

# ROLES AND RESOURCES TO SUPPORT STUDENT MENTAL HEALTH IN SCHOOLS



## Resource Packet

*If approaches are in place to support  
positive mental health of students,  
then academic achievement increases.*

Sponsored by Marshall University Technical Assistance Center  
West Virginia Department of Education, Office of Student and School Supports  
West Virginia Department of Health and Human Services, Bureau of Behavioral Health and Health Facilities



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# Table of Contents

## ESMH Resources

Why Expanded School Mental Health? .....	2
ESMH Info Brief.....	4
ESMH Data Dashboard .....	6
ESMH Steering Team Contacts .....	8
ESMH Partner Contact Information.....	10
WV School-Based Health Initiative Overview .....	12
Marshall University Technical Assistance Center Directory .....	13
Mental Health Support Resources.....	15

## Informational Sheets

Adolescent Suicide Prevention and Early Intervention .....	18
Behavioral Health Youth Network and Regional Youth Services Centers .....	20
Community Schools.....	22
Expected Behaviors in Safe and Supportive Schools .....	25
Handel with Care Overview and Notice .....	26
Parent Education Resource Centers (PERC) .....	29
Project AWARE .....	31
Regional Wellness Specialist and Maps.....	33
Regional Youth Service Centers (RYSC) Contact Information .....	35
School Counseling.....	37
West Virginia Early Warning System .....	38
Youth Mental Health First Aid.....	41
Zoom WV Quick Facts .....	42

## Activity Forms

Activity Instructions.....	44
Three-Tier Reflection and Blank .....	45
SWOT Analysis .....	47
Action Plan .....	48



# Why Expanded School Mental Health?

## *Needs, Barriers and Moving Forward*

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### DEFINITION

**Expanded school mental health (ESMH)** is a comprehensive system of mental health services and programs that builds on core services typically provided by schools. The framework includes the full continuum of prevention, early intervention and treatment. It is the model recommended by the President's New Freedom Commission and emphasizes shared responsibility and funding; services for all students; meaningful involvement of parents and youth; evidence based practices and programs; and continuous quality improvement.

### NEED

- 14 -20% of youth experience a mental, emotional or behavioral disorder each year but less than half receive treatment<sup>1</sup>
- The impact of mental health and substance use in West Virginia totaled more than \$3.5 billion in 2006 - 6.7% of the State's gross domestic product<sup>2</sup>
- In West Virginia, 40-60 children under age 12 are placed in residential facilities each year at a cost of about \$4 million.<sup>3</sup>
- Mental health conditions are the costliest childhood conditions. Average Medicaid expenditures are five times higher than for Medicaid children in general<sup>4</sup>.
- 50-75% of incarcerated youth have diagnosable mental health conditions<sup>5</sup>
- It costs \$83,000 per year to incarcerate one youth in a WV Division of Juvenile Justice Facility.<sup>6</sup>

### WHY EXPANDED SCHOOL MENTAL HEALTH?

- ESMH is linked to improved student outcomes: academic achievement, attendance, behaviors, high school completion rates and college and career readiness.<sup>7</sup>
- ESMH reduces the need for out-of-school services and placements<sup>8</sup> by increasing access to community services and supports.
- Half of all adult mental health disorders start by age 14, making schools the best source for early identification and intervention.<sup>9</sup>
- Preventing one student with a serious mental illness from dropping out of school translates into cost savings of \$41,369.<sup>10</sup>
- Several studies have documented decreased costs in health and social services when children with serious mental illness receive effective community based care.<sup>11</sup>
- A 5% increase in WV's high school graduation rate for males could save \$100 million each year in crime related costs.<sup>12</sup>
- Preventing one youth from incarceration would cover the costs of mental health services in 2-3 schools.

### PROGRESS

In 2006, the West Virginia Departments of Education (WVDE) and Health and Human Resources (DHHR) established a formal agreement to work together to improve and expand school-based mental health services. A state level interagency steering team recommended adoption of the Expanded School Mental Health Model. Some of the progress:

- The Bureau for Behavioral Health funded five entities to implement ESMH in twelve schools in seven counties. After the first year of full implementation those schools have documented improved behavior and attendance, improved mental health status and reduced involvement with the juvenile justice system<sup>13</sup>



- The WVDE revised and implemented several programs and policies to be consistent with best practices in ESMH including WVBE Policies 4373, 2315, 2510; WVDE Early Warning System, Community Schools, Innovation Zones.
- Technical assistance, consultation and a website devoted to ESMH through the Marshall School Health Technical Assistance Center.

## BARRIERS TO EXPANSION

Over 100 schools in West Virginia have on site mental health services through a community provider. Many more schools would like to have such services. While ESMH has potential to identify and intervene early, schools are often overwhelmed by the need and the lack of resources to meet the need. Barriers include:

- Lack of a dedicated funding stream;
- A shortage of mental health professionals eligible for third party reimbursement;
- A lack of local infrastructure to support communication between schools, community providers and families.
- Lack of insurance reimbursement for some services, such as parent/teacher consultations.

## RECOMMENDATIONS FOR NEXT STEPS

- Continue to support a state level interagency infrastructure to further develop a statewide plan for expansion of ESMH to more schools.
- Allow local school leadership teams and Student Assistance Teams time during the school day to plan and coordinate with community providers.
- Identify potential funding through existing and new sources;
- Develop incentives, such as matching grants, for schools and communities to collaborate in developing comprehensive models of school based services;
- Analyze issues related to Medicaid and private insurance reimbursement that discourage providers from working in schools;
- Extend insurance reimbursement for mental health therapy to licensed professionals not currently covered.
- Use tele-psychiatry to reach rural areas for specialty and consultative services;
- Address school counselor ratios and roles.

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<sup>1</sup> *The Impact of School Mental Health: Education Social, Emotional, Behavioral Outcomes*. (2013). Retrieved from Center for School Mental Health. University of Maryland, <http://csmh.umaryland.edu/Resources/Reports/CSMH%20SMH%20Impact%20Summary%20July%202013.pdf>.

<sup>2</sup> *Realizing Our Potential*, WV Comprehensive Behavioral Health Commission, Nov. 2008, <http://wvcbhc.org/archives.htm#reports>

<sup>3</sup> Rishel, C., Morris, T., Colyer, C. Gurley-Calvez, T. (2014). *Preventing the residential placement of young children: A multidisciplinary investigation of challenges and opportunities in a rural state*. Children and Youth Services Review, 37,9-14

<sup>4</sup> *Faces of Medicaid Webinar*. (2013, Nov). Retrieved from Center for Health Care Strategies, Inc: [http://www.chcs.org/usr\\_doc/FACES\\_Webinar\\_Nov\\_2013\\_Final\\_rev.pdf](http://www.chcs.org/usr_doc/FACES_Webinar_Nov_2013_Final_rev.pdf)

<sup>5</sup> *Mental Health Needs of Youth and Young Offenders*, Coalition for Juvenile Justice, <http://www.juvjustice.org>

<sup>6</sup> Charleston Gazette-Mail, August 16, 2014

<sup>7</sup> *The Impact of School Mental Health: Education, op.cit*

<sup>8</sup> Ibid.

<sup>9</sup> Rishel, et al.

<sup>10</sup> Stroul, B. P. (2014). *Return on investment in systems of care for children with behavioral health challenges*. Georgetown University, Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health, Washington, D.C.

<sup>11</sup> Ibid.

<sup>12</sup> Charleston Gazette, September 17, 2013

<sup>13</sup> *WV Expanded School Mental Health Pilot Programs: 2012-2013*, WV School Health Technical Assistance Center, Marshall University, [https://livewell.marshall.edu/mutac/?page\\_id=96](https://livewell.marshall.edu/mutac/?page_id=96)



# A healthy student is a teachable student

**T**here is clear and compelling evidence linking mental health and academic success, and indicating that emotional, social and behavioral health problems are significant barriers to learning. Schools that proactively address these problems are seeing improved academic outcomes.

Conditions in children's lives and environments must be right in order for them to be successful academically, socially and emotionally. Non-academic barriers to learning can impede upon students' ability to learn by not allowing them to be engaged in the classroom 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, bullying or traumatic events or repeated, long-term traumatic experiences
- Social-emotional barriers, such as poor impulse-control or anger management

In order to address mental health problems early, we must reach children where 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.



**S**chools are often the only public facilities in rural areas, and a logical place for multiple agency and family collaboration 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.

## 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 (Adolescent Health Working Group: [www.ahwg.net](http://www.ahwg.net), 2007)
- 2 out of 3 young people with mental health problems are not getting the help that they need (AHWG, 2007)
- When compared with other states, the percentage of students who missed 11 or more days of school is significantly higher for West Virginia (9 percent ) than the national average (5.2 percent ). (2007 National Survey of Children's Health: [www.childhealthdata.org](http://www.childhealthdata.org))
- 65 percent of students with an "emotional disturbance" drop out of school (AHWG, 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.

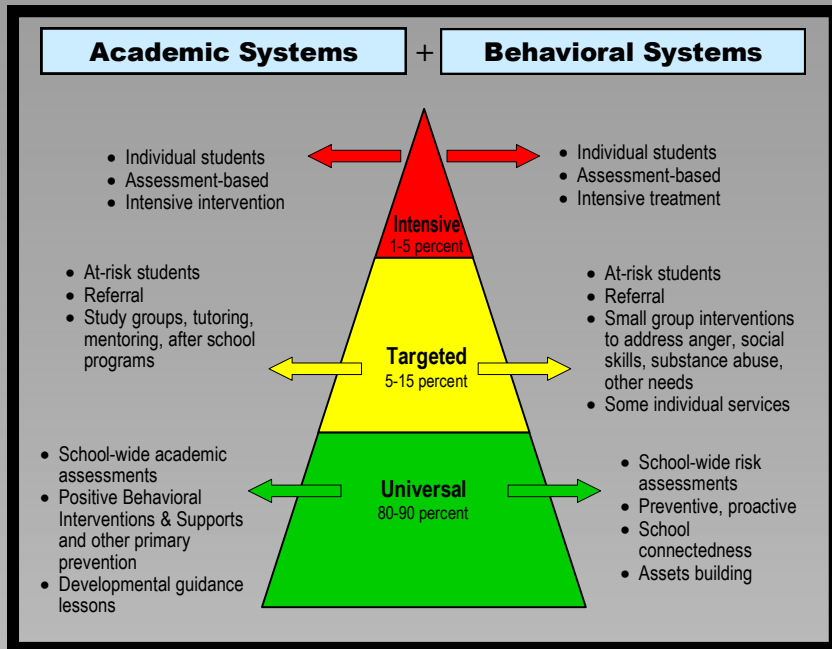
(Student Retention and Drop Out Prevention; Policy Recommendations and Best Practices, the Education Alliance, Charleston West Virginia, Feb 2009)



**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.\***

\*Collaborative for Academic, Social, and Emotional Learning. (2003). Safe and Sound: An Educational Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs. Chicago, IL

## A Comprehensive System of Learning Supports



**W**est Virginia's Expanded School Mental Health Initiative is 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; and emphasizes shared responsibility between schools and community mental health providers.

Several statewide initiatives link positive mental health and school success. Within the West Virginia Department of Education, initiatives include Global 21, Coordinated School Health, the West Virginia School Counseling Model, and the new position to address dropout prevention.

Within the Department of Health and Human Resources, the Bureau for Behavioral Health & Health Facilities' Children's Division funds community agencies to implement school-based prevention programs and works closely with the Bureau for Children and Families and other partners to develop a statewide System of Care for children with emotional, behavioral and intellectual disabilities and their families. In addition, the Bureau for Public Health and various foundations support mental health services in school-based health centers.

**This information brief was produced by  
The West Virginia Expanded School Mental Health Steering Team**

**For more information, go to [www.schoolmentalhealthwv.org](http://www.schoolmentalhealthwv.org)**

## SUCCESSES IN SCHOOL MENTAL HEALTH IN WEST VIRGINIA

Expanded school mental health programs can:

- Identify and support students at risk for behavioral and learning problems
- Assist in developing individualized education plans (IEPs)
- Provide more intensive individual counseling to complement short-term counseling provided by the school counselor
- Refer and case manage at-risk youth, who require intensive school counseling as well as community interventions
- Develop and support programs that encourage student/school connectedness, including mentoring
- Support schools in developing effective crisis management plans and provide on-site crisis interventions
- Support teachers to focus on teaching
- Consult/train staff regarding emotional and mental health issues
- Encourage and facilitate parental involvement



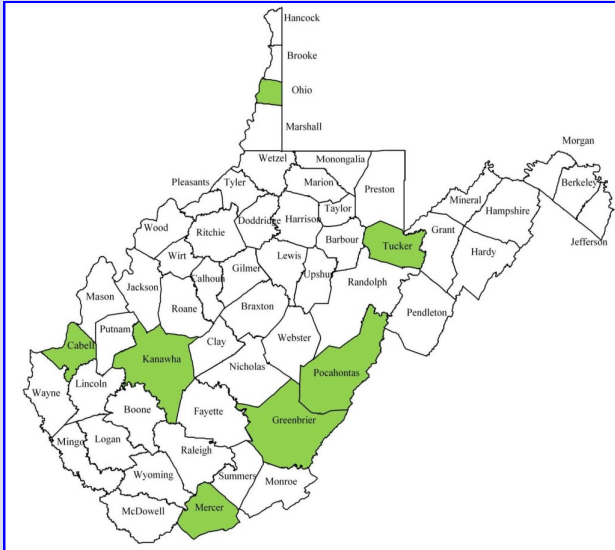


## Dashboard:

# West Virginia Expanded School Mental Health Pilot Programs

This report summarizes the Expanded School Mental Health programs funded by the West Virginia Bureau for Behavioral Health and Health Facilities, Division of Child & Adolescent Mental Health, from July 2012 through June 2013—the first full year of implementation.

## Program Summary



- Fifteen schools participated: five elementary, six middle, three high schools, and one alternative school.
- Staff include eleven Masters-level licensed clinicians (8.5 FTE), one mental health educator and three case managers.
- Total student enrollment in the 15 schools is 4,429: 81% Caucasian; 9% Black/African Ancestry; 9% Biracial/Multiracial. Ages served were from 5 years to 19 years.
- Most prevalent presenting problems: Attention Disorders (44), At Risk (27), Mood Disorders (18), Family Relationship Problems (15), Abuse/Neglect (14).
- All programs maintained services during the summer.

The map at left depicts the counties served by these programs.

## An Integrated Approach

Expanded School Mental Health (ESMH) is an integrated approach that builds on core services typically provided by schools. It is a three-tiered framework that includes the full continuum of prevention, early intervention and treatment.

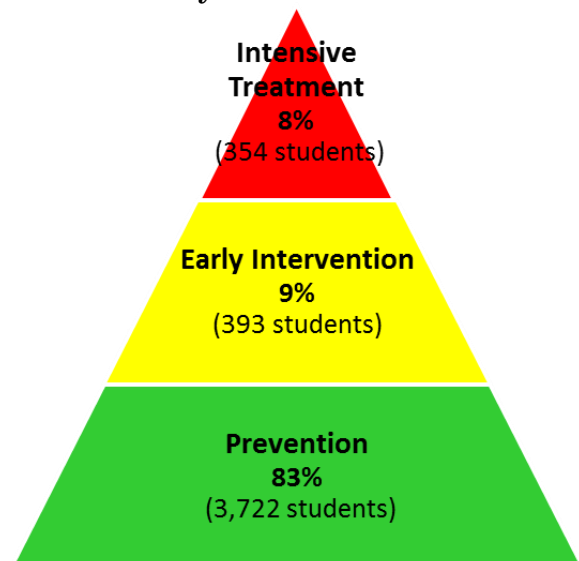
Four expected outcomes of this approach are:

- **Reduced barriers to learning**
- **Improved academic performance**
- **Improved attendance**
- **Improved school functioning/behavior**

The triangle at right depicts the number of students served by tier between July 2012 and June 2013.

## Youth Receiving ESMH Services

July 2012-June 2013



**West Virginia School Health  
Technical Assistance Center**

For more information, please contact: [info@wvshtac.org](mailto:info@wvshtac.org)

[www.schoolmentalhealthwv.org](http://www.schoolmentalhealthwv.org)

# First Year Outcomes

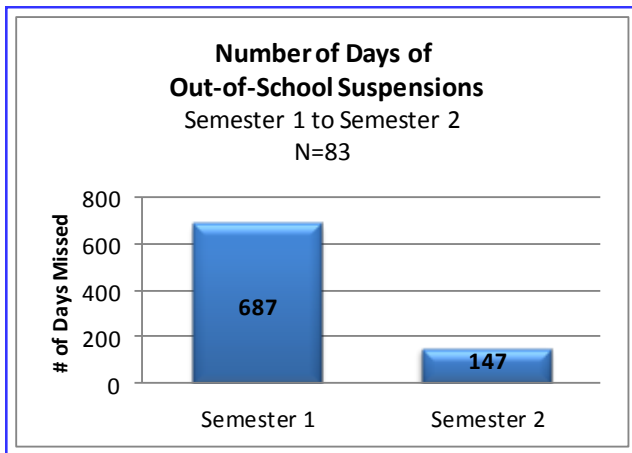
The following data represent students served through Tier 2 (early intervention services) and Tier 3 (intensive individual intervention services). Note: Outcome data for the Cabell County Alternative School are not reflected in the Behavior and Attendance charts because suspension and attendance data is not collected while the students are enrolled at the alternative school.

## Mental Health Symptoms

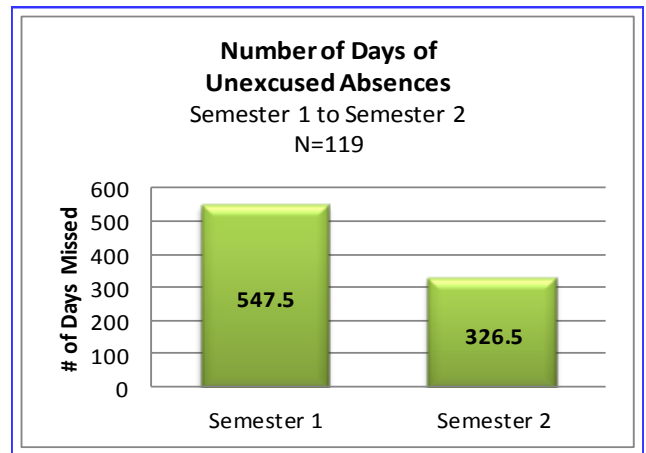
The Strengths and Difficulties Questionnaire (SDQ) was used to measure mental health symptoms. SDQs were completed at the start of services, with follow-up completed every 6 months until case closure.

**78% of the students improved or maintained their scores at follow-up**, which indicates that students were able to successfully remain in school and avoid more intensive services.

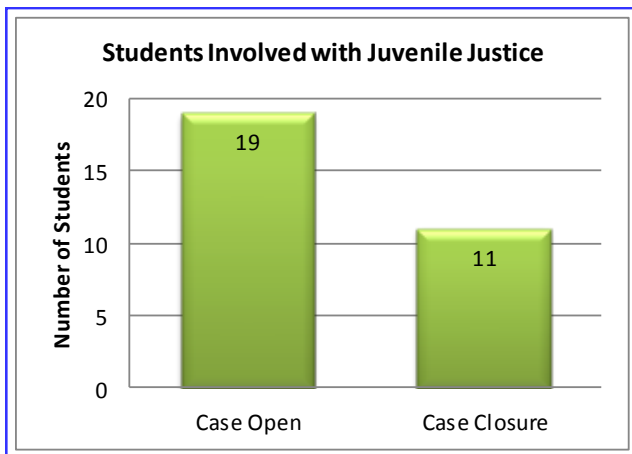
## Behavior



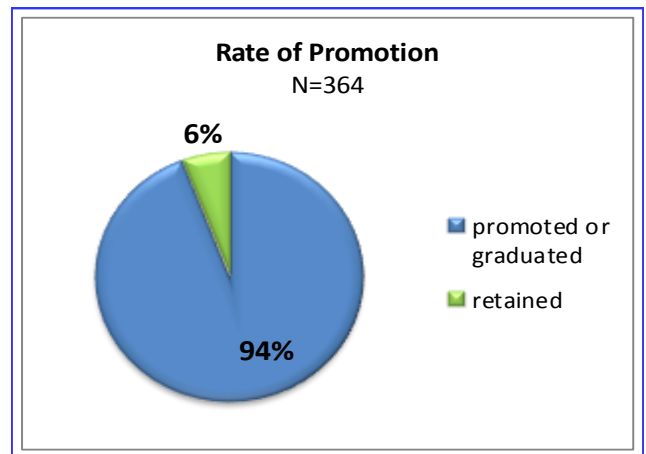
## Attendance



## Juvenile Justice Cases



## Rate of Promotion



## Success Story

*“Two students who participated in ESMH counseling since middle school have graduated this year with firm plans to attend college in the fall. Both students had IEPs with counseling as a part of their treatment plan. To support their transition to college, both students were referred to the Division of Rehabilitation Services, and will be served by that agency through their college career and into their first jobs. We are very proud of these young men and wish them every success in their endeavors.”*—Kay McCoy, ESMH Therapist, Greenbrier West High School

Leadership for the West Virginia Expanded School Mental Health Initiative is a shared commitment of the West Virginia Department of Health & Human Resources, Bureau for Behavioral Health & Health Facilities, and the West Virginia Department of Education.



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### **2016**

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# West Virginia School-Based Health Initiative

In 1994, the West Virginia Bureau for Public Health and the Claude Worthington Benedum Foundation funded a 3-year pilot project to develop school-based health centers in West Virginia.

School-based health centers (SBHCs) are health clinics that bring preventive and immediate care, as well as counseling, health education, and sometimes dental care, to children and adolescents where they are much of the day – at school.

After twenty-one years, students, parents, and school staff recognize that school-based health services in their many forms provide accessible and cost-effective health care.

As of the fall of 2015, school-based health services are available to a school-aged population of over 76,000 children in 36 counties. West Virginia has the most SBHCs per capita in the United States.

For the first time the directory includes information about West Virginia Community Schools. Recognizing that schools cannot be expected to meet the multifaceted needs of students alone, successful schools have partnered with organizations in the community to ensure that students' needs are addressed, thus preparing them to be healthy and ready to learn.

For more information on Community Schools visit  
<http://wvde.state.wv.us/osp/>

Recognizing that a combination of school nursing services and school-based health centers can facilitate positive health outcomes for students, a contact list of school nurses by county is also included.

This directory presents a listing of the community school-based health services in West Virginia. The schools partnering for community school-based health services are ordered by county, and information includes the sponsoring agency, contact information, schools and grades served, total student enrollment as of October 2015, and hours of operation.

The directory is produced by the School Health Technical Assistance Center at Marshall University. We assist new and existing centers on various operational and program issues. Included are a description of the Marshall University School Health Technical Assistance Center and a list of useful websites and contact persons.

The directory is available on line at:  
[www.wvshtac.org](http://www.wvshtac.org)

Produced by the West Virginia School Health  
Technical Assistance Center,  
Marshall University





# WV School Health Technical Assistance Center

For resources, assistance, and training related to health and social support of a community school including school-based health centers and health services, school-based behavioral and oral health programs in West Virginia.

## Our Role

- Assist schools and communities in planning and starting school-based health centers, mental health and oral health services.
- Facilitate networking among community sponsored school-based medical, behavioral health & oral health providers and others interested in children's health.
- Assist school health providers to improve quality of care and management of school-based programs.
- Provide technical support for school-based medical, behavioral health and oral health providers and support staff.
- Develop data and evaluation systems for school-based initiatives such as behavioral health, oral health.
- Provide data regarding school-based special initiatives to interested groups such as state-wide & national organizations involved with school-health, collaborative partners in health promotion and policy makers.

## Resources

- Directories of the community sponsored school-based health services and programs in West Virginia
- Interdisciplinary professional development workshops and teleconferences
- Resources on the web: [www.wvshtac.org](http://www.wvshtac.org)
- Tool kits:
  - Planning and marketing community school health services
  - Promoting prevention and early intervention
  - School-based oral health services
  - School-based mental health services
  - Increasing CHIP and Medicaid enrollment
  - Quality improvement
  - Immunizations
  - Increasing Comprehensive Physical Exams and Risk Assessments
  - Obesity & Asthma
  - Practice Management Improvement
  - Procedures and policies

The WV School Health Technical Assistance Center is funded by:  
Claude Worthington Benedum Foundation  
WV Bureau for Public Health, Office of Maternal & Child Health, Oral Health Program  
Appalachian Regional Commission

# Marshall University School Health Technical Assistance Center

[www.wvshtac.org](http://www.wvshtac.org)

[www.thinkoralhealth.org](http://www.thinkoralhealth.org)

## For Information About:

## Contact:

Overall school health, program evaluation,  
design and analysis, clinical audits,  
community organization support

*School Mental Health Coordinator*  
Project AWARE technical assistance and  
evaluation

Data management and evaluation for  
special initiatives, satisfaction survey,  
school-based health directory

Clinical services, quality improvement,  
continuing education

*Community Oral Health & School-Based  
Dental Sealant Coordinator*, oral health  
program development, support,  
evaluation, training, project design and  
development

*Regional Oral Health Coordinators* funded  
by WVDHHR Oral Health Program to  
provide; regional level oral health  
technical assistance, oral health education  
across the lifespan with an  
emphasis on prevention  
community water fluoridation and  
oral health surveillance

*Lead Regional Oral Health Coordinator*

MU Technical Assistance Team Support

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**MARSHALL UNIVERSITY**  
Joan C. Edwards School of Medicine

## STATEWIDE RESOURCES

### MARSHALL UNIVERSITY

School Health Technical Assistance Center: WV MENTAL HEALTH INITIATIVE Website

[https://livewell.marshall.edu/mutac/?page\\_id=660](https://livewell.marshall.edu/mutac/?page_id=660)

Autism Training Center - <http://www.marshall.edu/atc/>

### RESAs

WV Regional Education Service Areas (RESAs) - <http://resa2.k12.wv.us/wvresa.asp>

### WVDE

Board Policies <http://wvde.state.wv.us/policies/>

Community Schools - <https://wvde.state.wv.us/healthyschools/section1/CommunitySchools.htm>

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

Advisory Best Practice Assessment and Planning Tool for Schools

[http://wvde.state.wv.us/counselors/links/documents/AdvisoryBestPracticeAssessmentandGoalSettingForm\\_000.pdf](http://wvde.state.wv.us/counselors/links/documents/AdvisoryBestPracticeAssessmentandGoalSettingForm_000.pdf)

Middle School Curriculum <http://wvde.state.wv.us/counselors/links/advisors/ms-lesson-plans.html>

High School Curriculum <http://wvde.state.wv.us/counselors/links/advisors/lesson-plans.html>

Parent Education Resource Center <https://wvde.state.wv.us/osp/perc.html>

Positive Behavioral Intervention & Support - <http://wvde.state.wv.us/osp/PositiveBehaviorSupport.html>

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

Addressing Mental Health in School Crisis Prevention and Response: A Resource Guide for WV Schools

[http://wvde.state.wv.us/counselors/documents/addressingmentalhealth\\_resourceFINALforBoard.pdf](http://wvde.state.wv.us/counselors/documents/addressingmentalhealth_resourceFINALforBoard.pdf)

School Counselor 'Use of Time' Log <http://wvde.state.wv.us/forms/counselors-log/>

Student Needs Assessment <http://wvde.state.wv.us/counselors/counseling-survey.html>

WVSSS Resources & Curricula - <http://wvde.state.wv.us/counselors/wvss-standards-resources.html>

### WV DHHR RESOURCES

Bureau for Behavioral Health & Health Facilities (BBHFF) –Mental Health & Substance Abuse

Directory by County (lists providers and contact information) – clickable map -

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

## WV DHHR RESOURCES (continued)

### Comprehensive Behavioral Health Centers Directory

<http://www.dhhr.wv.gov/bhhf/resources/Documents/BHHF%20Comprehensive%20Behavioral%20Health%20Centers%20Directory.pdf>

**Bureau for Children & Families** –Main page with county look up map <http://www.dhhr.wv.gov/bcf/Pages/default.aspx>

**Resource Listing by county** (*Social Services, Family Support and Client services including Child Protective Services*) <http://www.dhhr.wv.gov/bcf/Documents/DHHR.BCF.LocalOffices.pdf>

**Family Resource Networks** by County & Region – Includes link to County resource directories

<http://www.dhhr.wv.gov/bcf/Services/Pages/Family-Resource-Networks.aspx>

**Suicide Prevention Resources for Schools** (DHHR Resource Page)

<http://www.dhhr.wv.gov/bhhf/resources/Pages/Suicide.aspx>

### WV SUBSTANCE ABUSE Prevention Organizations Contact information by Region

<http://www.dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Documents/Out%20of%20Date%20Items/Prevention%20Directory.pdf>

## WV PARTNER WEBSITES

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

[www.HELP4WV.com](http://www.HELP4WV.com)

**Center for Children’s Justice** (*Handle with Care*) <http://www.handlewithcarewv.org/>

**Department of Rehabilitation Services** - <http://www.wvdrs.org/index.cfm>

**Prevent Suicide WV**- <http://preventsuicidewv.org/about-us/>

**School Based Health Centers** - <http://www.wvsbha.org/>

**Substance Free WV** - [www.WVsubstancefree.org](http://www.WVsubstancefree.org)

**WV Project Aware – Youth Mental Health First Aid** – includes a locator tool to help find a training in your area

<http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>

**WV System of Care** – *Family engagement and related resources* - <http://wvsystemofcare.org/>

**Youth Transitioning to Independence – Tools & Tips**

<http://www.itsmymove.org/>

**WV Child Advocacy Network** – *Tip Sheet for recognizing signs of abuse and what to do* <http://wvcan.org/wp-content/uploads/2015/09/SignsOfChildAbuse.pdf>

## NATIONAL RESOURCES

### BEST PRACTICES FOR SCHOOLS

What Works Clearinghouse <http://ies.ed.gov/ncee/wwc/>

Promising Practices Network <http://www.promisingpractices.net/>

The Center for Evidence-Based Practices <http://www.evidencebasedpractices.org/initiatives.php>

SAMSHA Evidence Based Practice Resource Library <http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library>

### SCHOOL MENTAL HEALTH

Mental Health | Youth.gov [www.youth.gov/youth-topics/youth-mental-health](http://www.youth.gov/youth-topics/youth-mental-health)

Center for School Mental Health – University of Maryland – resources and free online trainings  
<http://csmh.umaryland.edu/index.html>

Interconnected Systems Framework Document – Center for School Mental Health, University of Maryland  
[http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Reports/Advancing\\_Education\\_Effectiveness.pdf](http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Reports/Advancing_Education_Effectiveness.pdf)

UCLA Center for Mental Health in Schools <http://smhp.psych.ucla.edu/>

### LGBT

It Gets Better Project <http://www.itgetsbetter.org/>

Safe Space Resource Kit <https://www.glsen.org/sites/default/files/Safe%20Space%20Kit.pdf>

### SUICIDE PREVENTION

National Suicide Prevention Lifeline – 1.800.273.TALK (8255)

Substance Abuse and Mental Health Services Administration (SAMSHA) - <http://www.samhsa.gov/>

### TRAUMA

National Child Traumatic Stress Network (NCTSN) - <http://www.nctsn.org/>

NCTSN Schools & Trauma Webinars – <http://learn.nctsn.org/course/index.php?categoryid=39>

NCTSN Educator's Tips – Helping Youth after Community Violence  
[http://www.nctsn.org/sites/default/files/assets/pdfs/helping\\_youth\\_after\\_community\\_violence\\_educators.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/helping_youth_after_community_violence_educators.pdf)

## OTHER Websites

Safe Place (Teen Run-a-Way Prevention) <http://nationalsafeplace.org/safe-place-teens/>

Youth and Mental Health Videos: Youth talk about mental health issues and the need for change. [www.everyday-democracy.org/](http://www.everyday-democracy.org/)



## Adolescent Suicide Prevention and Early Intervention

### WHAT WE DESIRE TO ACCOMPLISH

Building upon the success of the Adolescent Suicide Prevention and Early Intervention (ASPEN) Project, West Virginia's Bureau for Behavioral Health and Health Facilities in partnership with Regional Youth Service Centers, Educational Institutions and Premier Hospital Health systems seek to reduce the rate of youth suicidal ideation, suicide attempts and suicide deaths in WV through the development and implementation of a collaborative and coordinated statewide prevention and intervention strategy that is integrated into the existing public and private service delivery system.

### WHAT WE WILL DO TO MEET THE NEED

- ❏ Increase the Capacity of Youth-Serving Professionals and Community Organizations to Effectively Deliver Integrated Evidence-based Practices and Programs
- ❏ Improve Outreach, Screening, Identification and Referral of At-Risk Youth and transitioning youth aged 10-24 in order to increase access to services
- ❏ Improve continuity of care and follow-up of youth identified as at risk for suicide discharged from emergency department and inpatient psychiatric units
- ❏ Increase access to and utilization of behavioral health services
- ❏ Provide for system-level change to prioritize and sustain effective suicide prevention, intervention, and postvention practices across systems and agencies.
- ❏ Provide for a referral system of preferential appointments for youth, subpopulations and their families
- ❏ Increase the number of youth and youth-serving agencies implementing screening and gatekeeper trainings
- ❏ Provide for protective, caring follow-up services for attempt survivors and their families
- ❏ Build the capacity of organizations serving vulnerable sub-populations to effectively deliver coordinated care.

### LEGISLATION IN WEST VIRGINIA-

West Virginia has passed two significant pieces of legislation pertaining to suicide prevention education within statewide school systems, specific to both personnel and student educational trainings.

The **Jason Flatt Act** "provides for the routine education of all professional educators, including principals and administrators, and those service personnel having direct contact with students on warning signs and resources to assist in suicide prevention under guidelines established by the state board."

Specific to secondary schools, **Jamie's LAW** "requires a public and middle and high school administrator to disseminate and provide opportunities to discuss suicide prevention awareness information to all middle and high school students..."

Suicide is the second (2nd) leading cause of death for individuals aged 15-24

Almost 10% of youth made a plan about how they would attempt suicide during the last 12 months

13% of West Virginia youth have seriously considered attempting suicide in the last 12 months

More than 5% report they had attempted suicide one or more times in the last year and almost 2% made a suicide attempt that resulted in an injury, poisoning, or overdoses that had to be treated by a doctor or nurse.

West Virginia ranked 10<sup>th</sup> in the nation in youth suicide deaths, with a rate of 19.4/100,000.

Females are more likely to attempt suicide, however males are more likely to die by suicide than females.



# Adolescent Suicide Prevention and Early Intervention



## NEW SERVICES

**FOLLOW UP:** An essential function of the Regional Youth Intervention Specialist is to provide follow supportive for attempt survivors and their families in order to ensure continuity of care.

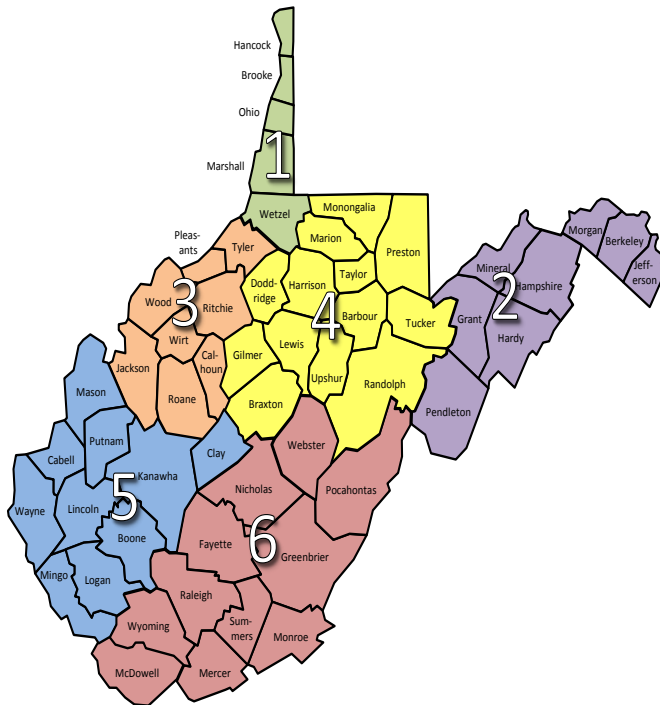
**WHY:** In 2012, 2.5 million people made a suicide attempt, often due to a lag between discharge and availability of outpatient care. During the course of time after a hospital or emergency discharge, there is a heightened suicide risk.

**CRITERIA:** The person must be between the ages of 10 and 24; have had a suicide attempt within the last six (6) months or a recent hospitalization for a suicide attempt.

**REFERRAL:** To refer someone or yourself for follow up, please call the Regional Youth Intervention Specialist in your region

## OFFERINGS

- Evidence-based curricula
- Depression screenings
- Multi-tiered gatekeeper trainings
- Mental health awareness supports
- Technical assistance



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304-233-9627 ext.141

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### Region 2...John Lyon

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### Region 6...Tammie Gillespie




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## Behavioral Health Youth Network and Regional Youth Services Centers – Overview

### August 2015 v1









**Vision:** The *West Virginia Behavioral Health Youth Service Network* will provide individualized strength based services, in a more integrated environment incorporating evidence based practices and effective cross-system collaboration including integrated management of service delivery and cost. This approach comprises a spectrum of effective community based services and supports that are organized in a coordinated network that provides meaningful partnerships with families and youth improving the youth's functioning in the home, school and community promoting recovery and resilience.

#### **Mission of Regional Youth Service Centers:**

-  Create a centralized information and referral network to serve the target population
-  Conduct local needs assessments to identify behavioral health resources for the target population
-  Develop, provide for, and coordinate a full continuum of care (prevention, early intervention, treatment and recovery services) for the target population utilizing a data driven decision model to include the needs assessment information.

**Target Population:** The target population for the Regional Youth Service Centers (R-YSCs) is youth ages 12-17, young adults ages 18-24 experiencing mental health and substance use and/or co-occurring substance use and mental health issues and their families/primary caregivers.

**Strategies:** The system will be coordinated through six (6) Regional Youth Service Centers (R-YSCs) that will implement a cross-system, collaborative approach to youth service delivery, both at a regional and state level, creating a statewide *Behavioral Health Youth Service Network*. The project design for the R-YSC is a single facility or coordinated partnering of multiple facilities to provide a variety of treatment and support options, as well as serving as a “center of excellence” to promote a high quality workforce.

-  A Single Point of Entry will improve access and referral to appropriate levels of care
-  Every region will provide a full continuum of services for youth and families in-state regardless of payer source
-  Consistent Assessment / Diagnostic Tools utilizing electronic records will enhance service delivery and sharing of information between multiple systems
-  Training and Technical Assistance for Youth Serving Organizations will improve clinical capacity and ensure quality services
-  State and regional collaborative partnerships will increase engagement, improve referral mechanisms and access needed and appropriate community supports
-  An increase in the capacity to serve transitioning youth (adolescents and young adults 17-24) will offer a “last best chance” to decrease unemployment, homelessness, and improve behavioral health and health outcomes for this population
-  Youth Service Centers will be developed in an inviting location that will decrease stigma and meet the needs of youth and their families through increased hours of operation
-  An increase in the number of peer/recovery support groups for youth will assist in maintaining sobriety and community and social connectedness

Referral & Outreach capacity will be established to provide for a 24-hour call center for individuals seeking behavioral health assistance for West Virginia youth and young adults.

## Behavior Health Youth Network(continued)

Anyone that contacts the 24-hour call center will be offered education on behavioral health issues and information on community based service options in their region, as well as a facilitated referral to an appropriate level of care based on the individuals need in coordination with regional centers. The ROC will be a resource that helps address the top two identified barriers for families seeking services: access and navigation.

# What is a Community School?

A community school is both a place and a set of partnerships between the school and other community resources. Its integrated focus on academics, health and social services, youth and community development, and community engagement leads to improved student learning, stronger families, and healthier communities. Community schools offer a curriculum that emphasizes real-world learning and community problem-solving. Schools become centers of the community and are open to everyone – all day, every day, evenings, and weekends.

Community Schools are results focused:

- Children are ready to enter school and attend school consistently
- Students are actively involved in learning and their community
- Families are involved with their children's education
- Students succeed academically
- Students are healthy - physically, socially, and emotionally
- Students live and learn in a safe, supportive, and stable environment
- Schools are engaged with families and communities
- The communities are desirable places to live

## Or think about community schools this way...

Most people think of schools today as serving a single purpose: a binary, analog-system of delivery - teachers teach and students learn.

Community schools are more akin to smart phones. Schools and communities connect, collaborate, and create. Children and families have an array of supports from community partners right at their school.

Communities and schools leverage their shared physical and human assets to help kids succeed.

Community schools contain a host of built-in opportunities and supports that give students and parents all the tools they need to learn and grow.

### The Conventional School Model



### Community Schools are Smart Schools



# What is a Community School?

## COMMUNITY SCHOOL 'APPS'



<b>College, Career and Citizenship</b> 	<b>Health &amp; Social Support</b> 	<b>Expanded Learning Opportunities</b> 	<b>Engaging Instruction</b> 
<b>Early Childhood Development</b> 	<b>Community Engagement</b> 	<b>Family Engagement</b> 	<b>Youth Development</b> 
 <b>Strategic Alignment</b> Just like smart phones, community schools have an infrastructure (or operating system) that strategically aligns 'apps' so they work in a synchronized manner. A <b>school-site leadership team</b> , often comprised of educators, parents, community partners, and others, is responsible for creating a shared vision for the school, identifying desired results and helping align and integrate the work of partners with the school. A <b>community school coordinator</b> works hand-in-hand with a supportive principal, and is a member of the school leadership team. The coordinator is responsible for building relationships with school staff and community partners, for engaging the families and community residents, and coordinating an efficient delivery of supports to students both inside and outside the classroom. Data on academic AND non-academic factors drive the work for a community school.			

The *Coalition for Community Schools* is an alliance of national, state and local organizations in education K-16, youth development, community planning and development, family support, health and human services, government and philanthropy as well as national, state and local community school networks. Our mission is to advance opportunities for the success of children, families and communities by promoting the development of more, and more effective, community schools. The Coalition for Community Schools believes that strong communities require strong schools and strong schools require strong communities. We envision a future in which schools are centers of thriving communities where everyone belongs, works together, and succeeds. The Coalition is staffed by the *Institute for Educational Leadership* in Washington, DC

# Community Schools

## Levels of Development

It takes time to build shared responsibility between the student, family, school and community to ensure the whole child is healthy, safe, engaged and supported. A community school builds partnerships to address the whole child; therefore, a school must go through levels of development to become a fully functioning community school. Many teams, as they begin this work, discover that some of what is needed to facilitate community school development is already in place at the school or in the community and can build upon these foundations. A stage of development checklist is available at:

<https://multco.us/file/25211/download>

Level	Recommendation
Level 1 Inquiring and Exploring (1 year)	Acquire knowledge of critical domains of a community school: <ul style="list-style-type: none"><li>• Provide complete professional development for principal and staff around a Community School 101 overview</li><li>• Tour current community schools at various stages of development</li><li>• Complete and review school and community needs assessment</li></ul>
Level 2 Emerging (2-3 years)	Begin developing capacity through partnerships: <ul style="list-style-type: none"><li>• Establish a community school advisory team (existing or new)</li><li>• Begin to explore funding and hiring or appointment of a community schools coordinator</li><li>• Ensure monthly planning meetings include the principal and community school advisory team</li><li>• Conduct facility assessment and resource inventory</li><li>• Determine priorities from the needs assessment</li><li>• Determine data collection and evaluation based on identified priorities</li><li>• Hire a community schools coordinator</li></ul>
Level 3 Maturing	Implement the community school strategy: <ul style="list-style-type: none"><li>• The principal and community schools coordinator meet regularly to set goals and problem solve</li><li>• Begin to align the community school vision with programs, supports and opportunities around shared results with collaborative partners</li><li>• Begin developing a community schools plan for marketing, advocacy and coalition building</li><li>• Develop MOA with each of the key collaborative partners</li><li>• The principal and community schools coordinator organize and attend monthly community school advisory team meetings</li><li>• Shared leadership is evident throughout the building</li></ul>
Level 4 Sustaining and Excelling	Fully integrated the strategy into the school: <ul style="list-style-type: none"><li>• The community school efforts, including consistency in advisory committee meetings, have been active in working to address the needs of the whole child through engagement of students, families and the community</li></ul>
Annually	Each year a community school should ensure: <ul style="list-style-type: none"><li>• A self-assessment is completed at the end of each year to determine the status of development and needed areas of enhancement</li><li>• The resource inventory and priority of needs are updated annually</li></ul>



# A Brief Review of the WVDE Policy 4373: Expected Behaviors in Safe and Supportive Schools

May 2016

## Goal/Pillar II: Improving Safe and Supportive School Environments

**Priority 5:** Establish, ensure and maintain learning environments that are safe, orderly, free of bullying, nurturing, health, structured, sustainable, clean and designed to stimulate the creativity and innovation of each learner.

**Goal 2:** Improve safe and supportive school environments which meet the physical, social, emotional and academic needs of every child.

**Objective 2.1:** Decrease the total number of aggressive conduct incidences by 2 percentage points, annually, to fewer than 20,500 by 2020.

**Objective 2.2:** Decrease the number of bullying incidences by 2 percentage points, annually, to fewer than 3,200 by 2020.

**Objective 2.3:** Improve the attendance rate with the ultimate goal of 95% for all students by 2020.

— Michael J. Martirano, Ed. D.



## Scope of Policy 4373:

- Requirements for the development of safe and supportive schools that provide optimum learning conditions for both students and staff
- Safety and order is the foundation of a positive school climate/culture that supports student academic achievement and personal-social development
- Establishes disciplinary guidelines for student conduct that outline behaviors prohibited in West Virginia schools

## Purpose of Policy 4373:

- Safe and supportive educational environment
- Proactive, preventive approaches to ensure a positive school climate/culture
- Outlines requirements of county boards to education
- Outlines requirements of schools
- Sets forth unacceptable behaviors prohibited on all school property and school sponsored events

**Application:** WV Public Schools, Regional Education Service Agencies, WVDE, WVBE

## Content of Policy 4373:

- Expected Student Dispositions, Student Rights and Responsibilities, Planning for Policy Implementation, Inappropriate Behavior and Meaningful interventions and Consequences, Procedures For Addressing Allegations of Inappropriate Behaviors, Procedures of Taking Action On Substantiated Inappropriate Behaviors



## WEST VIRGINIA DEFENDING CHILDHOOD INITIATIVE (HANDLE WITH CARE)

### OVERVIEW:

A recent national survey of the incidence and prevalence of children's exposure to violence and trauma revealed that 60% of American children have been exposed to violence, crime or abuse. Forty percent were direct victims of two or more violent acts. Prolonged exposure to violence and trauma can seriously undermine children's ability to focus, behave appropriately, and learn in school. It often leads to school failure, truancy, suspension or expulsion, dropping out, or involvement in the juvenile justice system.

The West Virginia Defending Childhood Initiative, commonly referred to as "Handle With Care," is tailored to reflect the needs and issues affecting children in West Virginia. The Initiative, a result of a collaborative effort of key stakeholders and partners, builds upon the success of proven programs throughout the country. The goal of the Initiative is to prevent children's exposure to trauma and violence, mitigate negative affects experienced by children's exposure to trauma, and to increase knowledge and awareness of this issue.

Model Handle With Care ("HWC") programs promote safe and supportive homes, schools and communities that *protect* children, and help traumatized children *heal* and *thrive*. HWC promotes school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured. The ultimate goal of HWC is to help students to succeed in school. Regardless of the source of trauma, the common thread for effective intervention is the school. Research now shows that trauma can undermine children's ability to learn, form relationships, and function appropriately in the classroom. HWC programs support children exposed to trauma and violence through improved communication and collaboration between law enforcement, schools and mental health providers, and connects families, schools and communities to mental health services.

### PILOT:

"Handle with Care" is an initiative currently being piloted at Mary C. Snow West Side Elementary School in Charleston, WV. The school, located in an urban area of the city plagued by drug and violent crime, houses approximately 500 students. Ninety-Three percent of the students come from low-income families. The school has ranked 398 out of 404 elementary schools in West Virginia for poor performance. In conjunction with "Handle With Care," the United States Attorney's Office has launched a Drug Market Intervention in the area to address high level drug and street crime.



## Handle With Care (continued)

### LAW ENFORCEMENT:

“Handle with Care” provides the school with a “heads up” when a child has been identified at the scene of a traumatic event. It could be a meth lab explosion, a domestic violence situation, a shooting in the neighborhood, witnessing a malicious wounding, a drug raid at the home, etc. Police are trained to identify children at the scene, find out where they go to school and send the school a confidential email or fax that simply says . . . “Handle Johnny with care”. That’s it. No other details.

In addition to providing notice, officers also build positive relationships with students by interacting on a regular basis. They visit classrooms, stop by for lunch, and simply chat with students to help promote positive relationships and perceptions of officers.

### SCHOOLS:

Teachers have been trained on the impact of trauma on learning, and are incorporating many interventions to mitigate the negative impact of trauma for identified students, including: sending students to the clinic to rest (when a HWC has been received and the child is having trouble staying awake or focusing); re-teaching lessons; postponing testing; small group counseling by school counselors; and referrals to counseling, social service or advocacy programs. The school has also implemented many school-wide interventions to help create a trauma sensitive school (Greeters; pairing students with an adult mentor in the school; utilization of a therapy dog; and “thumbs up/thumbs down” to indicate if a student is having a good day or a bad day).

### COUNSELING:

When identified students exhibit continued behavioral or emotional problems in the classroom, the counselor or principal refers the parent to a counseling agency which provides trauma-focused therapy. Currently, there are two partnering agencies providing trauma focused therapy on site at the school in a room provided by the Family Care Health Center housed within the school. Once the counseling agency has received a referral and parental consent, students can receive on-site counseling.

The counseling is provided to children and families at times which are least disruptive for the student. The counselors also participate in MDT, SAT and other meetings deemed necessary by school personnel, and as authorized by the child’s parent or guardian. Counselors provide assessments of the child’s need, psychological testing, treatment recommendations, accommodation recommendations, and status updates to key school personnel as authorized by the child’s parent or guardian.

### ACKNOWLEDGEMENTS:

Components of this program were developed with guidance and technical assistance from the Massachusetts Advocates for Children: Trauma and Learning Policy Initiative, in collaboration with Harvard Law School and the Task Force on Children Affected by Domestic Violence. Special thanks to Joe Ristuccia, Ed.M., co-author of *Helping Traumatized Children Learn*, Edward Jacoubs with the Plymouth County District Attorney’s Office in Brockton, MA, and Huntington, WV community activist and volunteer Leon White.



# Handle With Care Notice

From Law Enforcement to the School

To: \_\_\_\_\_ From: \_\_\_\_\_  
(School) (Law Enforcement Agency)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Incident Date: \_\_\_\_\_

The child referenced below was on the scene of a police action in the last 24 hours and could exhibit academic, emotional and/or behavioral problems as a result of exposure to a traumatic event. Please handle him/her with care. For more information go to

[www.handlewithcarewv.org](http://www.handlewithcarewv.org)

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_



To: \_\_\_\_\_ From: \_\_\_\_\_  
(Teacher) (Principle/Counselor)

## Handle With Care

Student \_\_\_\_\_

Incident Date \_\_\_\_\_

FRAGILE



# WVDE Parent Education Resource Centers

## One Voice, One Focus: All Students Achieving

**Goal 1:** *Delineate a clear and focused set of 10 World-Class Educational System Priorities for all West Virginia Schools. These priorities will be the foundation of the “One Voice, One Focus: All Students Achieving” vision plan that promotes the fierce urgency of “now” for our young people.* — Michael J. Martirano, Ed. D. State Superintendent of Schools



## What is the WVDE Parent Education Resource Center (PERC):

- Since 1983, the Office of Special Programs has coordinated the WV Parent-Educator Resource Center (PERC) Project. A team consisting of a parent of a special needs child and an educator staffs each PERC. How each PERC provides these services depends on the individual community strengths, resources and needs.
- PERCs are housed within various locations throughout the state, usually in a centralized, accessible location such as a school, community center, board of education office or library.
- Local education agencies provide the financial support for their PERCs by blending fiscal resources such as special education, Title I, state and local funds and grants. In addition, local community-based organizations, service agencies, businesses and other service organizations may provide other supports for the PERCs.
- County supported PERCs provide support and advocacy for parents and educators of students with special needs. The Centers focus efforts on students with disabilities and is also available for all students and families. They provide community and special education resource information and many have a lending library. The Centers strive to create solutions to enhance the educational experience of our children.

## What is the goal of the Parent Education Resource Center?

- Each county PERC aligns its goals with those of its county department of education strategic goals which are also aligned with the WVDE State Systematic Improvement Plan.
- They strive to build positive futures for West Virginia's students by working collaboratively with families, schools, and communities to improve opportunities for excellence in education and success in school and community life. The centers' greatest focus is children with disabilities. The centers do this by providing:
  - Services and support for families and professionals;
  - Easy-to-understand, research-based information and training; and
  - Opportunities for strategic partnerships and advocacy for systemic improvement.
- An additional focus for PERCs is working to improve outcomes for disadvantage and ELL students. The centers do this by:
  - Collaborating and partnering with Title 1 and ELL school personnel and community members;
  - Providing easy to understand, research-based information and parent training; and
  - Sharing opportunities to support school initiatives for this population with state agencies.

## How can you learn more about your county's PERC?

- Refer to the other side of this one-pager and contact your local PERC Center.
- If your county PERC is not listed, contact your county's Office of Special Education for support.
- The WV PERC Project is coordinated by the WV Department of Education, Office of Special Education. The State Coordinator can be reached by calling 304-558-2696.

For more information and resources refer to this webpage: <https://wvde.state.wv.us/osp/perc.html>



# West Virginia PERC #

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[ctilley@k12.wv.us](mailto:ctilley@k12.wv.us)  
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[jparson@k12.wv.us](mailto:jparson@k12.wv.us)  
[pstemple@k12.wv.us](mailto:pstemple@k12.wv.us)  
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 Christie Tilley  
 Sandy Pinson  
 Julie Parsons  
 Pat Stemple  
 Helan Turner  
 Diana Smith  
 Teresa Knight  
 Helen Wells  
 Sherri Morgan  
 Lori Thompson  
 Angie Davis  
 Cindy Simmons  
 Patricia Cline  
 Mary Lynn Smith  
 Laura Hayhurst  
 Mary Beth McCloy  
 Ashley Gunoe  
 Beverly Shelton  
 Suzy Howell  
 Holly Yoke

Barbour County PERC  
 Berkeley County PERC  
 Doddridge County PERC  
 Doddridge County PERC  
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 Wetzel County PERC  
 Wirt County PERC  
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 Wood County PERC  
 Wood County PERC  
 Wood County PERC



# A Brief Review of the WV-AWARE Grant: Developing Positive and Supportive School Environments by Addressing Mental Health Needs of Students and Families

**Goal 2:** Improve safe and supportive school environments which meet the physical, social, emotional and academic needs of every child.

**Objective 2.1:** Decrease the total number of aggressive conduct incidences by 2 percentage points, annually, to fewer than 20,500 by 2020.

**Objective 2.2:** Decrease the number of bullying incidences by 2 percentage points, annually, to fewer than 3,200 by 2020.

**Objective 2.3:** Improve the attendance rate with the ultimate goal of 95% for all students by 2020.

— Michael J. Martirano, Ed. D.  
State Superintendent of Schools



## Why focus on Mental Health Services?

- **Data** reveals WV young people face a variety of primary and secondary traumatic experiences, often at higher rates, when compared with other youth in the nation. About 19% of the state's children have experienced abuse or neglect, nearly double the nationwide rate of just over 10%.
- According to the 2013 Youth Risk Behavior Surveillance System (YRBSS), one in every four WV high school students reported that they felt sad or hopeless almost every day for 2 or more weeks in a row, so much so that they stopped doing some usual activities at least once over the course of the previous year.
- Referrals for bullying/intimidation have increased 41% in 6 years; discipline referrals for harassment based on race, religion, ethnicity and sexual orientation have increased 20% over a 6-year period and battery against school employees increased 96%.
- WV has faced a significant problem with prescription drugs, with a 300% increase in prescription drug overdose deaths since 2001, to 656 deaths in 2011. More specifically, the state's young adults (ages 18-25) have the highest rates of reported prescription drug abuse at 12.4% (above the national rate of 10%).
- There is also an increase in Neonatal Abstinence Syndrome (NAS) among children born to drug addicted mothers.
- **West Virginia was one of 20 states to receive the Now is the Time (NITT) Project AWARE grant, hereafter known as WV-AWARE. The grant is part of a major national initiative to support students, teachers, schools and communities in recognizing and responding to mental health concerns among WV youth.**

## What are the goals of the WV-AWARE grant program?

- Address the mental health needs of children, youth, families and caregivers; and
- Assist communities with the implementation of Mental Health First Aid (MHFA) and Youth Mental Health First Aid programs.

## What does WV-AWARE mean to WV Public Schools?

- **The WV-AWARE** grant's purpose is to increase awareness of the mental health issues throughout the state by training school personnel and other adults who interact with school-aged youth on how to detect, respond and connect children and families who may have mental health issues with the appropriate services.

## How does Positive Behavioral Interventions and Supports work?

- **The WV-AWARE** grant focuses on students in PreK through grade 12, ages 3 to 21 years, in West Virginia public schools. Three counties will serve as the demonstration sites to guide the development of a statewide sustainable systems' approach to improve mental health services. The three county school systems are Berkeley, McDowell and Wood.
- **The WV-AWARE** grant was designed from the Interconnected System Framework (ISF) by Mark D. Weist, et. al. The ISF is a proposed and developing interconnection of Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH) systems to improve educational outcomes for all children and youth, especially those with or at risk of developing mental health challenges.
- The funding provided by the grant will assist with schools beginning the process of developing an interconnected systems framework linking the school climate policy, positive behavioral interventions and supports, the "WV Handle with Care" program, comprehensive school counseling programs, student advisory programs, mental health first aid and mental health services in order to leverage individual program strengths within a community schools model. Outside of the three demonstration counties receiving 75% of the grant funding, funding and supports will also be provided to the eight RESAs and state level partners to coordinate an array of programs and policy training supports as requested and needed by county schools to start developing Interconnected System Frameworks.

### Interconnected System Framework

1. Positive Behavior Interventions and Supports (PBIS); and
2. School Mental Health (SMH)



### Grant Supports/Programs

1. Policy development and implementation
2. Positive School Climate Interventions/Programs
3. Teacher training for Mental Health First Aid
4. Interagency Collaboration for School Mental Health Services
5. Community Schools/ School, Family and Community Partnerships



## What steps do schools need to increase mental health supports and develop positive and supportive school climates for all students including students with disabilities?

### Follow Key Components

#### Step 1. Utilize State, RESA and School Leadership Teams

- Establish leadership and school team
- Identify cohort schools
- Identify core teams for training

#### Step 2. Data/WVBE Policies

- Data:
  - » District/school demographics
  - » District and school infrastructure
  - » Current initiatives, collaborations and partnerships
  - » Student performance (attendance, graduation, dropout, course completion, discipline)
  - » Student Supports (SAT, Section 504, IEP, etc.)
  - » Professional learning (dropout prevention/intervention, recovery/re-entry)
- Policies:
  - » Policy 4373: Safe and Supportive Schools
  - » Policy 2315: School Counseling Programs
  - » Policy 2423: Health Promotion (well child visits)
  - » Policy 2425: Community Schools Model
  - » Policy 2419: Regulations for the Education of Students with Exceptionalities
  - » Policy 2510: Assuring Quality of Education: Regulations for Education Programs

#### Step 3. Identify Target Areas for Instruction

- School climate
- School counseling
- Attendance and truancy prevention
- Behavior (multi-tiered services and supports: universal, classroom, targeted and tertiary)
- Referrals for mental health services/supports
- Student and family engagement

#### Step 4. Develop Goal and Build Capacity

- Selected evidence-based practices (e.g., Positive Behavioral Interventions and Supports, Evidence-based School Climate Interventions and Programs, Handle with Care, annual well child exams for early identification, etc.)
- Select early identification and referral training for students and parents (Mental Health First Aid training for youth and adults)
- Develop linkage and school-based mental health services for students
- Establish timelines
- Draft action plan

#### Step 5. Implement, Monitor and Evaluate

- Conduct baseline measures
- Train additional staff for rollout
- Implement strategies on-site coaching, consultation and feedback, progress monitoring, fidelity checks
- Measure results
- Evaluate outcomes
- Celebrate success
- Disseminate

### Choose Site-Specific Strategies

#### 1. Student-Focused Planning

- Involve students in school climate surveys
- Hold SAT meetings with students

#### 2. Student Development

- Teach communication skills
- Teach character education
- Teach community participation skills

#### 3. Family Involvement

- Involve parents in school climate surveys
- Parental involvement/support for school post outcomes
- Encourage parent involvement in SAT, 504 and IEP meetings
- Understand student perceptions of positive school and family support
- Promote positive parental expectations for school and health and wellness of student
- Implement parental supports and outreach

#### 4. Program Structure

- Promote the provision of a full continuum of mental health services for all students
- Promote completion of well child exams at entry and progression points (Grades 2, 7 and 12)
- Implement drop-out prevention interventions for at-risk youth
- Promote school-based mental health services
- Promote opportunities for community outreach, supports and partnerships (Community Schools Model)

#### 5. Interagency Collaboration

- Connect students and families to community services/agencies
- Understand critical elements of school, family and community interagency collaboration
- Develop relationships and Memorandums of Understanding (MOUs) with mental health agencies and community supports for youth
- Work with parents and the students' medical homes to ensure early diagnosis and treatment of mental health needs
- Work with parents and the students' medical homes to ensure early diagnosis and treatment of mental health needs
- Implement cross-disciplinary planning



**Division of Teaching and Learning**  
**Offices of Offices of Special Education and Student and School Support and MU-Autism Training Center**

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# Regional Wellness Gateway

## Areas of Focus for 2015-2016

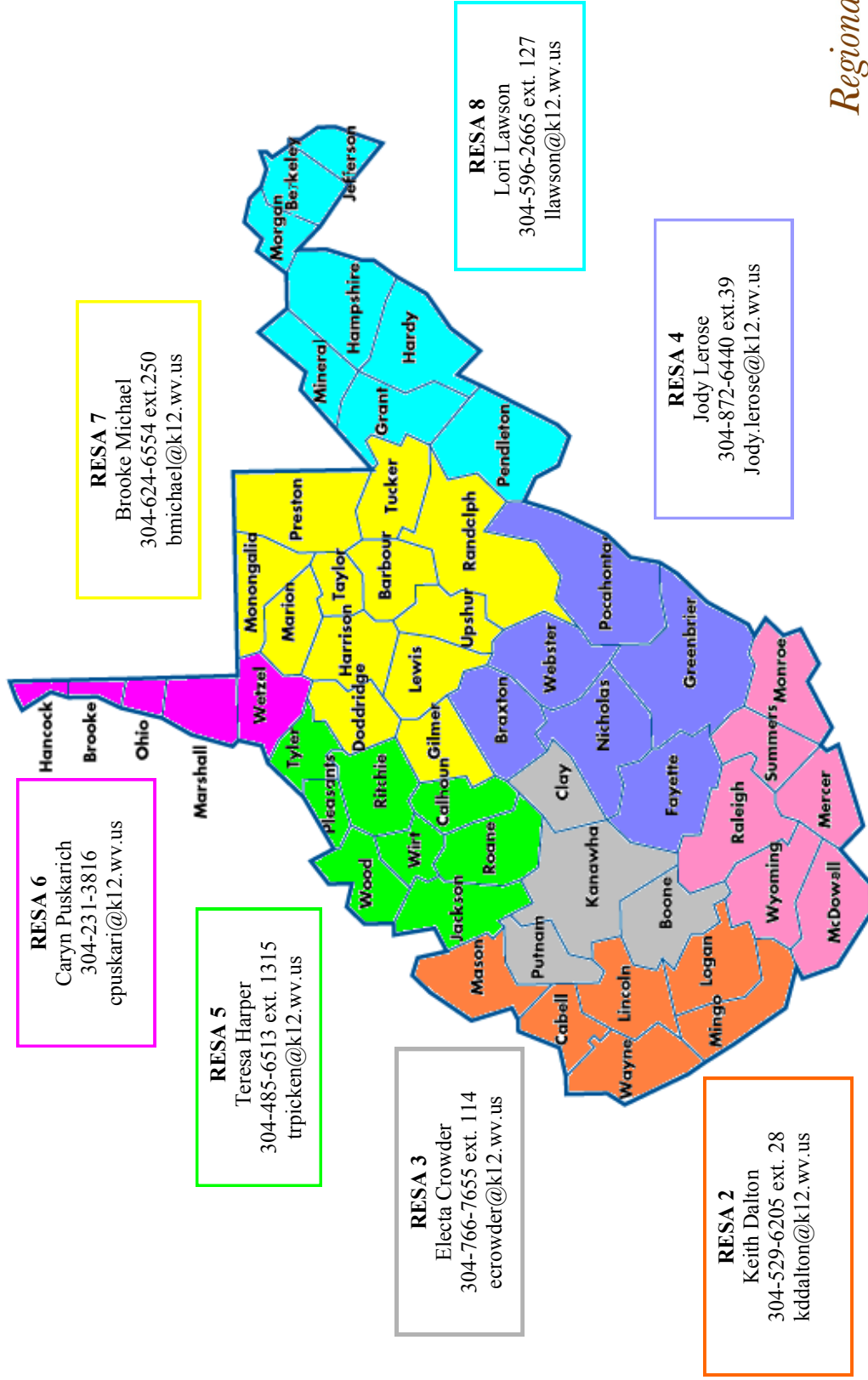
### Professional Learning Opportunities and Technical Assistance on:

- **Bullying Prevention**
  - Bullying/Cyber Bullying Prevention Strategies Curriculum
- **Health Education**
  - HEAP Technical Assistance
- **Primary Health**
  - Oral Health Initiative
  - Well Child Initiative
  - Type 1 Diabetes
- **Physical Activity**
  - Promote lifelong physical activity
  - Let's Move! WV
  - Let's Move Active Schools ( All Elementary Schools in WV)
  - CSPAP Training
- **Substance Abuse Prevention**
  - Governor's Regional Substance Abuse Taskforce
  - HELP4WV Initiative
  - Drug Trends
- **Mental Health Services**
  - Suicide prevention: Recognize Respond React and ASIST
  - Youth Mental Health First Aid Training
  - School Climate Survey
- **Administration of the CDC Scorecard for county worksite wellness**
- **Youth-Led Leadership**
  - SADD Chapters in High Schools
  - iBelieve WV



West Virginia Department of Education  
West Virginia Department of Health and Human Resources

# Regional Wellness Specialists





Region/Agency	CEO and SA Director Name and Contact Information	Project Director Name and Contact Information	Assistant Project Director or Youth/Peer Support Coordinator	R-YSC Location (s)
R-1, Youth Services System, Inc.	John Moses PO Box 6041 Wheeling, WV 26003 Email: <a href="mailto:jomoses@ysswv.com">jomoses@ysswv.com</a>	Jill Eddy, PO Box 6041 Wheeling, WV 26003 Office: 304-233-9627, Ext. 322 Cell: 304 639-2325 Email: <a href="mailto:jeddy@ysswv.com">jeddy@ysswv.com</a>	Autumn Wilson Healthways <a href="mailto:awilson@healthwaysinc.com">awilson@healthwaysinc.com</a>	87 15th Street Wheeling WV 26003
R-2, Potomac Highlands Guild, Inc.	Craig Curtis PO Box, 1583 Romney WV 26757 Email: <a href="mailto:craigc@potomachighlandsguild.com">craigc@potomachighlandsguild.com</a>	Travis Alt PO Box 1583 Romney WV 26757 Office: (304) 358-3897, Ext 27 Email: <a href="mailto:travisa@phgmail.net">travisa@phgmail.net</a>	Jamie Heavener PO Box 1583 Romney WV 26757 Office: (304) 822-3897 Email: <a href="mailto:jamieh@potomachighlandsguild.com">jamieh@potomachighlandsguild.com</a>	
R-3, Westbrook Health Services	Joann Powell 2121 7th Street, Parkersburg, WV 26101 Email: <a href="mailto:joann@westbrookhealth.com">joann@westbrookhealth.com</a>  Karen Schimmel 2121 7th Street, Parkersburg, WV 26101 Email: <a href="mailto:Kschimmel@westbrookhealth.com">Kschimmel@westbrookhealth.com</a>	Suzanne Evans 2121 7th Street Parkersburg, WV 26101 Office: 304-485-1721, Ext. 159 Email: <a href="mailto:slevans@westbrookhealth.com">slevans@westbrookhealth.com</a>		

Region/Agency	CEO and SA Director Name and Contact Information	Project Director Name and Contact Information	Assistant Project Director or Youth/Peer Support Coordinator	R-YSC Location (s)
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### **§126-67-3. Comprehensive School Counseling Program Description (Policy 2315)**

3.1. The CSCP is an integral part of the total school program and is aligned with the school's mission. The CSCP is a proactive, systemic approach to assist students with the acquisition of attitudes, knowledge, skills and behaviors necessary to maximize student success and preparation for a variety of postsecondary options. The CSCP provides universal prevention for all students, targeted interventions for at-risk students and intensive interventions for the most at-risk students. The CSCP is standards-based, designed to developmentally and sequentially address the WVSSS within each programmatic level. The CSCP utilizes school and community data to identify student needs in relation to the CSCP and to set annual priorities for the WVSSS. A certified school counselor, in collaboration with school and community stakeholders, will develop an Annual CSCP Plan in order to coordinate and implement a CSCP designed to address student needs. The CSCP contains four distinct delivery systems.

### **§126-67-5. Delivery Components of Comprehensive School Counseling Programs**

5.1.b. **Integrated Delivery of WV Student Success Standards** – The WVSSS (see incorporated documents) describe the attitudes, knowledge, skills and behaviors all students shall develop in relation to **academic and learning development; career and life planning; personal and social development; and global citizenship**. The WVSSS are critical to the holistic development of all students and require integration into all aspects of each student's educational experience utilizing a variety of delivery modalities. The WVSSS are the foundational standards for each CSCP. The integrated delivery of these standards is coordinated by the school leadership team, the school counselor and teachers.

5.1.c. **Responsive Services** – Events and situations in students' lives and the school climate and culture often impede student success. Responsive services offer preventive activities and programs to address the identified needs of students in each school, as well as **evidence-based interventions** to address targeted student needs. The services include working with at-risk students to provide the help and support needed to ensure grade level success. Usually short-term in nature, responsive services include individual and small group counseling; academic and behavior intervention plans, crisis prevention and response; consultation with parents/guardians and other school staff; and referrals to school and community resources. Some students may require an immediate and expert response to assist with an academic, emotional or behavioral crisis of a severe nature. In cases where students require ongoing support or therapy, the counselor makes appropriate referrals and works with families to secure appropriate resources within the school or community. Schools identify who will coordinate and follow-up on each referral. **The school counselor collaborates with stakeholders to create a school-wide, prevention-based approach to individual and school crises and has a crisis plan in place to address the mental health component of common school-wide crises.** The school crisis team educates other stakeholders to assist with school-wide crisis preparedness, prevention, response and recovery, outlining responsibilities and best practices in the school crisis planning and response.

5.4.d. **Student Supports** –The student support component of the CSCP **consists of a systemic, coordinated approach of developing and implementing programs and activities within the school and community aimed at supporting the success of all students.** High quality education programs provide well-designed student support systems, ensuring that the learning environment is safe and supportive and that the academic, social and emotional, and career development needs of students are identified and addressed. The school counselor collaborates with stakeholders to ensure school-wide coordination of the CSCP and other student support programs. Schools design and identify programs and resources that address identified student needs and enhance the success of each child. Additionally, students and families may seek support to address their unique academic, career and personal-social needs.

5.1.a. **Personalized Student Planning** – Personalized student planning includes providing opportunities for students to discover their interest in emerging careers. Ongoing opportunities at all programmatic levels are provided during the school day for career exploration and self-discovery. Personalized planning allows student to develop academic skills, identify interests, maximize strengths, minimize weaknesses, set and reach personal/educational goals and realize their career aspirations. A Personalized Education Plan (hereinafter PEP) is developed collaboratively, involving students, parents/guardians and school staff.

## EARLY WARNING: HOW IT WORKS

The most common approach to dropout prevention is a threshold model built on research-based benchmarks. For example, schools will flag students as “at risk” who miss a certain percentage of school or fail a certain number or type of classes.

While threshold models can help, research shows that risk prediction is significantly enhanced when it takes the interconnectivity among factors and the organization’s unique profile into account. That is, while absenteeism is a well-established risk factor, how important it is when compared to other factors and exactly what limits constitute “high risk” can vary from district to district.

To achieve this level of analysis, BrightBytes in partnership with Mazin Education developed Early Warning. Early Warning is a research-backed, algorithmic-approach to dropout prevention that uses your district’s historic student data to develop predictive models specific to each grade level in your district. Here’s how it works:

1. **Developing a “Picture”:** Early Warning integrates with your Student Information System (SIS) and organizes the relevant data from your historic student records into 24 research-based areas, called success indicators. These indicators are grouped into four domains.

Domain	Success Indicators
Academics	Assessments: District • Assessments: State • Credits Earned Annually • Academic Indicator: All Courses • Academic Indicator: Core Academic Courses • Grade Retention • Pass Rate: All Courses • Remedial Courses
Attendance	Attendance: First 30 Days • Attendance: Total • Tardies
Behaviors	Behaviors: Major • Behaviors: Minor • Disciplinary Referrals • Expulsions • Suspensions
Demographics	Age • Ethnicity • Gender • Free/Reduced Lunch • 504 Status • Special Education (IEP) • Limited English Proficiency • Mobility

2. **Picking the Models:** Next, Early Warning analyzes the organized data and selects and customizes grade-level specific risk prediction models for your organization.
3. **Assessing Risk:** Finally, Early Warning compares the records of current students to the models and determines risk levels.

Early Warning continues to monitor your student data, allowing you to assess progress over time.

**WV Early Warning Access (Use your Office 365 login credentials)**

<https://wv.clarity.brightbytes.net/>

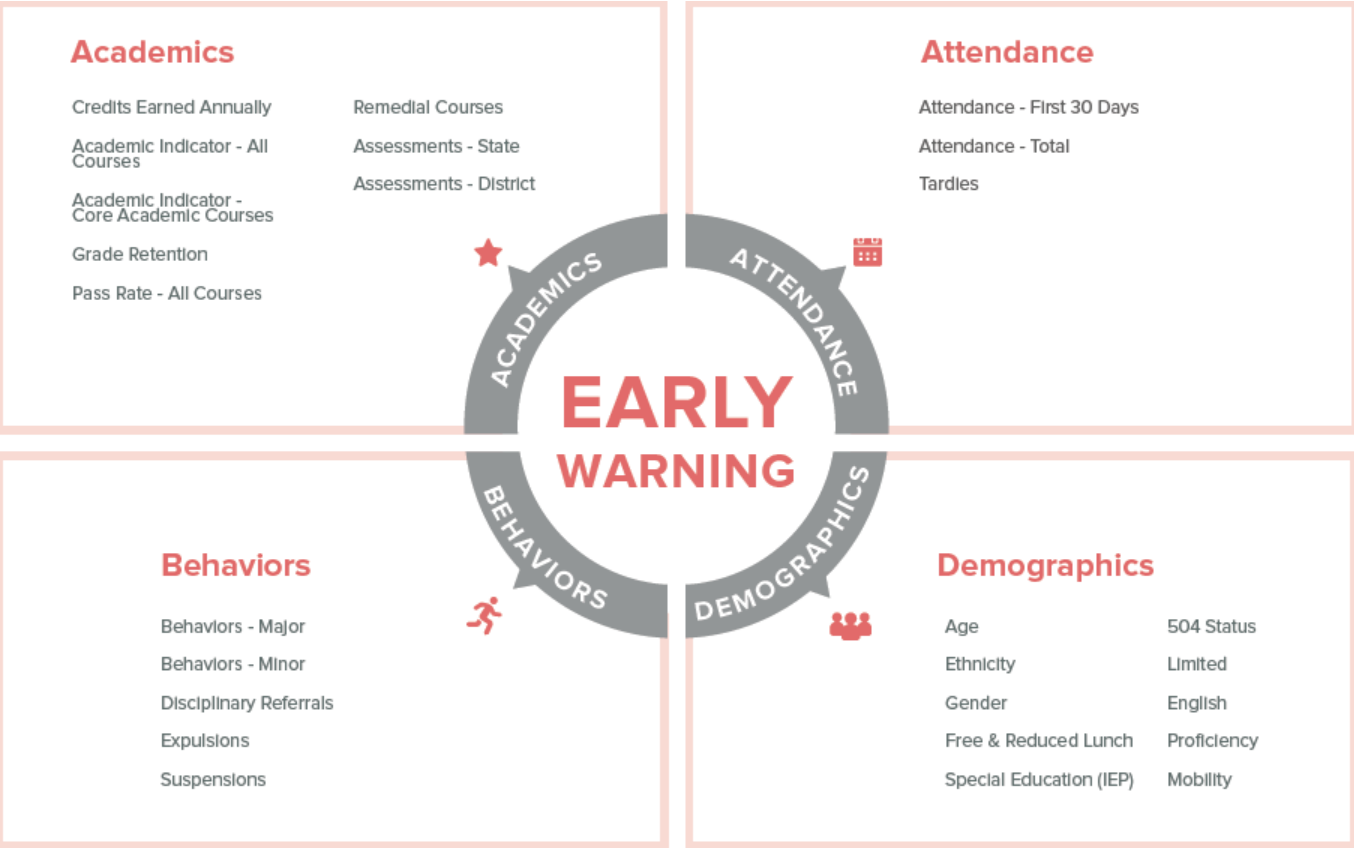


## EARLY WARNING: HOW TO NAVIGATE THE DASHBOARD

Painting a complete picture of your organization requires looking at the “big picture” as well as the “fine grained” details. Early Warning (EW) provides immediate access to both types of information through the dashboard, ensuring that you can both target the highest risk students or schools (the fine details) while also assessing and measuring progress towards organization-wide improvements (the big picture).

The dashboard is broken into five major sections, each providing a key piece of data. Throughout, you'll find the use of a three color-coded risk level scale—**red for high risk**, **yellow for moderate risk**, **green for low risk**—plus grey for no prediction available. Here's what's in each section. (*NOTE: The district's dashboard and school dashboards contain the same sections and general information with some context-specific changes.*)

1. **Risk Prediction:** On the top left you'll find a section that displays information about your schools (district dashboard) or students (school dashboard). A donut chart and corresponding key on the left show the information organized by risk level. For districts, the list on the right highlights the five schools with the most at risk students; for schools, the list shows the five most at risk students. Clicking on the blue “Risk Prediction Tool” bar takes you to the full list of schools or students.
2. **Success Indicators:** Under the “Risk Prediction” section are the 24 success indicators EW analyzes organized into four domains—Academics, Attendance, Behaviors, and Demographics. For the 16 indicators grouped into Academics, Attendance, and Behaviors, EW assigns each a risk level (and associated color). The fourth domain, Demographics, runs along the bottom of the page.
3. **Graduation Rate:** On the top right of the dashboard you'll find the percentage of students who graduated in the most recently recorded academic year. When viewing from a district, elementary, or middle school's dashboard, the number will reflect the overall graduation rate for the district.
4. **Warning Signs:** Below graduation rate you'll find the “Warning Signs” section. Early Warning selects three indicators for this section based on how many students in your school, or how many schools in your district, are high risk. Put another way, Early Warning calls out the three indicators with the greatest high-risk percentages.
5. **Improve Analysis:** The bottom right section highlights up to three success indicators where there is something noteworthy about the data, such as the data set is missing or incomplete or it falls outside the expected thresholds. Typically, though not always, these will align with success indicators marked with grey dots.



## Youth Mental Health First Aid

Youth Mental Health First Aid USA is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

### WHAT WILL PARTICIPANTS LEARN?

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants **do not** learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan:

- **Assess** for risk of suicide or harm
- **Listen** nonjudgmentally
- **Give** reassurance and information
- **Encourage** appropriate professional help
- **Encourage** self-help and other support strategies



The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18.

### WHO SHOULD TAKE THE COURSE?

The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.), but is being tested for appropriateness within older adolescent groups (16 and older) so as to encourage youth peer to peer interaction. In January 2013, President Obama recommended training for teachers in Mental Health First Aid. Since 2008, the core Mental Health First Aid course has been successfully offered to hundreds of thousands of people across the USA, including hospital staff, employers and business leaders, faith communities, law enforcement, and the general public.

### WHO CREATED THE COURSE?

Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Mental Health First Aid USA worked with experts at the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development to develop the youth program.

### WHERE CAN I LEARN MORE?

To learn more about the Mental Health First Aid USA, or to find a course or contact an instructor in your area, visit [www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org).



# ZoomWV for Educators (ZoomWV-e)

**West Virginia's single source for  
Pre-K through Grade 12 education information**

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## What is ZoomWV-e?

ZoomWV is the one voice for education data in West Virginia, with one key focus: helping stakeholders support all students' achievement. The ZoomWV-e is an online reporting tool that can be accessed from a school network.



The ZoomWV-e reports information from the West Virginia Education Information System (WVEIS), and development of the portal required no changes to data collections in WVEIS. In fact, all of ZoomWV's reports were developed from existing data.

Educators can use the ZoomWV-e to see the information they have entered into WVEIS for the students they serve. The portal will provide educators the opportunity to easily view a variety of information including grades, assessment scores, attendance, and student schedules.

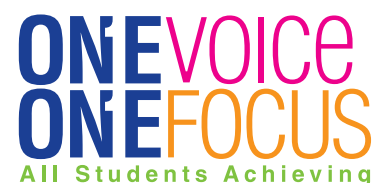
## ZoomWV-e Security

The ZoomWV Educator Portal was designed intentionally to ensure it would be a secure reporting tool for education information in West Virginia. The portal is located behind a firewall, and users can only access it when on the West Virginia state education network. Security constraints in the system ensure only educators who work with a student have access to his/her personal information. Every user who accesses the ZoomWV-e will be required to sign in, and access to information is granted by role. This means that:

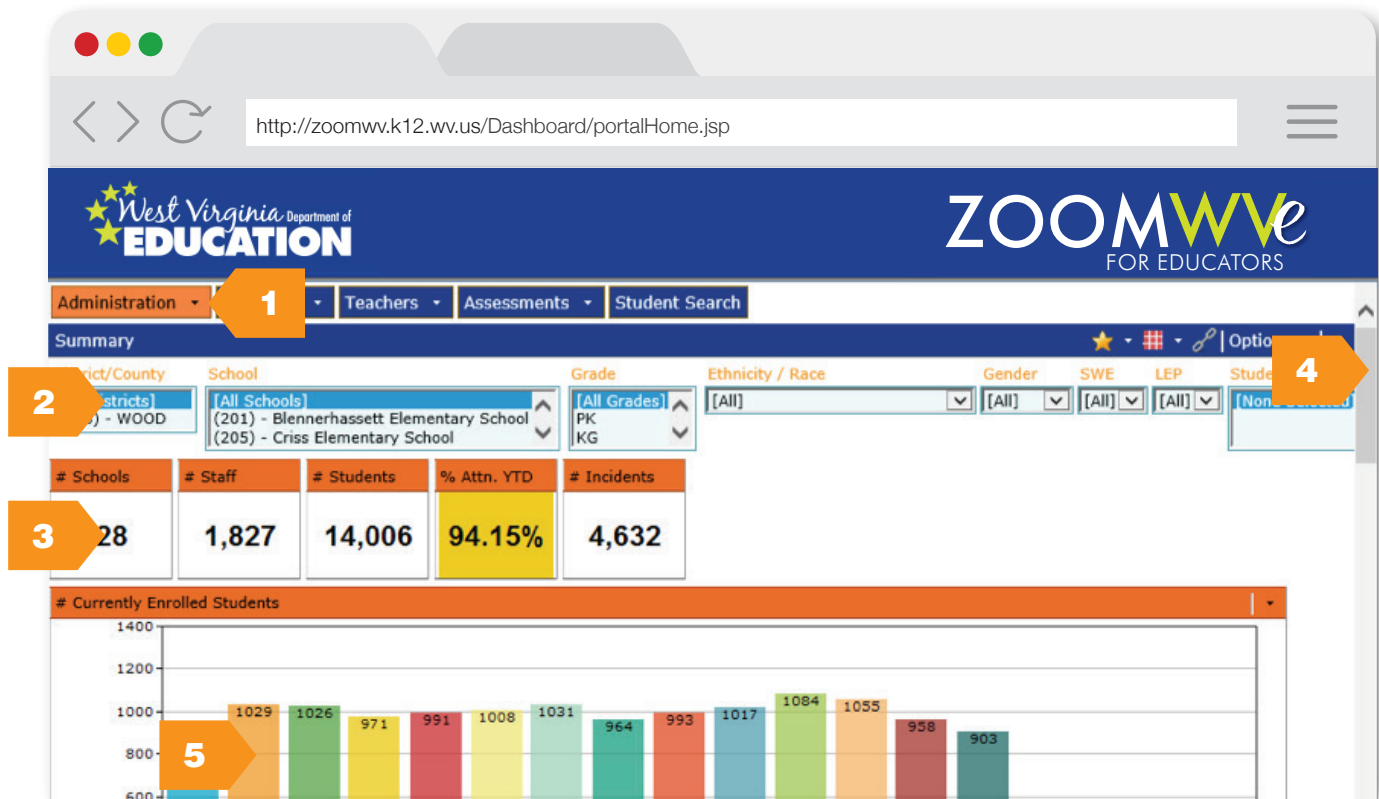
- teachers will only be able to see information for students in their classrooms;
- principals will only be able to see information for students in their schools; and
- superintendents will only be able to see information for students in their districts.


## Visit the ZoomWV Educator Portal

West Virginia teachers and administrators will be able to logon to the ZoomWV Educator Portal using their Webtop username and ID or their email address and password. Educators can find ZoomWV-e by visiting the ZoomWV home site (<http://wvde.state.wv.us/zoomwv/>) and clicking on the Educators tab. A link to the portal will be provided here as a resource for educators.



# ZoomWV for Educators Quick Start User Guide



- 1. Topic Tabs:** Use these menus to navigate the ZoomWV-e for different topics.
- 2. Filter Pane:** Customize your dashboards by using filters located in the filter pane. Filters allow you to narrow focus of the dashboard to information for specific groups of students.
- 3. Dashboard Stoplight:** The dashboard stoplight indicators are a quick summary of the dashboard you are viewing. The data box will be red, yellow or green depending on the information. When hovering over the box if your cursor changes to a hand  you can drill to the information that provides that aggregate number.
- 4. Scroll:** Most topic pages have more information than is presented on the first screen. Scroll down to see the data presented in different graphs and the data table.
- 5. Dashboard:** The dashboard pane is where you can view your data in the form of a graph. Hover your mouse over a bar or line on the graph to view the data values.

Contact the Data Governance Team, in the Office of Legal Services and Accountability, for ZoomWV questions or help at [zoomwv@help.k12.wv.us](mailto:zoomwv@help.k12.wv.us) or 304-558-7881.

## **Activity Instructions**

### **Three-Tiered Supports Activity (page 46)**

1. This activity pertains to programs and resources within your school/district
2. As a team, discuss the prevention/intervention efforts and resources in place to support student mental health available in each tier
3. Select an individual to record group consensus

### **SWOT Activity (page 47)**

1. Complete one SWOT Analysis relating to building capacity for a multi-tiered, collaborative system to support student mental health
2. Discuss and record consensus related to strengths, weaknesses, opportunities, and threats

### **Action Plan Activity (page 48)**

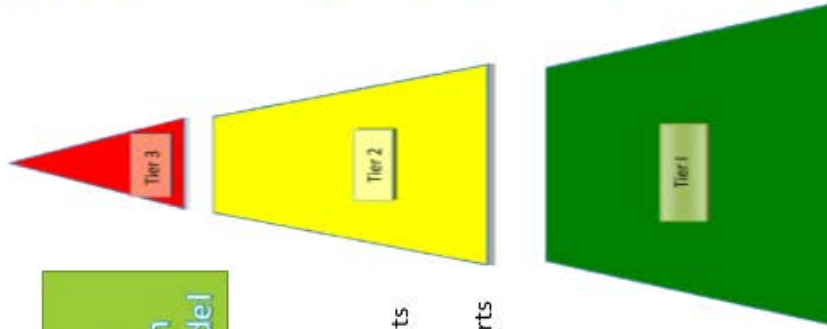
1. Discuss roles and responsibilities that each member of your team within your school/district could play to support a systemic approach to supporting positive student mental health
2. Use your discussion to guide the development of a draft work plan to outline next steps in advancing your efforts within your school/district

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

Internal Supports

External supports

Either/Both



### Tier 3 – Intensive: High Risk Students

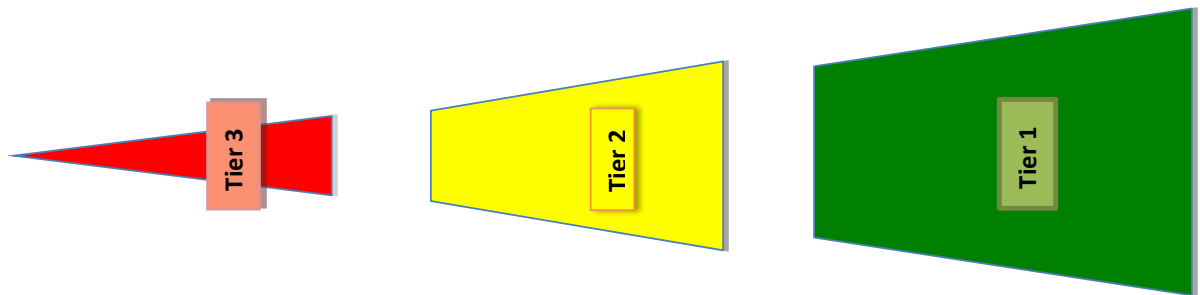
- Specialized community/school groups
- Systems for students with high-risk factors (MSDT, IEP, 504, behavior support plans)
- Individualized counseling/therapy/treatment (i.e. Trauma Focused CBT, Rational Emotional Therapy, etc.)
- Tele-Health Services

### Tier 2 – Targeted: At Risk Students

- SAT team referrals/development of student support/behavior plans
- Comprehensive School Counseling Programs
- 4373 Interventions, IEPs, 504s
- Crisis Interventions/Response Plans (referrals/interventions)
- Systems for Students with at-risk behaviors
- Student Supports
- Regional Youth Service Centers
- Responsive Services
- \*Prevent Suicide WV/ASPEN
- Skill Building/Specialized Groups (social skills, anger management, substance abuse, etc.)
- \*School-based Diversions
- Handle with Care
- Positive Behaviors and Interventions (PBIS)
- Assessment & referrals (nurses, pro officers, staff, course failure)
- Early Warning System (ABC, Attendance, Behavior, community partners etc.)
- Crisis Intervention/Response (Peer Support Programs (i.e. Conflict Mediation))

### Tier 1 – Universal – ALL Students

- Early Warning System (ABC, Attendance, Behavior, Course failure)
- Comprehensive School Counseling Programs
- School-wide Student Advisory
- Integrated Delivery of the WVSSS (Academic and Learning Development, Career and Life Planning, Personal and Social Development, Global Citizenship)
- Support for Personalized Learning (SPL)
- Mental Health Crisis Prevention Plan
- \*Prevent Suicide WV/ASPEN
- Student Supports
- Universal referral system for counseling services, SAT, etc.
- Jason Flatt Act (Suicide Prevention Training for school personnel and Universal prevention)
- Communities Schools Approach
- HB 2535 Code (Jaime's Law) Training for Students
- Community Engagement in Prevention
- 4373 Dispositions/Expected Behaviors
- Best-practice Prevention Programs and Services (i.e. Too Good for Drugs, Signs of Suicide, PBIS, iLead, Second Step)
- Trauma Informed/Mental Health First Aid Training for Universal Screening (i.e. SOS, CRAFFT, Strengths & Difficulties, SBIRT)
- Staff & Providers
- Positive School Climate/Culture



Programs and Interventions	Available Resources/Contacts
Tier 3 – Intensive – High-risk Students	
Tier 2 – Targeted – At-risk Students	
Tier 1 – ALL Students	

# SWOT Analysis

Related to building **CAPACITY** for a multi-tiered, collaborative system to support student mental health

## Strengths

-Variety of stakeholders with a common goal

## Weaknesses

-Differentiated practices, programs, and resources within each school

## Opportunities

-To collaborate, strategically align, and share responsibilities to support student mental health

## Threats

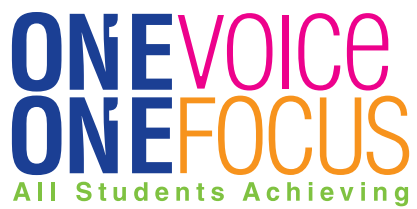
-Too many initiatives with little strategic alignment to support student mental health

Team Member Names	Title	Email	Phone

Directions: Discuss roles and responsibilities that each member of your team could play to support a systemic approach to supporting positive student mental health within your . Use your discussion to guide the development of a draft work plan to outline next steps in advancing your efforts.

<b>Goal Area</b>	Expanding student mental health/ESMH within the RESA.			
<b>SMART Goal</b>				
<b>Outcome/Results</b>				
<b>Action Step, Time Line, and Person Responsible</b>	<b>Action Step</b>	<b>Person Responsible</b>	<b>Time Line</b>	<b>Progress</b>
	1)			
	2)			
	3)			
	4)			
	5)			
	6)			
	7)			
<b>Support Network</b>				
<b>Obstacles</b>				
<b>Adjustments</b>				





Michael J. Martirano, Ed.D.  
State Superintendent of Schools