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MCH Innovations Database Practice Summary & Implementation Guidance

Gizmo Initiative

The Gizmo Initiative takes an upstream approach to support the mental health and wellness of youth through its book for youth (Gizmo's Pawesome Guide to Mental Health©), accompanying elementary school curriculum, and website filled with resources and activities for youth and adults, alike.



Location

Connecticut



Topic Area

Mental Health/ Substance Use



Setting

Community



Population Focus

Child Health



NPM

N/A



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Section 1: Practice Summary

PRACTICE DESCRIPTION

The Gizmo Guide and Curriculum

*Gizmo's Pawesome Guide to Mental Health*¹ introduces mental health and wellness to children and teaches them skills to care for their own mental health. The Guide and accompanying Curriculum are data-driven and evidence-informed in providing an upstream approach to support young people's mental health and wellness. The Guide's message is child-friendly, presented by Gizmo, an adorable little K-9 First Responder and Therapy Dog who lives in Manchester, Connecticut, and serves as the mascot for the Connecticut Suicide Prevention Campaign.

Gizmo brings this important mental health education to children in a way that they find welcoming, engaging, and fun. Gizmo helps kids learn how to self-identify warning signs and when to use their healthy coping strategies to reduce risk. Gizmo introduces the characteristics of trusted adults, how to identify them, and how to connect and communicate with the trusted adults in their lives, since research is clear that ability to connect with trusted adults is an important protective factor for children. Through the Gizmo materials, kids learn to create a personal mental health action plan they can use every day and that can help them avert crisis in a time of need.

Connecticut partners, including the United Way of Connecticut and multiple state of Connecticut agencies, worked together as a team to develop the Gizmo initiative in response to a critical youth suicide prevention and mental health promotion gap evidenced by Connecticut's own data. Team members realized there was an urgent need to support youth mental health literacy and social emotional learning in our state. Gizmo uses the evidence-based "Safety Plan"² as the framework and draws on the real-world experience and practical ideas of Connecticut professionals across the education and mental health spectrum who contributed to Gizmo's development. 24 Connecticut school systems have implemented or are preparing to implement Gizmo as of early 2022.

The Gizmo Guide and Curriculum introduce mental health knowledge and skills at an early age with the hope that kids can build strength and resiliency they'll keep and apply for a lifetime to stay healthy and safe.

CORE COMPONENTS & PRACTICE ACTIVITIES

This is a fun, flexible, turn-key curriculum for elementary youth that introduces the Gizmo's Pawesome Guide to Mental Health using an animated Power Point of the Guide, Implementer discussion guide, and required and optional activities for youth. It may be implemented in various settings, such as public, private, parochial, and therapeutic schools, as well as treatment locations, camps, and before or after school programs.

¹ Copyright © 2017 All rights reserved.

² Stanley and Brown, 2012 Stanley, B. & Brown, G. K. (2012).

Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice*, 19, 256-264.
http://suicidesafetyplan.com/uploads/Safety_Planning_-_Cog_Beh_Practice.pdf



The curriculum strives to help youth, their trusted adults, and the settings in which they live support their mental health and social emotional learning and create a greater sense of individual and community connectedness thereby strengthening their mental wellness and reducing their risk of many negative health outcomes, but most importantly poor mental health and suicide. The materials introduce mental health and wellness knowledge and skills, including: 1. What is mental health; 2. Mental health is equally as important as physical health; 3. Daily activities that support mental health wellness; 4. How to identify when mental health needs attention; 5. Internal and external healthy coping strategies that support mental health; 6. How to identify and connect with trusted adults; and 7. Resources to share with trusted adults.

Prior to Curriculum Implementation, sites will need the following: 1) Policies, Procedures and Protocols: Site policies, procedures and protocols related to early identification (screening and assessment), referral, connections to care, and follow-up should be updated using state standards, legislation, and national best practice guidance, and should include suicide prevention, intervention, and response specifically. 2) Staff Gatekeeper Training: Because we do not know who youth will identify as their Trusted Adult to go to when they need help, it is crucial that all site staff from support staff to administrators and clinicians are trained at a minimum as Gatekeepers to recognize and respond to youth with mental health needs and who may also be at risk for suicide. A list of possible Gatekeeper trainings (for either mental health or suicide prevention) is listed on the website. 3) Attestation form: Before curriculum can be ordered, purchasers must submit an online Attestation form, affirming the Trusted Adults in their system have been trained in Gatekeeper Training.

Curriculum Kit: The kit is prepared for youth groups of 25 or less. The kit is made up of items that must be mailed, and others that are available online. The online portion includes a Self-directed Implementer Guidance overview. The curriculum is made up of 5 segments that may be implemented over a 50-minute period at once, or across multiple days for no more than two consecutive weeks. Costs is also associated with the kit \$300 per kit, including online materials and technical assistance.

For more information, go to <https://www.gizmo4mentalhealth.org/curriculum-preview/>

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Policies, Procedures and Protocols	Site policies, procedures and protocols related to early identification	Site policies, procedures and protocols related to early identification (screening and assessment), referral, connections to care, and follow-up should be updated using state standards, legislation, and national best practice guidance, and should include suicide prevention, intervention.
Staff Gatekeeper Training	Gatekeeper Training for Trusted Adult	Because we do not know who youth will identify as their Trusted Adult to go to when they need help, it is crucial that all site staff from support staff (i.e. administrative assistants, cafeteria workers, bus drivers, custodians) to administrators (i.e. Principals,



		Directors) and clinicians (i.e. Licensed, Certified) are trained at a minimum as Gatekeepers to recognize and respond to youth with mental health needs and who may be also be at risk for suicide.
Curriculum Kit	The kit is prepared for youth groups of 25 or less	The kit is made up of items that must be mailed, and others that are online - www.gizmo4mentalhealth.org/curriculum-sites Once a site has provided attestation of completed faculty/staff gatekeeper training, they will be granted access to the secured curriculum page
Time	Segments	The curriculum is made up of 5 segments that may be implemented over a 50-minute period at once, or across multiple days for no more than two consecutive weeks.
Cost	This is the cost associated with the curriculum	\$300 per kit, including online materials and technical assistance \$15 per individual supplement package containing enough materials for one youth.

HEALTH EQUITY

The practice promotes health equity by introducing the conversation of mental health in students regardless of ethnic background, gender, or socioeconomic background. The practice focuses on all students and tries to reduce the stigma around Mental Health. Also, our approach with Gizmo and his friends centers on any child being able to identify in some way with Gizmo and/or his friends... that the dogs have a universal appeal and connection.

Mental health has not received parity to physical health, including in terms of education in schools. School health education, especially for elementary youth, has completely lacked mental health equity and promotion. The elementary youth have been ignored as a population for mental health and suicide prevention in the context of mental health planning, and this curriculum addresses that.

Gizmo materials can be used with students in all educational settings and with students of all backgrounds. It's particularly important to make sure that schools in underserved areas have access to affordable, flexible tools like Gizmo. The Guide is translated into Spanish; plans are underway for the Curriculum to be available in Spanish by early 2023.



EVIDENCE OF EFFECTIVENESS

METHOD/APPROACH

The Gizmo's Pawesome Guide to Mental Health Elementary Curriculum was piloted in 2018-2020 with 20 schools in Connecticut. UConn Health (UCH) designed, implemented, analyzed, and reported on the findings. For a copy of the full evaluation report on *Gizmo's Pawesome Guide to Mental Health Elementary Curriculum (2020)*, please contact: <https://www.gizmo4mentalhealth.org/contact/>

Survey Administration. United Way of Connecticut distributed the survey links by directly emailing each pilot site coordinator. In instances where the site coordinators were not the ones who implemented the curriculum, the site coordinators forwarded the survey links to the appropriate individual(s). Emails to the site coordinators included a cover letter that described the survey, its purpose, estimated time requirement and links to the survey segments. Participants were informed that their participation in the survey was a requirement of the project and that they had to be 18 years or older to participate in the survey. United Way of Connecticut recorded the dates of the initial survey distribution and reminders, gave verbal reminders to the site coordinators during monthly grantee meetings, and sent email reminders to complete the survey as needed. For the Pilot Year, the survey links opened during spring semester 2019 and closed July 2019. For the Implementation Year, the survey links were active from November 2019 to July 2020. The electronic survey responses were stored in a secure database. Only the evaluation team members had access to individual survey responses. All data transmissions were encrypted, and data stored on UCH servers were password protected.

INSTRUMENT

There were two sets of surveys used for this evaluation: one for the Pilot Year and one for the Implementation Year. Feedback from the Pilot Year survey was used to improve the Implementation Year survey and eliminate unnecessary questions. The results presented in this report focus primarily on the Implementation Year. Results from the Pilot Year are included when the survey questions were worded identically or very similarly to those in the Implementation Year survey. For the Pilot Year, data collection surveys were created using SurveyGizmo an online survey tool. There were eight different surveys sent to sites participating in the pilot year. These surveys included a demographic form, a survey for each of the five segments of the curriculum, a Six Week Check-up survey, and an Overall Curriculum Survey. Questions for the surveys were in varied formats that included mostly multiple choice, some Likert scale, and open-ended write-in responses. Each of the curriculum segment surveys started with the same four questions: site name, grade level, how many youths were present for the segment, and what percent of the youth participated in the discussion. Segment 1 asked nine questions about pages 1-9 of the Gizmo book/curriculum that included an introduction to mental health a bingo activity. Segment 2 had 13 questions about pages 10-19 which focused on people and places that helped students feel good and included a word search activity. Segment 3 had 17 questions about pages 20-25 which instructed youth on ways to identify trusted adults and includes an activity to create Valentines to distribute to a trusted adult. Segment 4 had 11 questions about pages 26-29 regarding check-in slips and creating a mental health plan. Segment 5 had five questions about pages 30-38 on mindfulness and a coloring activity. The survey took approximately 20 minutes to complete according to the SurveyGizmo survey diagnostics. The Project Director and Project Manager reviewed and approved the survey and sampling approach prior to distribution.

In November 2019, the evaluation team revised the Pilot Years and created new surveys using SurveyMonkey, an online survey software.



OUTCOMES

Twenty (20) Connecticut schools worked with the development team to implement a two-year pilot implementation of the Gizmo materials (2018-2020). University of Connecticut Health completed an evaluation based on the pilot effort.³ Lessons learned and evaluation process provided a foundation for safety, effectiveness and fidelity.

Pilot implementation (Year 2: 2019-2020) engaged 640 young people. Key findings of this initial evaluation of the included:

- **318 of the youth reported that they used their mental health plan; this is 50% of the youth who were present at the six week follow-up** when the question was asked (Table 6.1). Of the youth who used their mental health plan, 76% used their plan at home and 18% used their mental health plan at school.
- **71 (45%) youth utilized their plan one time, 32 (20%) two times, 20 (13%) three times, and 35 (22%) four or more times.**
- **About 139 (11%) of the youth indicated they needed to talk to a trusted adult and of those, 92% received follow-up within 24 hours, 8% received follow-up beyond 24 hours.** All youth who indicated they needed to talk to a trusted adult were reported that they received follow-up. Approximately half of the respondents reported that onsite follow-up support was provided by teachers (57%), social workers (49%) or school mental health professionals (46%).
- **Ninety-one percent of faculty/staff** reported that displaying the trusted adult pin/sticker had a **very positive/positive impact on the school climate**.
- **Six (2%) youth were reported to require intervention and/or additional support** as a result of using their Mental Health Plan.

³ Evaluation Survey: Gizmo's Pawesome Guide to Mental Health Curriculum. Pilot and Implementation Year Results (November 2020). Dr. Sara Wakai, Ph.D., UConn Health, Farmington, CT.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

The Gizmo Development Team

Partners in the CT Suicide Advisory Board (the statewide suicide prevention coalition) developed Gizmo's Pawesome Guide to Mental Health ("the Guide") and released it in 2017 under the Connecticut Networks of Care for Suicide Prevention (NCSP) Initiative. A 2015-2020 Garrett Lee Smith youth suicide prevention grant funded by the federal Substance Abuse and Mental Health Services Administration and awarded to the CT Department of Mental Health and Addiction Services (DMHAS) provided funding for the effort. The NCSP grant is co-directed by DMHAS, and the CT Departments of Children and Families (DCF) and Public Health. Funding from the NCSP and the CT Children's Mental Health Block Grant under DCF provided the funding support to print the Guide. United Way of Connecticut provides the home for this initiative and provides implementation support to partners in Connecticut and beyond.

The Connecticut School Health Survey: Data Basis for Gizmo

The CT School Health Survey (CSHS, 2015 and 2017) helped drive decision making for creating an upstream mental health resource for elementary students. Two points in the CSHS stood out: 1) the linear increase in mental health needs among students from 2015 to 2017; and 2) clear indications that students had great difficulty expressing mental health needs. (<https://portal.ct.gov/dph/Health-Information-Systems--Reporting/Hisrhome/Connecticut-School-Health-Survey>)

The Gizmo team focused on the six primary take-aways from the CSHS, below.

CT School Health Survey 2017 of 9th-12th graders reflected the following:

- **Felt Sad or Hopeless: 26.9%** (more than 1 in 4) of students **felt so sad or hopeless** almost every day for two or more weeks in a row that they stopped doing some usual activities. (*Past 12 mos. Linear increase over 10 years from 22.8% in 2007, but no statistical change*) (31.5% US)
- **Adult support: 31%** (almost 1 in 3) of high school students reported that **they could not identify even one teacher or other adult** in their school to talk to if they have a problem.
- **Get the Help They Need When Feeling Sad, Empty, Hopeless, Angry, or Anxious: Only 24.5%** (about 1 in 4) of students most of the time or always **get the kind of help they need when they feel sad, empty, hopeless, angry, or anxious.** (*Statistical decrease since 2009 from 44%*)
- **Inflicted Self-Injury: 18.4%** (almost 1 in 5) of students **did something to purposely hurt themselves**, such as cutting or burning themselves on purpose, without wanting to die, one or more times during the past 12 months (i.e., inflicted self-injury).
- **Seriously Considered Attempting Suicide: 13.5%** (almost 1 in 7) of students **seriously considered attempting suicide** in the 12 months prior to the survey.

- **Attempted Suicide: 8.1%** (almost 1 in 12) of students **attempted suicide** one or more times in the 12 months prior to the survey.

Team members agreed that ***if we could bolster kids' skills and ability to manage these areas early, we could change the trajectory for these students and prevent mental health concerns in high school.*** The Team determined that an elementary school intervention could have the greatest potential to impact on the first three areas of concern listed above.

Developing Gizmo: Adorable Therapy Dog meets the Five-Point Safety Plan

Partners on the development team had decades of combined experience in fields that focus closely on mental health among youth (mental health, public health, education, social work). The team worked together to review multiple evidence-based curricula and reflected together on lessons learned through practical experience with parents, children, and school systems. In researching existing resources for school-age children, the team concluded that many social and emotional learning products were limited in terms of implementation features, time limitations, and costs.

In spring 2017, the Team met Gizmo and his handler at a suicide prevention event and witnessed the positive public response to the sweet little dog. At the same time, the team engaged resources including Joiner's Interpersonal Theory of Suicide. It proposes that a combination of internal and environmental factors impact suicidality, so addressing both is essential in mitigating the risk factors while increasing protective factors. The team combined this theory with knowledge that elementary school-age children have a greater understanding of self-efficacy by about 4th grade. At that age, they begin to realize there are things they can do that may affect their health and life, capacity and mortality. Understanding that this age group would be an appropriate target population for upstream mental health work, the team then identified the Brown & Stanley five-point safety plan, developed as an evidence-based tool for mental health crisis management, as a framework that could be modified for upstream promotion of children's mental health.

The team identified the goal of addressing primary risk factors to give children a better understanding of mental health and to provide them the tools to strengthen their own mental health, connect to adults that they can trust, and develop the vocabulary to express themselves. The materials developed needed to address risk factors for students, including lack of facility in identifying and connecting to trusted adults in their school and home/personal lives.

In developing the new Guide and curriculum, the team drew on lessons learned from other evidence-based suicide prevention efforts ("Signs of Suicide," middle school/high school) and injury prevention curricula ("Second Step," elementary school), taking into account recommended best practice strategies and protocols to ensure youth safety further to the guidance of SAMHSA (Substance Abuse and Mental Health Services Administration), the National Action Alliance for Suicide Prevention, the Suicide Prevention Resource Center, and the Zero Suicide approach.

The resulting Gizmo Guide, Curriculum and materials are upstream mental health promotion based on suicide prevention theory. Social emotional literacy and school climate can and should work together to positively impacts risk factors by increasing the protective factors. Gizmo helps build the social emotional literacy of children as a complement to other steps school leadership are taking across the state to build positive school climates.

Several education and mental health professionals shared activities they had created for the children as they went through the five segments in the Guide and provided valuable feedback through pilot implementations.

Practice Collaborators and Partners

Partner/Collaborator	How are they involved in decision-making throughout practice processes?	Does this stakeholder have lived experience/come from a community impacted by the practice?
<p>Six Voluntary Public Elementary Schools with 150 Students grades 1st-5th</p>	<p>The feasibility study was the first iteration of evaluating the curriculum and activities to determine the fundamental implementation needs such as supplies, time, technology, classroom set-up, staffing, and students' academic level. The data collection tools for the feasibility phase of the Gizmo evaluation were developed and administered by Department of Mental Health and Addiction Services (DMHAS). Results from the feasibility study were used to modify the curriculum and evaluation tools for use in the subsequent phases of the 2019-2020 evaluation.</p>	<p>The students may have lived experience, but it is difficult to tell due to offering the lessons to all students.</p>
<p>20 elementary school pilot sites Implementers of the curriculum included elementary school teachers, site coordinators, school psychologists, and high school students involved in a mentoring project.</p>	<p>These were individuals who presented the lessons and facilitated the discussions.</p>	<p>They may have lived experienced, but it is hard to tell due to the variation in those in the field.</p>
<p>Youth who participated in the program</p>	<p>These are individual who we presented the actual program, they participated throughout the various grade levels in the school systems.</p>	<p>Yes, they have lived experience as they are going through the program.</p>
<p>Evaluation Team</p>	<p>University of Connecticut (UConn) guided evaluation process. Have completed evaluation of this nature before. They have expertise in the implementation in</p>	<p>They have lived experience in terms of evaluation.</p>

	evaluating new programs and new initiatives.	
Book Advisors (from teachers, pediatricians, social workers, child psychologists, etc.)	Book advisors have a wide range of expertise.	Yes, they have lived experience as they are experts in the field.

REPLICATION

Gizmo has been replicated in other states and in tribal communities. Idaho completed a multi-county evaluation with the process. They are in their second year. They are completing an evaluation component and will share with the Gizmo Initiative team. Two other states are completing a pilot, Kentucky, and New Hampshire (in conjunction with the American Foundation for Suicide Prevention). They are going to open it up to the nation after they finish the pilot program. Several tribal nations are currently utilizing the book and Read-Along activity (<https://www.gizmo4mentalhealth.org/gizmo-read-along/>), and are considering ways to implement the curriculum.

We did not see the need to do adaptations that were completed for the replication.

INTERNAL CAPACITY

The Gizmo Curriculum is designed as a turn-key practice, with clear guidance provided through the Implementer Overview Guidance (self-directed PowerPoint slides) with related resources, and technical assistance available, as needed. Typically, those who support the implementation in a school setting or other site involve: site coordinator, curriculum implementer (depending on the size of the rollout, the site coordinator and implementer can be the same person), and mental health staff (school social worker, community counselor, etc.) who will provide the follow-up needed for the youth who indicate they would like to talk to someone. These mental health professionals would also help with making any needed referrals. The curriculum does not have to be implemented by a mental health professional or the teacher in the classroom, but certainly can be.

If this practice is intended to be rolled out in an elementary school, it is critical for the leadership to be fully aware and on board; this includes the Superintendent and Board of Education. The school's Principal is also a key member to engage and can endorse its rollout with parents. Many times youth have identified their Principal as one of their Trusted Adults in their lives.

Additional supports that help develop personnel capacity to support and/or deliver this practice include community supports, like Local Prevention Councils, community mental health professionals, parent organizations, and those who can provide the Gatekeeper trainings to the site staff/personnel.

PRACTICE TIMELINE

Curriculum implementation details are found in the previous Core Components and Practice Activities section. For more information on this practice's timeline and specific practice activities, please contact Heather Spada, United Way of CT directly at heather.spada@ctunitedway.org

PRACTICE COST

Practice cost details are found in the previous Core Components and Practice Activities section. For more information on the practice startup costs and budgets, please contact Heather Spada, United Way of CT at heather.spada@ctunitedway.org.

LESSONS LEARNED

Regarding the Elementary Curriculum, we have learned it takes time and trust to prepare the school/site system, but it is well worth that time. The mental health or suicide prevention Gatekeeper training of the adults in the system is a critical component to ensure the students have a supportive safety net. Also, the adults are equipped and more attuned to the climate of the school, as well as to the words, body language, and general mood of the students.

Another note around the Elementary Curriculum, the challenges we experienced in initial rollout timing, training of teachers and staff, and providing an overview to parents was addressed by creating a basic work plan or checklist of steps. This outlined the sequence of steps to be taken with a suggested timeframe and samples of resources. The Implementers found this idea very helpful and began to create their own tools to organize and unfold the materials and activities within the proper timeframe.

Much of what we do from year to year is influenced and improved by the feedback we receive. We have created a brief online experience survey for those who implement the curriculum to complete and give us general feedback.

NEXT STEPS

- Curriculum: Spanish version development and availability.
- Offer more online activities.
- Expanding the Mental Health Plan to middle school, high school, and adult versions.
- Posting Early Childhood resources on website (in partnership with the CT Office of Early Childhood).
- Creating Gizmo “carve out” resources or tool kits for mental health clinicians to use with school-age youth.
- Creating a “parent companion” guide to accompany the Gizmo Curriculum, so parents can have a fuller understanding of what their child is learning, as well as how they can support the learning at home together with their child.

Future planning:

- Develop an App for the Mental Health Plan.
- Depending on feedback, make revisions the Curriculum in 2-3 years.
- Depending on funding, update the website in 2 years.

RESOURCES PROVIDED

- <https://www.gizmo4mentalhealth.org/curriculum-preview/>
- <https://www.gizmo4mentalhealth.org/contact/> (to request Curriculum Pilot Evaluation full report)
- <https://www.gizmo4mentalhealth.org/gizmo-read-along/>
- <https://portal.ct.gov/dph/Health-Information-Systems--Reporting/Hisrhome/Connecticut-School-Health-Survey>

APPENDIX

- Evaluation Survey: Gizmo's Pawesome Guide to Mental Health Curriculum. Pilot and Implementation Year Results (November 2020). Dr. Sara Wakai, Ph.D., UConn Health, Farmington, CT.