

ESMH STRATEGIC PLANNING MEETING

GOALS FOR IMPROVING SUPPORT OF STUDENT MENTAL HEALTH IN SCHOOLS

February 27, 2017
DAYS INN - FLATWOODS, WV

FACILITATORS:

BARB BRADY, PH.D., SCHOOL COUNSELING COORDINATOR
WVDE OFFICE OF STUDENT & SCHOOL SUPPORTS

NIKKI TENNIS, DIRECTOR, OFFICE OF CHILDREN, YOUTH, AND FAMILIES
WVDHHR BUREAU FOR BEHAVIORAL HEALTH & HEALTH FACILITIES

Welcome and Today's Objectives

1. Review current efforts of the Expanded School Mental Health (ESMH) initiative.
2. Review key resources
3. Understand Challenges and Successes from the Field
4. Identify key goals for the ESMH Steering Team to address during 2017.

Introductions

State ESMH Executive Team

- Dr. Barb Brady, WVDE Lead
- Nikki Tennis, WVDHHR Lead
- Diana Bailey-Miller Mental Health First Aid (Project Aware)
- Jackie Payne – Project AWARE – State Coordinator
- Dr. Richard Crespo – MU Technical Assistance Center
- Tiffany Payne - MU Technical Assistance Center

Table Introductions - Introduce yourself to you table leader

Name, Organization/school, Role with Mental Health, How long have you been involved?

Table leader – *Introduce your table teams – using summary from table introductions*

Table Activities and Logistics

Seating arrangements

Roles

- Facilitator
- Note Taker
- Participants

Other Logistics

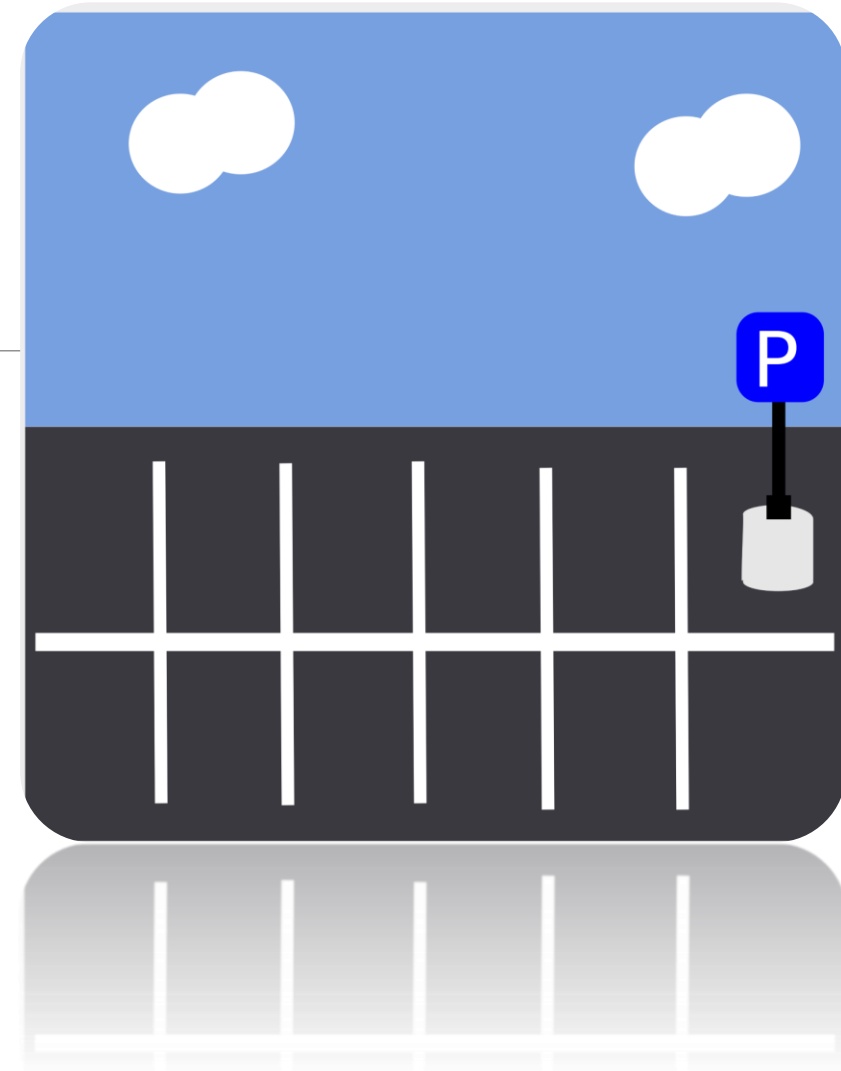
Dianna Bailey-Miller baileymiller@marshall.edu

MHFA Coordinator

Parking Lot

If ideas/topics come up that are not currently being discussed, please note on the designated parking lot area.

We will process undiscussed topics at the end of the day.



Vision



*Every student in WV will benefit
from a school environment that
supports social and emotional
well-being to achieve his/her
full potential.*

In your own words.....

What does *expanded school mental health (ESMH)* mean to you?

1. Individually, use sticky notes to describe what '*Expanded School Mental Health*' means to you (in your own words).
2. Share your descriptions with your group leader to develop a consensus statement (or list of agreements) describing ESMH.
3. Be prepared to report out using live survey.

Live Survey Questions & Participant Responses:

What does school mental health mean to you?

Providing behavioral health services and interventions to students in the school setting, and partnering with behavioral health and community members and agencies. This includes a tiered approach that could include interventions from a school counselor intervening to a mental referral that could lead to inpatient or outpatient services.

A collaborative community partnership that implements a three- tiered framework that addresses prevention and prevention and intervention to support mental health needs of all students.

A collaborative approach with strategic partners to create full access to behavioral health and clinical services through a three-tiered model of intervention.

ESMH is all stakeholders (families, schools, community agencies) collaborating to identify needs and provide prevention, intervention , & training through a multi Tiered approach in order to reduce student barriers to learning.

A proactive, coordinated multi tiered system of support between schools and communities to support mental health for all students

What does school mental health mean to you?

(continued)

ESMH is a multi tiered framework working with children and families within community and schools to improve access and increase understanding of students' overall well-being and behavioral health needs. It takes collaboration to provide students and families with appropriate mental health education and treatment.

A collaborative approach between schools, mental health providers and community resources to provide services a variety of level care in order to facilitate students growth.

The provision of mental health services within a tiered framework for at risk children and families who would otherwise have limited access to information and services to be successful in all domains.

Additional services provided by trained professionals from agencies outside of school district, but proved effective at school sites.

All right I'm gonna say it

A three tiered approach to service delivery for students and families to receive prevention, intervention, and individualized treatment through collaboration

Evidence based framework for developing a MTSS model within Schools to foster resilience and to address mental health needs of all students

ESMH State Steering Team

- ❑ **State steering team** meets 6 times per year
 - Lead by Executive Team (*WVDE Lead, WVDHHR Lead, MU Tech. Asst., Project Aware Leader*)
 - Subcommittee Goal Groups -
 - State Advisory Group for Project Aware
- ❑ Detailed work plan
- ❑ Grantee workshops/ TA calls
- ❑ Tools and resources: info briefs, video testimonials, website
- ❑ Evaluation system: improved attendance, reduced suspensions, reduction in juvenile justice cases
- ❑ Professional Development / Conference Strands
- ❑ Surveys/Communication

**WV Expanded School Mental Health Steering Team
2017**

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28 members

Representing
21 entities/agencies

Four Broad Goals

1. **INFRASTRUCTURE:** Refine and oversee the state ESMH steering team infrastructure.
2. **RESOURCE DEVELOPMENT:** Identify, develop and update protocols and best practices to ensure quality and fidelity of the WV Expanded School Mental Health model.
3. **COMMUNICATING WITH STAKEHOLDERS:** Implement a strategic communication plan that informs and engages cross-systems stakeholders to promote and support ESMH.
4. **EVALUATION:** Streamline an evaluation design and reporting process that informs funders and stakeholders about ESMH outcomes and progress.

The Lineage of ESMH in WV

2006

WVBHFF,
WVDE &
Marshall U
meet

2007

State Steering
Team Formed
Concept Paper
& Strategic Plan

2008

School Survey
Visited Exemplar
States
7 Planning Sites
Funded
MOU between
WVDE and DHHR-
BBH

2009

Pilot NASBHC
Mental Health
Capacity
Building

Planning grants
7 ESHM Pilots

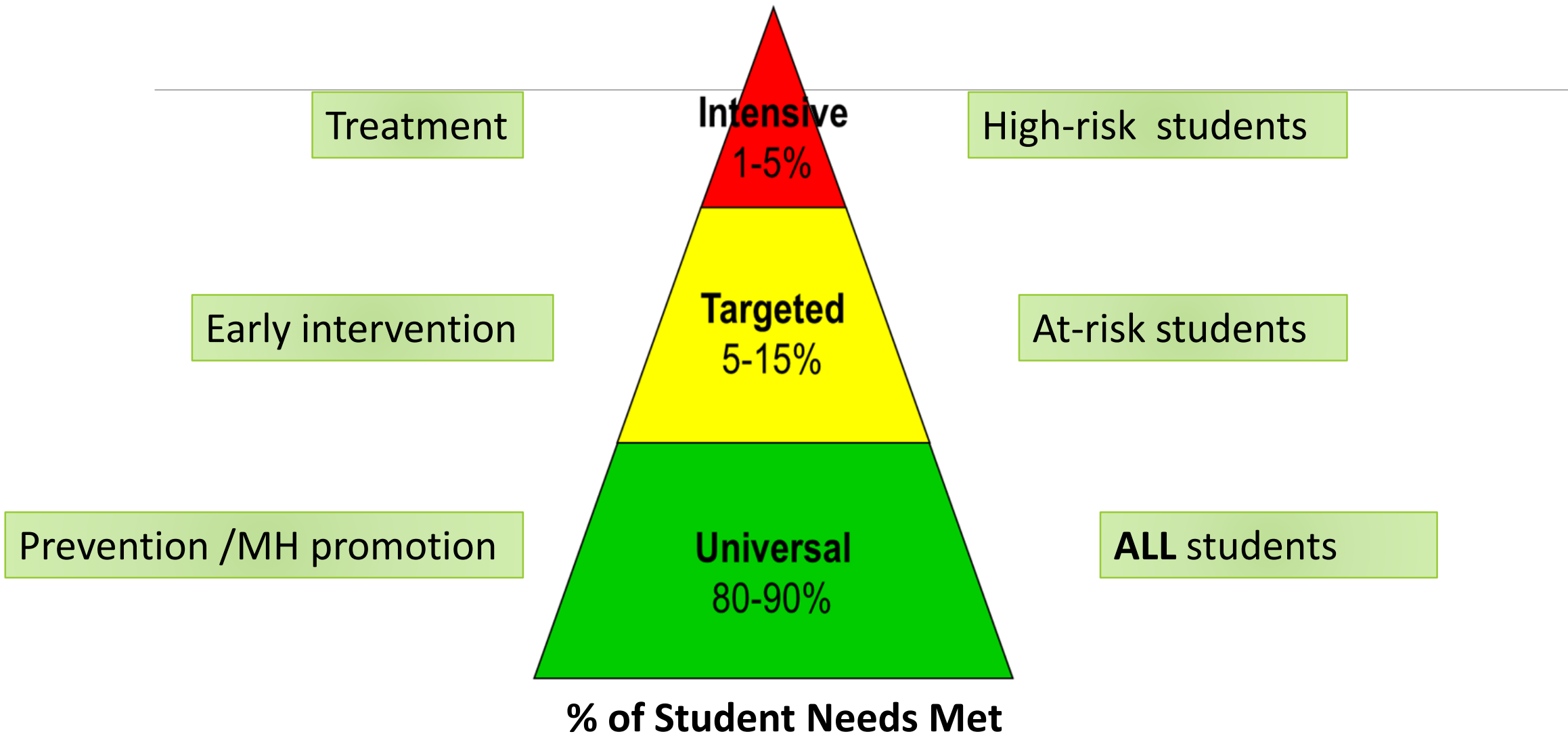
Joined IDEA
Partnership

2010-16

- ✓ ESMH Model for WV
- ✓ Info Briefs & Toolkits (updated Jan. 2017))
- ✓ 1st State conference - 2010
- ✓ ESMH Strand KidStrong Conference (2012)
- ✓ WVDE policies align with ESMH
- ✓ ESMH Protocol for School Counselors
- ✓ Innovation Zone Grants include ESMH focus
- ✓ Alternative School Pilots
- ✓ Community Schools approach
- ✓ School Crisis Prevention and Response Template
- ✓ Mental Health Crisis Plans
- ✓ Presentations at National SBMH Conf.
- ✓ Project AWARE Grant Management Team
- ✓ 40 ESMH Grantee sites



Multitiered System of Student Supports



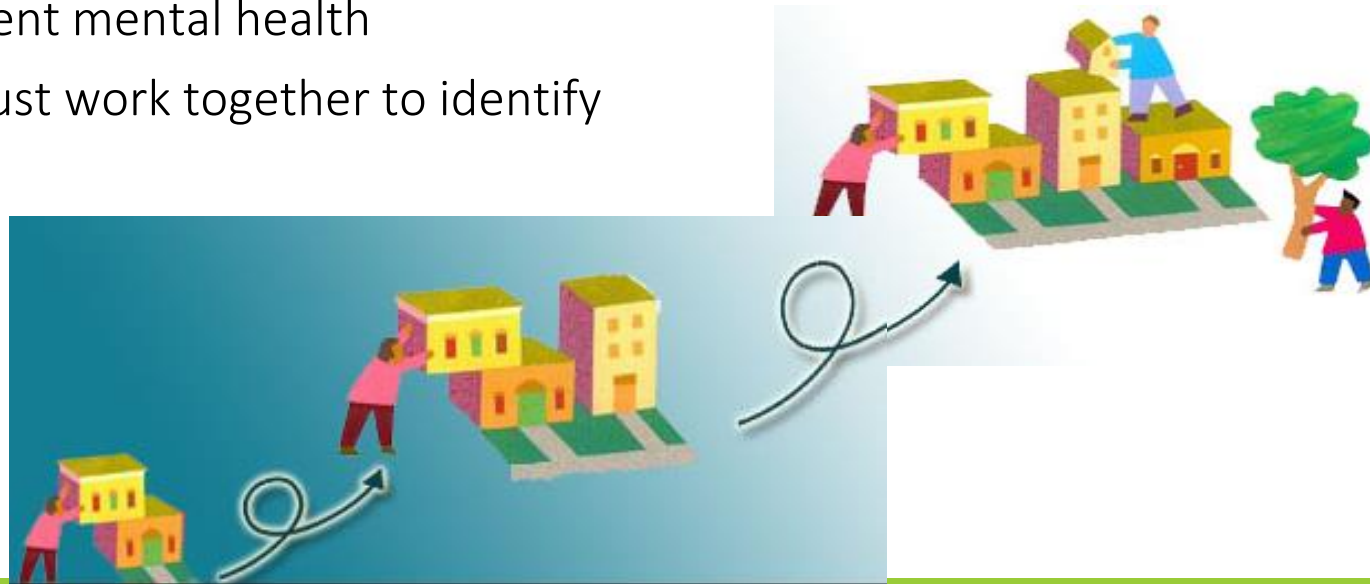
We agree... It takes a village

A cross-systems collaborative approach is critical to support WV students and improving emotional and behavioral health for academic success

- Schools and communities must work together for the education of our children
- A multitiered system of student support is needed that connects students, home, school and community
- Policies are in place to support student mental health
- Schools and community partners must work together to identify shared funding opportunities



West Virginia
Community Schools
Building community and school partnerships



Collaborative, Multitiered System of Student Supports (ESMH)

Internal Supports for Schools

Structures and systems within WV Schools

- that support the ESMH framework (*Examples: Comprehensive School Counseling Programs, SAT teams*)
- are required by or supported by WVDE Policies

It is a general expectation that these exist and aligned with best practices in all WV schools.

External Supports

Structures, systems and programs within the community, district, RESA and state

- that support schools in implementing a multi-tiered system of student supports.

Based on local needs and resources, schools collaborate with external stakeholders to support student mental health.

Collaborative, Multitiered System of Student Supports*

Internal Supports in Schools

Policy 2315 – Comprehensive School Counseling Program

Policy 2510

- ☐ Evidence and Standards-Based Advisory
- ☐ Integrated delivery of the WVSSS

Student Assistance Teams (SAT)

School Leadership Teams

Personalized Learning

Policy 4373- Positive Approach to Discipline

Early Warning System (ABC, Attendance, Behavior, Course failure)

Professional Development opportunities

External Supports

RESAs (Regional Educational Service Agencies)

DHHR BBHMF-supported services and supports

- ☐ Regional Lead Prevention Organizations
- ☐ Prevent Suicide WV/ASPEN
- ☐ ESMH Grants
- ☐ Regional Youth Service Centers

Community Behavioral Health Providers

School-Based Health Centers

WVATC Autism Center at Marshall University – Positive Behavioral Interventions and Supports (PBIS)

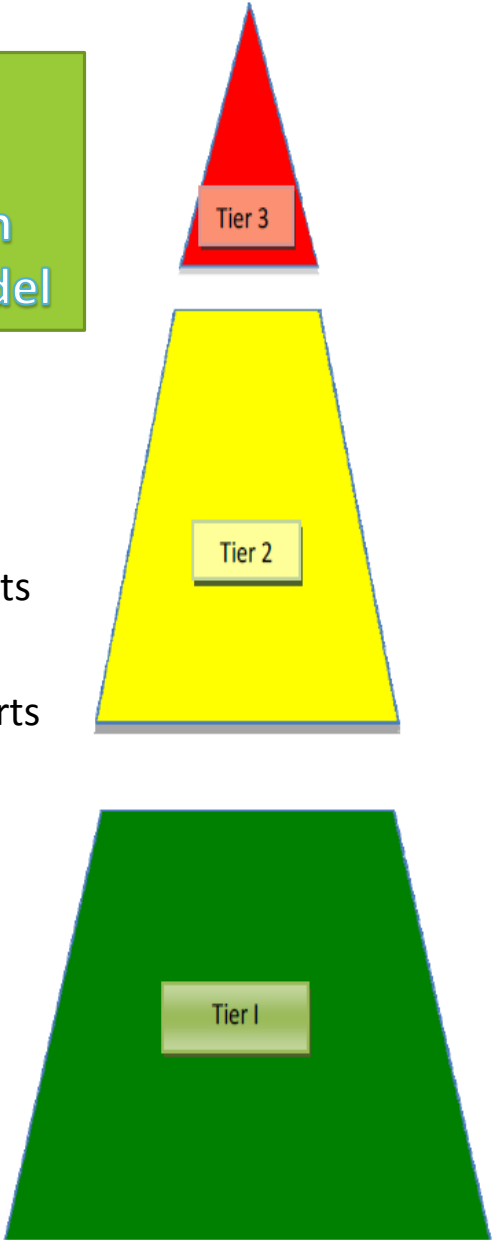
Marshall School Health Technical Assistance Center

Department of Rehabilitation Services

*These are examples and not exhaustive lists.

Sample Cross-systems programs and services within the WV ESMH Model

- Internal Supports
- External supports
- Either/Both



Tier 3 – Intensive: High Risk Students	
<ul style="list-style-type: none"> Specialized community/school groups Individualized counseling/therapy/treatment (i.e. Trauma Focused CBT, Rational Emotional Therapy, etc.) 	<ul style="list-style-type: none"> Systems for students with high-risk factors (MSDT, IEP, 504, behavior support plans) Tele-Health Services
Tier 2 – Targeted: At Risk Students	
<ul style="list-style-type: none"> SAT team referrals/development of student support/behavior plans 4373 Interventions, IEPs, 504s Systems for Students with at-risk behaviors *Regional Youth Service Centers *Prevent Suicide WV/ASPEN *School-based Diversions Positive Behaviors and Interventions (PBIS) Early Warning System (ABC, Attendance, Behavior, Course failure) Crisis Intervention/Response (Peer Support Programs (i.e. Conflict Mediation) 	<ul style="list-style-type: none"> Comprehensive School Counseling Programs <ul style="list-style-type: none"> Crisis Interventions/Response Plans (referrals/interventions) Student Supports Responsive Services Skill Building/Specialized Groups (social skills, anger management, substance abuse, etc.) Handle with Care Assessment & referrals (nurses, pro officers, staff, community partners etc.)
Tier 1 – Universal – ALL Students	
<ul style="list-style-type: none"> Early Warning System (ABC, Attendance, Behavior, Course failure) School-wide Student Advisory Support for Personalized Learning (SPL) *Prevent Suicide WV/ASPEN Jason Flatt Act (Suicide Prevention Training for school personnel and Universal prevention) HB 2535 Code (Jaime’s Law) Training for Students 4373 Dispositions/Expected Behaviors Best-practice Prevention Programs and Services (i.e. Too Good for Drugs, Signs of Suicide, PBIS, iLead, Second Step) Universal Screening (i.e. SOS, CRAFFT, Strengths & Difficulties, SBIRT) Positive School Climate/Culture 	<ul style="list-style-type: none"> Comprehensive School Counseling Programs <ul style="list-style-type: none"> Integrated Delivery of the WVSSS (Academic and Learning Development, Career and Life Planning, Personal and Social Development, Global Citizenship) Mental Health Crisis Prevention Plan Student Supports Universal referral system for counseling services, SAT, etc. Communities Schools Approach Community Engagement in Prevention Trauma Informed/Mental Health First Aid Training for Staff & Providers



Advancing Wellness and Resilience Education

“Now Is The Time” Grant

A \$9.7 million, five-year Substance Abuse and Mental Health Services Administration’s (SAMHSA) grant focusing on mental health needs of children, families and communities through the public school system in **Berkeley, McDowell, and Wood counties.**

WV ESMH Steering Team -State Advisory Team for Project AWARE

ESMH Integration into WVDE Policies

Policy 2315: Comprehensive School Counseling Programs

Policy 2510: *Assuring Quality of Education: Regulations for Education Programs*

Policy 2425: *Community Schools: Promoting Health, Safety, Well-Being and Academic Success of Students*

Policy 4373: *Expected Behavior in Safe and Supportive Schools*

ESMH Integration into WVDE Policies

Policy 2423: Health Promotion and Disease Prevention

Policy 2419: Regulations for the Education of Students with Exceptionalities

Policy 2322: Standards for High Quality Schools

Policy 2200: Parent, Family and Community Involvement in Education

Additional Collaborative, Multitiered System of Student Supports*

Policy 2425 – Community Schools

Project AWARE

Defending Childhood Initiative/Handle with Care

KidStrong Conference, June 21-23, 2017, Charleston Civic Center

<http://wvde.state.wv.us/forms/2017/kidstrong/vendor/>

Student Success Summit, July 26-27, 2017, Waterfront Place, Morgantown

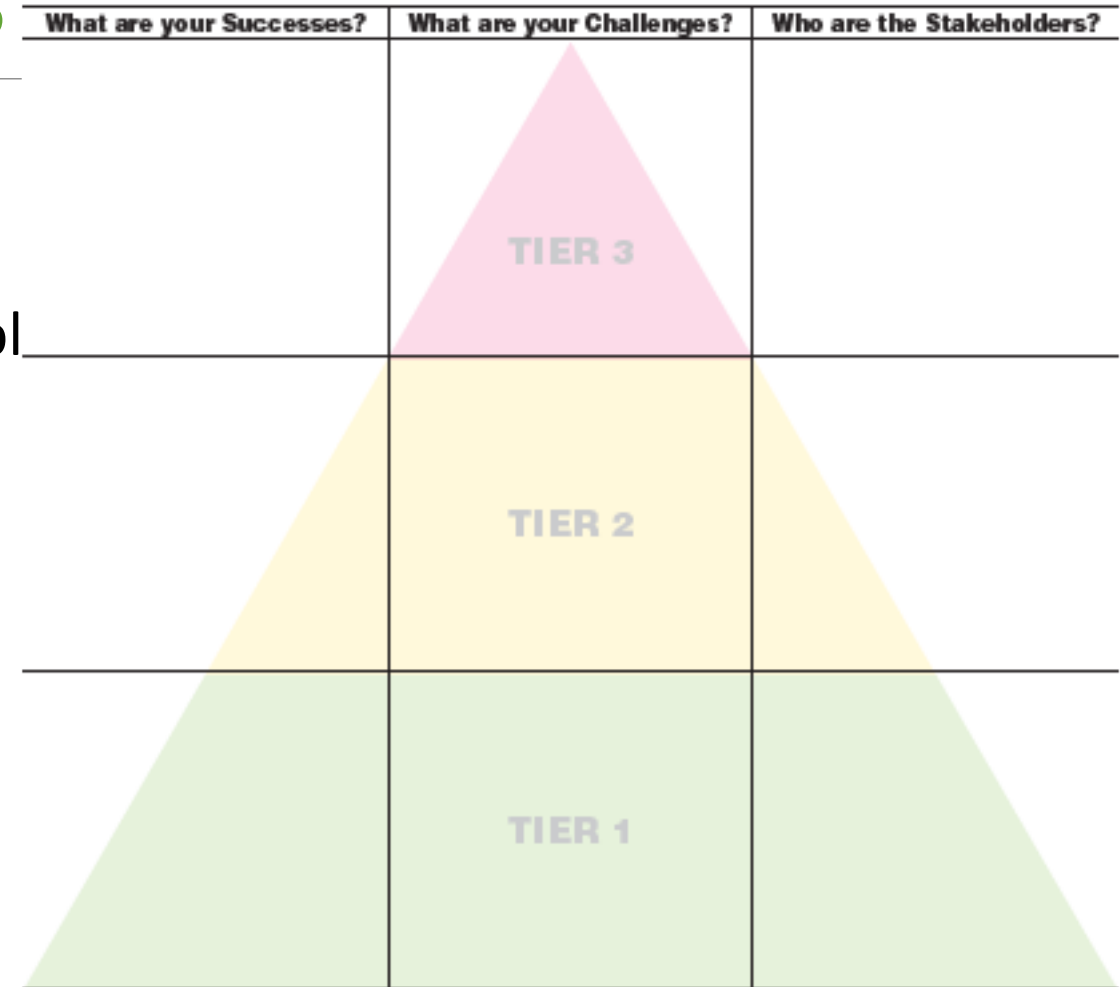
<http://cfwvconnect.com/student-success-summit/>

MENTAL HEALTH SERVICES THREE-TIER REFLECTION TOOL

Strengths and Successes

1. Using the tiered reflection tool, individually record strengths and successes at each tier.
 2. Discuss strengths and successes at your table.
- Be prepared to report out...

- **Common strengths and successes at each tier**
- **Common strengths and successes overall**



Live Survey Questions & Participant Responses:

What are your current strengths and successes at Tier 1 (Prevention)?

COMPREHENSIVE SCHOOL COUNSELING

Depression Screening , PBIS, Classroom guidance, Bright Bytes, STARS

increased linking with other partners

"Increase school and community collaboration - Community Care & is other community resources (universal screening support)- Health check"

school counselors providing regular developmental guidance

Comprehensive So

increased learning opportunities for students and teachers

Guidance counseling assistance, PBIS Teams, caring and trusting school environment, providing timely services, teen pregnancy & prevention healthy relationships, teaching expected behaviors and universal presentation (SOS)

What are your current strengths and successes at Tier 1 (Prevention)?

Continued 2 of 3

Renaissance programs

PATHS PROGRAM, PBIS, YMHFA, SAT Program, Ready Freddy,

Braxton County is a potential grantee. They have a health clinic through Community Care and some screening does occur through health providers. The county does use the Early Warning System for dropout prevention, so that could expand. Also, they do have a school counseling program as well.

Anti-Bullying programs

Increased buy-in, - Suicide Prevent, - Too good for drugs and violence

trauma and crisis intervention training

evidence based curriculum being used or people being trained to use it

Strong school counseling program, Second Step program in elementary school, PBIS in elementary school & middle school, beginnings of data-based decision making

What are your current strengths and successes at Tier 1 (Prevention)?

Continued 3 of 3

SBIRT screening

Training in: YMHFA, Sparks, Handle With Care, Trauma Informed Care, CPI

Suicide prevention

schools seeking funding

Evidence based program enthusiasm from teachers and willingness to participate

steering teams up & running

lots of buy in and support

ABC model

Staff trainings happening

Live Survey Questions & Participant Responses:

What are your current strengths and successes at Tier 2 (Early Intervention)?

Groups, Individual services, STARS, DRS

Identify academics, attendance and emotional needs, Too Good For Violence program, celebrating healthy choices, Upward Bound, Systematic referral

Positive Actions, Nurtured Heart, Too Good for Drugs,

SPL, PASS/mentoring programs, check in/check out,

Handle with Care Referral, SAT/YES, therapy dog

Evidence based curriculum purchased

Development of groups based on needs identified through Tier 1 screening

Handle with Care

Overall increase in buy-in and recognition and value of Tier 2 intervention in schools

Live Survey Questions & Participant Responses:

What are your current strengths and successes at Tier 3 (Intensive Intervention)?

Changes in school administration, which seems to be a huge step back at times.

abundance of referrals

Strong parole officer. County completes FBA's for IEPs and 504's. if mental health comes up in that process it is addresses.

strong referral tool

fund raising to help pay co pays

Easier accessibility to therapy

Individual counseling, Individual behavior plans, Individual crisis planning, group counseling, Vocational Rehab, juvenile drug court

But in with TFCBT and PCIT

What are your current strengths and successes at Tier 3 (Intensive Intervention)?

Continued 2 of 2

Services and Intakes, therapy, supportive crisis interventions, streamlined referral process from tier 2 to tier 3, collaborative with department of voc rehab for students to go to college or work force

Expanded services in schools for provision of mental health support

School based mental health services, TF-CBT, Drug Court,

Decreased stigma has resulted increased usage of Tier 3 services.

504, mountaineer challenge, psychiatric evaluations

Therapy

Successful collaboration with community based agencies

Referral for services

Live Survey Questions & Participant Responses:

What are your current strengths and successes overall?

Answered in previous questions

increased number of schools

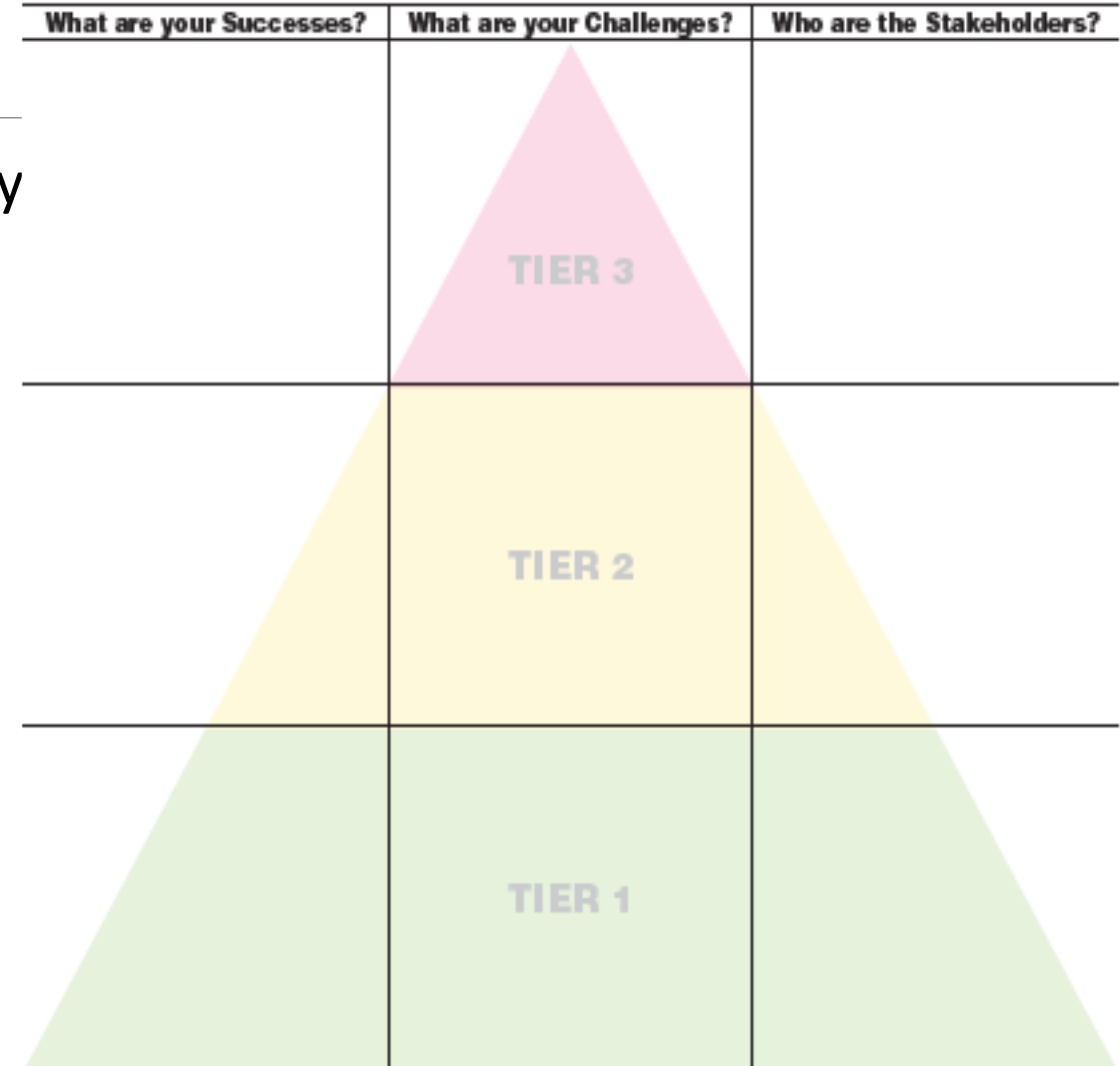
Challenges

1. Using the tiered reflection tool, individually record challenges at each tier.

2. Discuss challenges at your table...

Be prepared to report out...

- **Common challenges at each tier**
- **Common challenges overall**



Live Survey Questions & Participant Responses:

What are your current challenges in Tier 1 (prevention)?

lack of funding for YMHFA training in non pilot counties

many tier 1 curriculums are designed for teachers to present to students but they do not see this as their role

Not enough time, better communication around identified needs, lack of utilization of evidence based programs

there are not enough school counselors

Finding trained and certified school counselors. Geography can hinder who will come to the county. Funding, funding, funding. This county is not a grantee yet.

behaviors come from lots of places - resisting the temptation to over-use labels

What are your current challenges in Tier 1 (prevention)?

Continued 2 of 3

Funding, staff and support in rural areas, parent buy-in, stigma of mental health services, getting data from schools, secondary buy-in and communication with students that are identified as "at-risk".

lack of interest in school to receive training

Lack of strong and consistent Parent Engagement

never sees school counselor

Scheduling

Time for teacher/school staff trainings

Scheduling professional development

Continued lack of buy-in with critical leadership

What are your current challenges in Tier 1 (prevention)?

Continued 3 of 3

Classroom time

Developing consistent systems to deliver interventions with minimal disruption to the academic work.

Buy- in from school staff

Strong Communication

Lack of teacher buy in, difficult getting community buy in, need for capacity building

always putting out fires and not enough time to plan and invest in solutions

lack of human capital

Live Survey Questions & Participant Responses:

What are your current challenges in Tier 2 (early intervention)?

Manpower to run groups, data to make screening decisions, student missing academic time, large number of students needing Tier II services

Not enough Tier 2 interventions

Team Meeting Times for tier 2 services

Not enough space/private space

School understanding of services provided at Tier 2

Conflicts with scheduling in many different arenas

Teacher education with the early warning system and identification and referral to SAT and Mental health providers.

harder to find curriculum for use at this level

What are your current challenges in Tier 2 (early intervention)?

Continued 2 of 2

Buy-in, time,

Identifying groups, SAT team not used effectively and resources are limited.

access to services, particularly in rural areas

Buy in to referral and tracked my process

Finding time to provide Tier 2 intervention.

School wants agency to provide all the programming

enough time

Creating systems to identify students that need Tier 2 interventions.

Trained workforce

Live Survey Questions & Participant Responses:

What are your current challenges in Tier 3 (intensive intervention)?

teacher buy-in and limited class to pull from

services that do not stigmatize or label the student

Psychiatric referrals try to take counseling, lack of licensed providers to choose from, getting data from schools, teacher education on identifying mental health concerns and stigma of mental health services

Buy in from school administrators

HIPAA/FERPA challenges

teacher buy in to release students for services

What are your current challenges in Tier 3 (intensive intervention)?

Continued 2 of 2

Funding, appropriate paperwork for referrals, buy in from teachers and parents

Getting parental approval

Workforce

family interest in utilizing services

Difficulty getting families to be involved in Tier 3 interventions

Parent follow through for intake with providers

School calendar

Some continued stigma regarding Tier 3 interventions

Live Survey Questions & Participant Responses:

What are your current challenges overall?

Geography and limited number of providers.

data

Schools understanding that tier 1 is as important as tier 3 services. (Buy in and focus on tier 1)

Staff turnover

not enough clinicians

School and Community education about services available and procedures for attaining those services for students.

Transportation

Turnover

What are your current challenges overall?

Continued 2 of 2

Communication

FUNDING! Sustainability

Time

Leadership changes

Understanding the framework

Parent consent & involvement

Buy in, professional development time

Next up...

Dr. Richard Crespo

Professor and Director

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RC Byrd Center for Rural Health, Marshall University

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ESMH Stakeholder Survey Results

Survey Responses

- Most frequent responders were school counselors (29%) principals (25%) and community mental health providers (6%)
- 70% of respondents (188) were familiar with the website
- The most useful resources were:
 - Tool kits
 - Webinars
 - Mental health resources

Survey Responses... continued

- Specific mental health resources being used in “your” school:
 - WV Early Warning Access (BrightBytes)
 - ZoomWV for Educators – data collection
 - WV Department of Education Board policies
- Resources that respondents want to know more about:
 - WV System of Care – Family Engagement
 - Youth Mental Health First Aid
 - Center for Children’s Justice

Next up....

Jackie Payne

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Project Aware Overview/Update

NITT Center - School Mental Health Referral Pathways Toolkit



Advancing Wellness and Resilience Education

Now Is The Time – Project AWARE

Purpose of the grant is to expand the capacity of state education agencies (SEAs) and local education agencies (LEAs) in 3 demonstration counties: Berkeley, McDowell and Wood:

- Increase awareness of mental health issues among school-age youth
- Train school personnel and other adults who interact with school-age youth so they can detect and respond to mental health issues
- Connect children, youth, and families who may experience behavioral health issues with appropriate services



WV Project AWARE Goals:

1. Establish state and local infrastructure between schools, child serving systems/agencies and communities to ensure the health, wellness and resilience of West Virginia students.
2. Increase the number, quality, and range of appropriate services and programs focused on ensuring the physical, social and emotional well-being of all students.
3. Develop a plan for the replication, expansion and sustainability of NITT-AWARE beyond the grant period.



Project AWARE

Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.





Project
AWARE



School Mental Health Referral Pathways Toolkit

- Laying the Foundation
- Building Effective Partnerships
- Problem Solving To Promote Mental Health of Young People
- Cultural & Linguistic Considerations

Intensive Behavior Intervention Project

Nancy Cline, WVDE Coordinator

Office of Student and School Supports

nmcline@k12.wv.us

Intensive Behavior Intervention Project

- An interdisciplinary team
 - Developing guidance for counties and schools
 - Regarding research based best practices for students in need of intensive behavior interventions
- Intensive Behavior Interventions (Tier 3)
 - Addressing the needs of students who exhibit recurring problem behaviors
 - Mental Health Disorders
 - Neurological Disorders
- For more information
 - Nancy M. Cline, nmcline@k12.wv.us



Engaging Others / Improving Communication

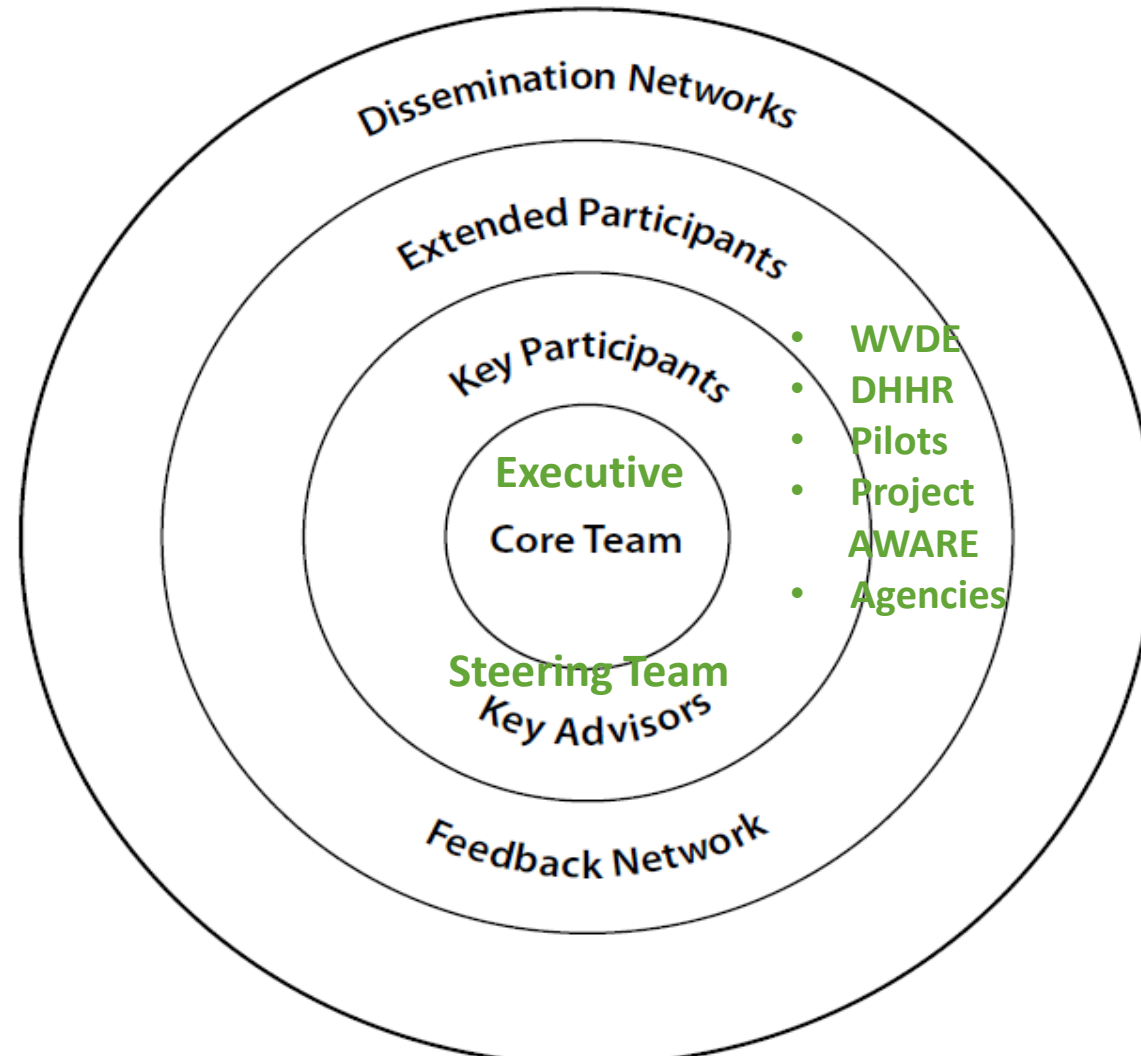
Answering this question permits leaders to think beyond their personal and/or professional role to develop a big picture of the issue in practice.

Identifying Stakeholders / Extending Our Network	
Who else cares about student mental health and why?	
Who Cares? [List by role, organization, position, etc.]	Why do they care? [Note their connection]

Expanding our Network

Who?

How?

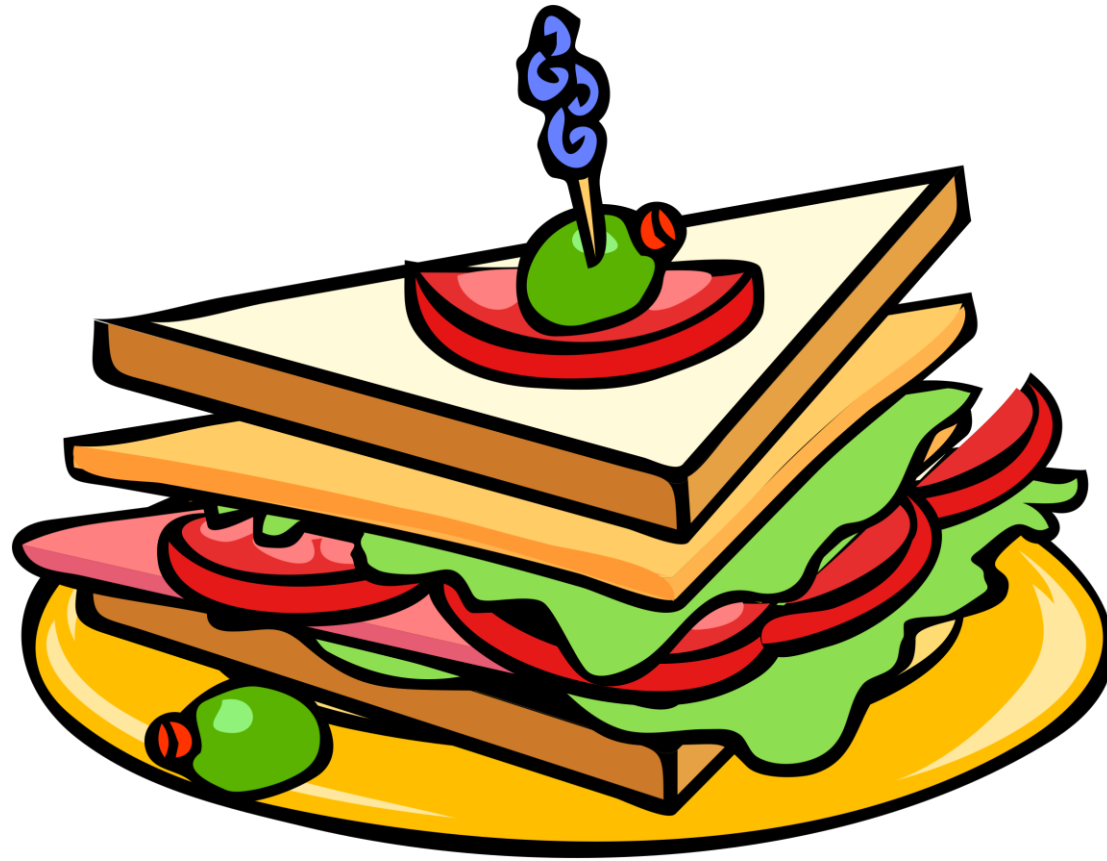


Dissemination Network

Table Activity: Draw two columns on flipchart, label (Who, How). Discuss who the ESMH Steering Team needs to disseminate information to support efforts to address student mental health. How would we Communicate? Organizational leaders? Newsletters? Listservs? advisory groups? Individual Names, Other?

Who?	How?
Example Contact Person Name/Organization	 Email address




LUNCH



MENTAL HEALTH SERVICES THREE-TIER REFLECTION TOOL

Stakeholders

Tiered Reflection Tool
Report Out – Live Survey

What are your Successes?	What are your Challenges?	Who are the Stakeholders?
	 TIER 3	
	 TIER 2	
	 TIER 1	

Website Review

WV School Mental Health

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MARSHALL UNIVERSITY SCHOOL HEALTH TECHNICAL ASSISTANCE CENTER



West Virginia School Health Technical Assistance Center

Marshall University School Health Technical Assistance Center

School Based Oral Health

School Based Health Centers

School Behavioral Health

<https://livewell.marshall.edu/mutac/>



West Virginia School Health Technical Assistance Center

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About School Mental Health in WV

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A jointly sponsored effort of the West Virginia Department of Education and the West Virginia Department of Health and Human Resources

“Expanded school mental health” refers to programs that build on core services typically provided by schools. Expanded School Mental Health is a framework that:

- includes the full continuum of prevention, early intervention and treatment
- serves all students
- emphasizes shared responsibility between schools and community mental health providers.

The WV ESMH Initiative is developing tools and resources for educators, behavioral health professionals, families and ESMH grantees. Together we can address the mental health needs of West Virginia’s students, and reduce barriers to learning.



West Virginia School Health Technical Assistance Center

Resources and Toolkits at

https://livewell.marshall.edu/mutac/?page_id=660

- ESMH Pilot site profiles
- Informational Briefs and One-pagers
- Resource Links
- ESMH Video
- ESMH Resource Guide

Mental Health Resource Links

DHHR/BBHfH Comprehensive Directory (clickable map by county)

<http://www.dhhr.wv.gov/bhhf/directory/Pages/default.aspx>

24 Hour Substance Abuse & Mental Health Referral & Outreach Call center 1.844.HELP4WV (435-7398)

www.HELP4WV.com

DHHR Suicide Prevention Resources for Schools <http://www.dhhr.wv.gov/bhhf/resources/Pages/Suicide.aspx>

Prevent Suicide WV www.PreventSuicideWV.org

Substance Free WV www.WVsubstancefree.org

WVDE School Counseling Website <http://wvde.state.wv.us/counselors/>

LINKS Student Advisory <http://wvde.state.wv.us/counselors/links/about.html>



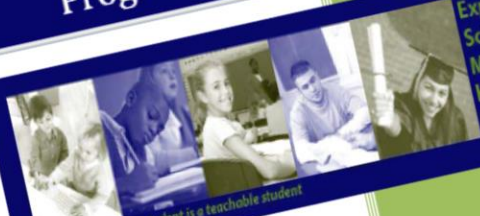
Expanded School Mental Health in West Virginia

WV School Health
Technical Assistance
Center
www.wvshtac.org

...because a healthy student is a teachable student

2011

Directory of School Mental Health Programs in West Virginia



Expanded
School
Mental
Health
in West Virginia

Prepared by the School Health
Technical Assistance Center at
Marshall University

www.wvshtac.org
For corrections, updates or more
information, please see contact
information at

West Virginia Expanded School Mental Health Initiative Issue 1 2010

INFORMATION BRIEF

A healthy student is a teachable student

There is clear and compelling evidence linking mental health and academic success. Significant barriers to learning, however, are often overlooked. Schools that proactively address these barriers are seeing improved academic outcomes.

Children in children's lives and environments must be able to be successful academically, socially, and emotionally. Non-academic barriers to learning can impede a student's ability to learn by not allowing them to be engaged or to make the most of their academic learning time. Non-academic barriers to learning include:

- Mental health barriers, such as depression and anxiety
- Exposure to violence, or repeated, long-term traumatic experiences
- Social-emotional barriers, such as poor impulse-control or anger management



Schools are often the only public facilities in rural areas, and a logical place for multiple agency and family collaborations for youth with complex mental, emotional and behavioral health challenges. Opening school doors to health care and mental health supports opens pathways to children's educational attainment and lifelong well-being.

Meeting the social and emotional needs of students prepares them to learn, increases their capacity to learn, and increases their motivation to learn. It also improves attendance, graduation rates, and reduces suspension, expulsion and grade retention.*

*Correlation for Academic, Social, and Emotional Learning (2003). State and School Social and Emotional Learning's Role in Enhancing Student and School Learning (2003). Program. (Chicago, IL: University of Chicago Press, 2003).

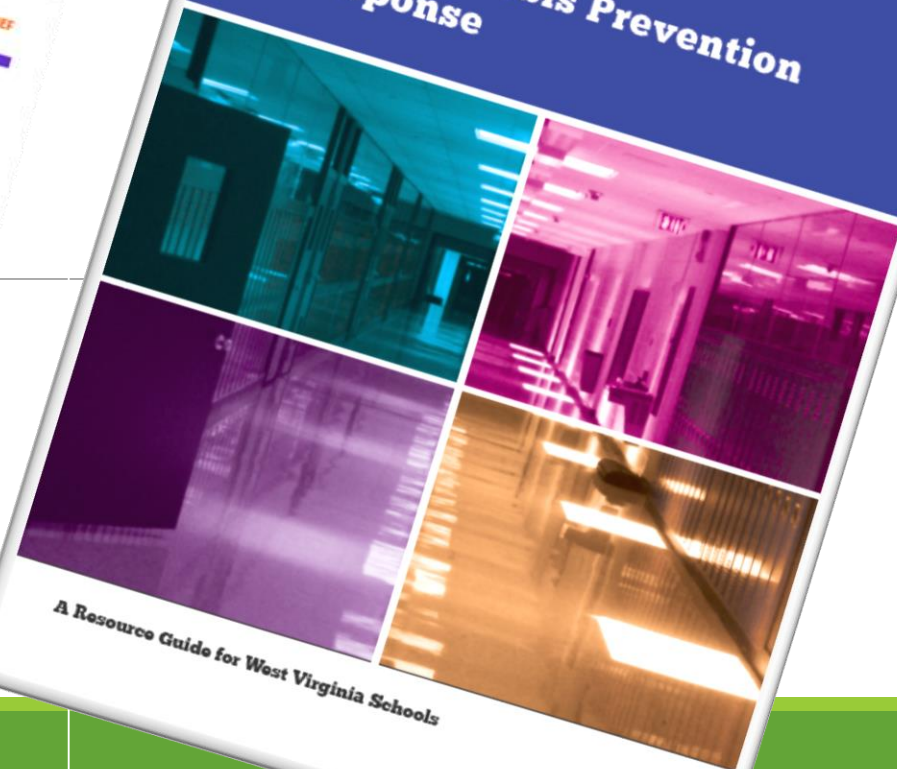
In order to address mental health problems early, we must reach children when they spend the majority of their time—in schools. Schools offer unparalleled access to students in order to address both academic and mental health needs, which are intricately related.

Children whose mental health problems are not addressed often fail in school.

- 21 percent of 9-17 year olds have a mental illness and 11 percent are "significantly limited" because of their illness. (American Youth Works Group, 2007)
- 2 out of 3 young people with mental health problems are not getting the help that they need. (NAMI, 2007)
- When compared with other states, the percentage of more days of school is significantly higher for West Virginia (9 percent) than the national average (5.2 percent). (U.S. Department of Education, 2007)
- 65 percent of students with an "emotional disturbance" drop out of school. (NAMI, 2007)
- In 2008, more than 6,500 West Virginia students failed to graduate; this translates into a loss of \$412 million from WV's economy by 2020. (West Virginia Department of Education, 2008)

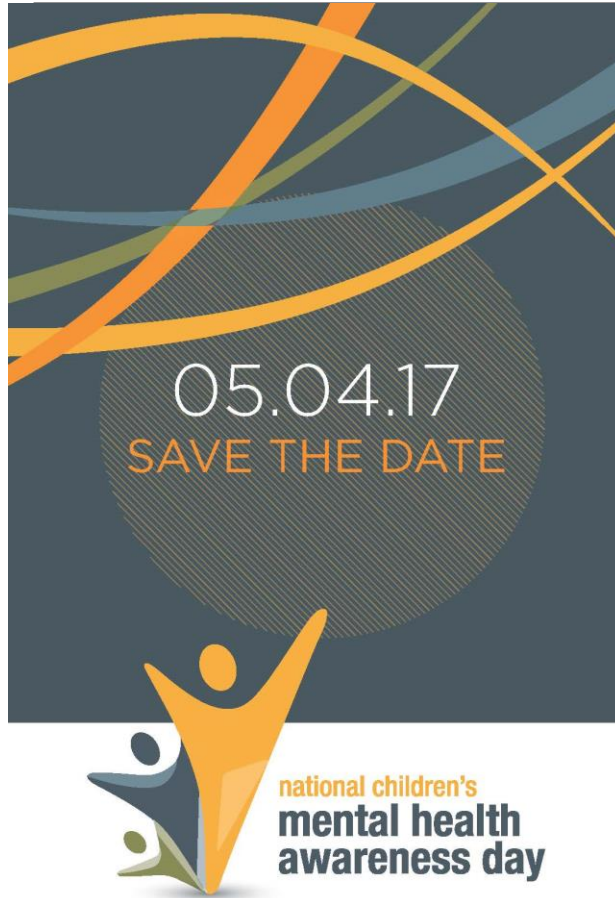


Addressing Mental Health in School Crisis Prevention & Response



A Resource Guide for West Virginia Schools

Plan local events for National Children's Mental Health Awareness Day



<https://www.samhsa.gov/children>

May the 4th be with you!

Goal 1

INFRASTRUCTURE

Refine and oversee the state ESMH steering team infrastructure.

- DHHR/WVDE MOA
- Member Composition/Responsibilities
- Mission/Vision/Purpose
- Meeting process/structure
- Operational guidelines, etc.

Discuss at your table....

What does the state ESMH Steering Team need to do to improve the State Steering Team Infrastructure?

Come to a group consensus

- **Group Leader:** Be prepared to respond to survey question.

Live Survey Questions & Participant Responses:

List 3 priority goals for infrastructure

Dissemination of information to more sources utilizing technology and rotating presentations

Focus state meetings on being outcome driven as opposed to process/reporting driven.

Provide more information on funding opportunities.

Provide more information on resources and ways counties can implement these services. Also, provide data and information on how these services have positively benefited schools.

Develop a formal mentoring process for new schools.

Including more representatives from other parts of the state

More school level stakeholder representatives (upper level administration).

List 3 priority goals for infrastructure

Continued 2 of 2

Regional meetings or regional subcommittees with representation in main committee moving meeting to lunch time

Blanket understanding of what individual goals are and how they can be implemented

Identify local groups who have interest in ESMH

Change meeting times to 10:30-1:30 and be more public. Social media!

Distribution of information to social workers groups that may be missed

meet with local school personnel

Goal 2

RESOURCE DEVELOPMENT:

Identify, develop and update protocols and best practices to ensure quality and fidelity of the WV ESMH model.

Discuss at your table....

What are your three biggest needs?

Come to a group consensus

- **Group Leader:** Be prepared to respond to survey question.

Live Survey Questions & Participant Responses:

What are your three biggest needs related to resources development/ identification?

Medicaid eligibility,
parental consent,

Gaps during off school time

Funding, financial support for families needing outside supports, more opportunity for cross pollination, sharing of practical solutions or ideas that have worked

A way for grantees to collaborate in real time more often (WV ESMH FB page?)

1. Effective dissemination of resources and toolkits to all stakeholders.
2. Suggestions on how to get information out to appropriate parties.
3. Highlight ESMH work at various universities and conferences.

Streamline data systems for collection and analysis.

Staff recruitment & retention

Ways to gauge financial impacts (in savings) for garnering Community support

What are your three biggest needs related to resources development/ identification?

Continued 2 of 2

Employment opportunities in school mental health,
potential grant/fund providers &
list of licensed therapist availability...boom there's 3.

is there a way for the state to purchase EBBB materials in bulk or at discount? To help save grantee money.

1. Money.
2. Finding trained and certified staff.
3. Need data to help bring in partners.

Sustainability

how is our work being implemented on the front line

Transportation

Long term outcome data collection

Funding

Goal 3

COMMUNICATING WITH STAKEHOLDERS:

Implement a strategic communication plan that informs and engages cross-systems stakeholders to promote and support ESMH.

Discuss at your table.

What are your recommendations for the ESMH Steering team to improve communication with stakeholders?

Come to a group consensus

- **Group Leader:** Be prepared to respond to survey question.

Live Survey Questions & Participant Responses:

What are three recommendations for the ESMH team to improve communication with stakeholders?

Have initiative updates posted on MU ESMH Site

Regular data share meetings for pertinent partners.

Can we advertise our efforts more across the state?

Connecting with a broader range of community organizations

Network meeting from multifaceted groups and those members go back and report out to their sub communities & social media networking...BOOM!

WVDE mandates that county & school administrators be trained in the ESMH model.

Share information as a part of state conferences (NASW, LPC, Healthcare Organizations, Celebrating Connections, etc...).

What are three recommendations for the ESMH team to improve communication with stakeholders?

Continued 2 of 2

More communication through social media, email, more regional smaller meetings, use of list serves

Steering team presentations to localized groups

Newsletter regarding upcoming events and current projects.

Social media presence

Insure top down communication of initiatives. Example: superintendents meetings, school leadership teams, etc. All schools and providers should have info about current mental health efforts in the state.

Make impact data available to all parties and provide education to stakeholders on how to access and use the data to make informed decisions.

Goal 4

EVALUATION:

Streamline an evaluation design and reporting process that informs funders and stakeholders about ESMH outcomes and progress.

Discuss at your table...

What data or information would be helpful to you in order to promote ESMH?

Come to a group consensus

- **Group Leader:** Be prepared to respond to survey question.

Live Survey Questions & Participant Responses:

What data or information would be helpful to you in order to promote ESMH?

How to collect data/use data for MH/wellness services

Develop a systemic peer to peer mentoring process between experienced sites and new sites.

Diversified/specialized communication to spread awareness and information

A more robust, evidence based screening tool to show changes at the tier 3 level, other than the SDQ.

Climate survey info for provider informed decisions.

Data that shows how evidence based programs have positive impacts

Discipline data to help assess pre and post interventions.

MOU to help make the sharing of school climate data easier.

What data or information would be helpful to you in order to promote ESMH?

Continued 2 of 2

Some way to help make the sharing of school discipline data more efficient. There seems to be the paperwork and technology systems in place, but the struggle is actually getting schools to share the information (frontline access).

Quick access to an App & access to school specific data...our group rocks!!

WV School Climate Survey information shared with stakeholders

Prioritizing Goals

Discuss at your tables....

What do you see as the 3 or 4 priority goals for the ESMH Steering?

Come to a group consensus

- Be prepared to respond to survey question.

Live Survey Questions & Participant Responses:

What do you see as the 3 or 4 priority goals for the ESMH Steering Team?

Making ESMH A PRIORITY at the local level - being more proactive than reactive.

Access to standardized information for individual student data that is part of the ESMH Tier 3 (not Wayne's problem).

Targeted education for Schools with guided direction for utilizing the toolkits.

Data collection tool kit

Develop a peer to peer mentoring process between experienced sites and new sites.

Funding by more small grants for staff development & team meetings; better communication between local stakeholders and steering committee

Days sharing procedures and education

Communication of initiatives and services.

Monkeys 😊

How did we do?



Thank you!

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