization process and offers guidance to families on how they can support their children during this period. The advocate brings together parents, counselors, and school administrators to develop a plan to help the student transition back to school and monitors implementation of the plan to ensure the student is effectively supported.

## **HENRY COUNTY SCHOOLS**

Henry County Schools serves more than 43,000 students across 52 schools and three academies. Its student population is diverse: 63% are Black, 16% white, 13% Hispanic, 6% multi-racial, and 3% Asian. More than two thirds (67%) of students are economically disadvantaged.

### ***Propelling Change in Henry County Schools***

In summer 2019, the Henry County Board of Education launched a year-long strategic planning process to set goals for the district and design a path to achieve them. The planning process incorporated extensive community engagement, including surveys, school council meetings, faculty meetings, townhall meetings and more. Student mental health and wellness emerged as a critical issue for both internal and external stakeholders and was included in the district's community-inspired strategic plan.

Then COVID-19 hit. Student mental health and wellness needs worsened during the upheaval of spring 2020 and persisted through the following school year. Many students struggled to engage in learning, and some simply stopped coming to school. Henry County Schools' leadership team recognized it had to address students' mental health and wellness needs so that they could effectively respond to students' academic needs and accelerate learning.

District leadership also saw escalating mental health needs among staff, who were coping with their own pandemic-related issues and risked burnout as they juggled the instructional and safety challenges of the pandemic. Parents, community members, and staff echoed these concerns when district leaders gathered their input on plans to help students recover from the pandemic.

District leaders believed adding a new program would not resolve these challenges. They knew they needed a systemic approach to address mental health and wellness needs and cultivate a positive school environment. Guided by the community-inspired strategic plan, then-Superintendent Mary Elizabeth Davis designed a student and staff support system to reach this goal. The system has five key components:

- Mental health and wellness facilitators
- CARE teams
- HenryCARES check-ins
- Increased staff capacity to support wellness
- Positive school climate

District leadership also created the Department of Mental Health and Wellness to help schools implement the support system. The new support system was included in the district's strategic plan with strong backing from the school board.

### ***Mental Health and Wellness Facilitator: Centerpiece of the Support System***

Building off Henry County Schools' core belief that all learning environments should be supportive, safe, and secure, each school needed someone who could focus on

implementing the support system and provide direct assistance to students and staff. Schools had school counselors, social workers, college and career coaches and other staff addressing student mental health and well-being, but they were stretched thin fulfilling their core responsibilities. Principals were similarly strained, and district leaders did not want to add to their workload. The leadership team created a new position, mental health and wellness facilitator, to assume responsibility for filling gaps and elevating the district support system. Using federal pandemic relief funds, a mental health and wellness facilitator was hired in every school starting in the 2021-2022 school year.

The mental health and wellness facilitators lead implementation of the school-based, integrated student support system, which include:

- Building positive relationships with students, staff, and community members
- Helping to identify and provide referrals for students and staff who need mental health or other types of assistance
- Using data to guide decisions about supporting individual students and staff, classroom practices, and schoolwide wellness initiatives
- Delivering training and coaching to staff
- Designing and implementing strategies to foster positive school culture.

“When we brought in the mental health and wellness facilitator, that’s when we knew, this is what we’ve been missing. We’ve been missing someone who specializes in reaching these kids exactly where they are mentally and emotionally.”

**-SCHOOL ADMINISTRATOR**

Facilitators carry out these activities in different ways. They greet students in the morning and de-escalate those who arrive emotionally dysregulated. They check in with students working on individual behavior, attendance, or academic goals at the start of the day and check out with them at the end of the day to monitor progress and provide guidance. Facilitators observe and provide feedback to teachers trying new behavior management strategies. They run groups for students who need support in different areas including

healthy relationships, anxiety, grief and family changes. They teach calm-down strategies to students and host drop-in times when students and staff can stop in facilitators' offices to talk through a problem, be quiet for a few minutes, engage in a calming activity, or grab a snack.

In addition to activities such as these, facilitators have critical tasks when there is a disruptive behavioral incident at school: minimize disruption for the student involved, the teacher, and classmates and restore a positive learning environment as quickly as possible. Facilitators help de-escalate the behavior, debrief with the student who engaged in disruptive behavior to understand what triggered the behavior, and help the student identify better decisions they could make. They also debrief with teachers and, as feasible, monitor their classes if teachers need to step out to calm their emotions. If needed, facilitators also discuss the incident with classmates. With these interventions from facilitators, over 80% of students who engaged in disruptive behavior or dealt with elevated emotions returned class instead of missing instruction or going through the discipline cycle.

If a behavior incident results in a suspension, facilitators develop a plan of support with the student, his or her parents, the teacher, and administrators to help re-set the student-teacher relationship if needed and avoid repeating the incident. Facilitators are not involved in the discipline process, an exemption they support. They believe their involvement in the discipline process would create a barrier to engaging students involved in behavioral incidents. Instead, facilitators' focus is providing coping strategies and tools to mitigate emotional or behavior incidents.

With facilitators delivering multiple supports to students and coordinating tiered interventions for students who need extra help, counselors and social workers can spend more time assisting students with higher levels of need while focusing on core responsibilities. This includes one-on-one counseling and group sessions.

District staff works with administrators to build understanding of and generate support for facilitators' work. The district team developed a crosswalk to align the work of the entire school support system, clarifying key job responsibilities and shared ownership of

identified work. The team provided coaching and adjusted district strategies as the work evolved/matured.

### ***CARE Team: Leveraging Collective Action***

Every school has a CARE team—Caring Adult Responding Everyday. Each team is uniquely different based on school needs. Most teams are made up of the facilitator, school counselor(s), social worker, principal, attendance clerk and, at middle and high schools, the college and career readiness coach. CARE teams are led by facilitators, and their purpose is to identify students who have behavioral, attendance, or other challenges and develop a tailored response plan for each student.

Each CARE team creates a referral process to identify students who may need additional support. Referrals typically go to facilitators, who gather additional information and pull in members of the CARE team or other staff to determine and provide the appropriate support strategies for the student. CARE teams meet at least once a month though many meet more often to review the status of each student who has been referred, ensure interventions are delivered, and adjust them as needed. Team members reported communicating frequently between meetings to update each other on developments with students.

CARE team members described the value of doing this work collectively. Working alone, they could miss students who need extra help or lack full information about their circumstances. A social worker explained that some students avoid her because they believe she is from a state agency but will seek out the facilitator when they need help. A counselor in a large school noted that she does not always have an opportunity to know each student well, and the facilitator helps fill that gap. Their combined connections to and knowledge of students help team members identify students who need help more quickly and create effective interventions for them.

### ***HenryCARES Check-In: Data-Driven Decisions***

The district created the HenryCARES Check-In process to better understand student and

staff wellness needs. The check-in is a short survey given twice a year to both groups. The tool measures their perceptions of school, sense of belonging, and, for students, access to a caring adult or friend.

Facilitators, CARE teams, school leaders, and district teams dig deep into the data to understand student and staff needs. A first goal is to identify any student who needs immediate support and provide it to them. Check-in data is also used to identify students who report they do not have a caring adult at school or any support structures. Facilitators help these students find a staff member they feel comfortable with who can be their caring adult if they need help.

“The HenryCARES survey has been invaluable. It gives us a look inside the minds of the kids, the staff, the administration, and the teachers... we build our goals at the beginning of the year based on (it).”

**-MENTAL HEALTH &  
WELLNESS FACILITATOR**

With their CARE teams, facilitators use check-in data to understand schoolwide concerns as well as needs emerging among groups of students and develop goals and action steps to meet them.

### ***Increased Staff Capacity to Support Wellness***

To ensure they have the knowledge and skills to understand and effectively respond to students’ mental health and wellness needs, the district provided training to all staff in trauma-informed practices and creating favorable conditions for learning. Facilitators continue to build staff knowledge and skills in these areas. Each month they provide professional development to staff at their schools on topics connected to mental health and well-being including de-escalation strategies, trauma, suicide prevention, and mindfulness and resiliency practices. They also deliver training on district professional development days.

Facilitators help teachers apply techniques they learn in training. They model techniques



in the classroom, observe teachers trying them, and provide actionable feedback. They collaborate with instructional coaches to help teachers integrate strategies to promote positive behavior with instructional strategies. One principal described how the facilitator at her school did so: “(She) jumped into PLC meetings to give teachers the tools they need. Half the meeting is about academics and unpacking data, and half is on different strategies they can use to build relationships and support positive behavior.” As teachers’ behavior and classroom management skills have grown, facilitators and counselors report teachers ask for help less frequently.

Teachers often turn to facilitators if they struggle with a particular issue and need one-on-one advice. Because facilitators are not involved in teacher evaluations, some teachers feel more comfortable seeking help from them than administrators.

### ***Positive School Climate***

Making each school a welcoming environment where students feel safe and connected to others was a priority for district leaders. The district developed an instructional framework called the Highly Effective Classroom that has three key pillars focused on instructional foundations, student engagement, and conditions for learning. The mental health and wellness facilitators help schools implement the conditions for learning pillar, which focuses on relationship-building, skills and mindsets, and a nurturing learning environment.

Facilitators also design and guide the implementation of school-specific strategies to promote a positive school culture. They draw on HenryCARES data as well as input from staff to develop their plans. As part of a broader effort to encourage relationship building, for example, one facilitator launched a “hello” campaign. Each day a different staff member distributed bracelets to students who said hello to them, but the students had to discover which staff person it was. Students had to greet staff members they may not have met and engage them in short conversations, a first step in building relationships.

Most facilitators set up wellness rooms where students can go if they need a quiet space. The rooms have comfortable furniture, dim lighting, tools to re-set emotions, and other

items to help students calm themselves. Some facilitators have set up similar spaces for teachers where they too can have a few minutes of quiet.

Facilitators also foster staff well-being through an array of strategies. One facilitator hosts Teacher Tuesdays when teachers can stop by her office for doughnuts, coffee and quick conversation before students arrive. Another gives teachers passes they can use when they need a short break, and the facilitator covers their class. One organizes social events outside of school. Another facilitator leads staff through trust building exercises during staff meetings.

Beyond organized activities, facilitators described intentionally working to build positive relationships with each staff member in their schools. Their aim is to be a resource when teachers face a challenge, personal or professional, and to help teachers feel valued.

“The highest protective factor for basically every mental health issue is relationships. So I make sure that, one, I’m building relationships with our teachers, and, two, that they have positive relationships with each other.”

**-MENTAL HEALTH &  
WELLNESS FACILITATOR**

### ***District Support for Facilitators***

The district’s community-inspired strategic plan articulated the core beliefs and priority student outcomes that paved the way for creation of the Department of Mental Health and Wellness, which has a director and two wellness specialists who support facilitators. A top focus for department staff is to build facilitator knowledge and skills through professional development.

Staff designed an onboarding process for new facilitators that includes a week of intensive training on mental health first aid, de-escalation, suicide protocols, behavior management, data analysis and other topics. They also provide training during monthly facilitator meetings. The district team surveys facilitators regularly and sets training topics based on challenges facilitators see emerging in their schools. The team also uses real-time data from district sources as well as data from the Georgia Student Health Survey and other

relevant sources to determine training topics. Through this intensive training, facilitators develop deep knowledge in critical mental health and wellness issues, which they redeliver in staff trainings at their schools.

District staff pair new facilitators with more experienced ones who mentor them. Staff also provide one-on-one support, such as coaching, and make sure facilitators have the resources they need.

The district team actively monitors and refines implementation strategies to ensure effectiveness. During the first year of implementation, some uncertainty emerged regarding the distinct roles of facilitators, school counselors, and social workers, which initially led to confusion and occasional friction within CARE teams. In response, the district swiftly developed clear role descriptions, providing much-needed clarity and strengthening collaboration among team members.

Similarly, the district recognized that some principals, who are responsible for hiring facilitators, needed additional guidance on the role and the key skills required. To address this, the team created targeted resources to support principals in selecting facilitators who best fit their school's needs, ensuring a more informed and effective hiring process.

## RECOMMENDATIONS

There is a growing expectation that school districts need to deliver mental health and wellness services to students and provide access to external mental health providers when needed. Student need for these services is climbing, and fulfilling this expectation is a significant expansion of districts' responsibilities. This expansion reaches beyond delivering high quality instruction and fostering academic success.

Dublin City Schools, Hall County Schools, and Henry County Schools reveal what is possible to provide to students with commitment, responsive design, careful implementation, and resources. As the leader of one district's mental health team said, "We are the arms and legs for instruction... Let us build the foundation for learning." The Georgia Partnership did not set out to find a precise roadmap to build a

comprehensive student support system. Instead, this case study examines how each district forged its own approach to supporting student mental health and well-being. Their experiences, however, point to action steps state and local policymakers can take to accelerate the adoption of integrated student support strategies in other districts across Georgia.

1. ***Fund school counselors, social workers, and psychologists at recommended ratios.*** To ensure schools have adequate mental health staff to provide the support students require, state lawmakers should develop and fund a five-year plan to reduce current funding ratios to recommended levels: one school counselor per 250 students, one social worker per 250 students, and one psychologist per 500 students.
2. ***Increase funding for the Georgia Apex Program.*** The Apex program provides vital access to mental health counseling and other interventions for students who need the highest level of support. The program serves approximately 735 schools or about 33%.<sup>15</sup> Lawmakers should increase funding for the Apex program to ensure students with the greatest mental health needs can access the care they require from external mental health providers.
3. ***Establish and fund a district-level mental health coordinator to coordinate and support delivery of student support services.*** Districts are increasingly responsible for connecting students to external mental health providers and supporting them through that process. To ensure they can do so without adding to the workload of school counselors, social workers, or psychologists, the state should fund a new position, mental health coordinator, for all districts.

Lawmakers approved a similar position, student advocacy specialist, in comprehensive [school safety legislation](#) during the 2025 legislative session. The legislation, [HB 268](#), outlines responsibilities for the student advocacy specialist including coordinating districts' efforts to identify and facilitate interventions for students with or at risk for mental health concerns as well as coordinating, evaluating, and reporting on Tier 1 and Tier 2 programs and materials as well as participating in state agency meetings on school safety and student behavioral health. Under the legislation, the state will cover

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15 Voices for Georgia's Children. (2025). Whole Child Primer. [https://024d2608-0225-4a65-9e75-25d868da6eb4.usrfiles.com/ugd/024d26\\_c5293093ebcd4aef953bf369979b14d6.pdf](https://024d2608-0225-4a65-9e75-25d868da6eb4.usrfiles.com/ugd/024d26_c5293093ebcd4aef953bf369979b14d6.pdf)

the beginning salary and benefits of specialists.

**4. *Increase funding for professional development in the Quality Basic Education formula.***

High quality training is essential for educators to identify student mental health needs, effectively respond to them, and foster a positive classroom climate. All educators who interact with students, including paraprofessionals and those in non-teaching positions such as bus drivers and nurses, would benefit from this training. Lawmakers downsized professional development funding under the Quality Basic Education formula in 2003 and again in 2014.<sup>16</sup> Funding for professional development in the Quality Basic Education (QBE) formula should be increased to ensure all districts can provide high quality training including mental health awareness, mental health first aid, trauma-informed practices, and suicide prevention.

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<sup>16</sup> Under the QBE formula, professional development funding is calculated as a percentage—currently 0.9%—of the state base teacher salary. The percentage had been 1.5% until FY 2003 when the General Assembly reduced it to 1%. Lawmakers lowered it to the existing level in FY 2014.



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