A new foundation of learning supports for WV students

Expanded School Mental Health refers to programs that build on the core services typically provided by schools, to help all students succeed...West Virginia’s Expanded School Mental Health Initiative is a 3-tiered 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.

INSIDE THIS ISSUE:

The WV-ESMH steering team presents 10 newly-adopted recommendations for West Virginia schools to provide the universal level of prevention.

Diagram courtesy Louisiana Department of Education

Applying Ourselves...

Some students face barriers to learning that cannot be overcome by instructional improvements alone.

But schools alone cannot effectively address the problems of mental illness, substance abuse, and poor academic achievement. Schools must come together with parents, mental health organizations, community groups, law enforcement and juvenile justice agencies, and elected officials to develop and carry out a comprehensive plan of action.

The Expanded School Mental Health Initiative provides a variety of technical assistance strategies to support the evidence-based efforts of schools and school districts in a growing number of counties.

The following pages highlight local examples of West Virginia schools that are putting knowledge into practice.
1. An infrastructure of policies, staff, and management that articulates, supports and sustains a comprehensive school mental health model

2. A systemic approach to early identification of students at risk

3. An effective, classroom-based developmental guidance curriculum that is consistent and reinforced within and outside of the classroom

4. A school-wide positive behavior program based upon evidence and promising practices

5. Annual training for all staff to enhance their skills in addressing mental health needs of students and to promote wellness of staff

6. Formal policies and practices to assess and strengthen student connectedness

7. Formal policies and practices to assess and strengthen parent and family involvement

8. A program to assess and address school climate, based upon evidence and promising practices

9. School safety plans that incorporate both crisis prevention and response

10. Specific activities and programs that support families and students as they negotiate transitions such as grade and school changes
“School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.”

Carnegie Task Force on Education

West Virginia school systems are beginning to meet the challenge as partners in a comprehensive Expanded School Mental Health initiative. Here are a few examples:

**Cabell County Schools**

Lora Sammons, Prestera Center for Mental Health Services
Sherri Woods, Cabell County Schools

Prestera Center has been providing school based services for many years. The West School Based Services Program provides school based services in Cabell and Wayne counties. We have a team made up of a masters level therapist and bachelors level case manager, full time and available to each school during school hours. We also maintain services and continue to provide all eligible services throughout the summer months, including individual therapy, family therapy, group therapy, individual and group supportive intervention, targeted case management, psychological evaluation, psychological testing, and teacher and parent training. We currently work with the Alternative School to provide school based services. We are working to develop a transition plan for the students at the Alternative School that will allow the student to move from Alternative School to their home school with little interruption in services or providers.

**Greenbrier County—Western Greenbrier Middle School, Meadow Bridge Elementary & Greenbrier West High School**

Judy Koehler, Rainelle Medical Center

Mental health services are an integral part of the school based health centers operated by Rainelle Medical Center. Students are referred through the primary care provider at the school based health center, parents, or directly by school personnel. Staffing currently includes three full-time master’s level therapists who provide individual, group and family therapy, crisis intervention, school staff education, suicide
prevention education and screenings, and risk behaviors screenings at summer sports physicals. Evidence based therapeutic tools are used to screen for mental health status. The therapists conduct the Signs of Suicide program which includes education for all students and screenings for all students with parental consent, for depression and suicide risk. Services are coordinated through an advisory committee and meetings are held regularly with school administrators. Plans are underway to start a new school based health center at Eastern Greenbrier Middle School in which mental health care will be provided along with medical services.

**Ohio County—Madison Elementary**
Lynne Stanley, Northwood Health Systems “Choices” Program
Jessica Laslo, Ohio County Schools

A retired school counselor in 2002 did a needs assessment of students and found high drug and alcohol rates in families, and high poverty levels. He brought the assessment to leadership at Northwood, and their “Choices” program developed a school-based, family centered, theoretically sound, early intervention program, and began to work with families. We do home visits and we offer multi-family therapy where parents discuss issues of parenting and offer support from one family to another. These have been hugely successful for us in engaging and sustaining relationships with the families. We are exploring how to better meet the needs of children facing grief/loss due to parents’ incarceration. Those needs are driving us to further expand school services for all the children who need to have extra support. The school funds one full-time counseling position through Title I, and has made it a priority to schedule developmental guidance in each K-5 classroom for 30 minutes every week, including the Second Step curriculum and “Too Good for Drugs,” purchased by the Ohio County Substance Abuse Prevention program.

**Pleasants County Schools**
Sarah O’Neill, Westbrook Health Systems
Helen Wells, Pleasants County Schools

We have a large steering committee that includes school administrators, all of the school counselors, community members, and parents. We meet once a month and try to do an education piece to help with some of that disconnect between mental health and education. We’ve brought in speakers on Aspergers, and training on the mental hygiene process. The county did training to individual schools for Positive Behavior Support as the universal prevention model. We have strong support and work very closely with the Director of Student Support Services. The district also has incorporated school mental health into their five year strategic plan. Westbrook provides a full time therapist and half time case manager, who divide

**Continued next page...**
Interventions that occur early for individual students or small groups of students at risk of academic, mental health or substance abuse problems. Examples include students who cannot incorporate the social emotional learning standards at the universal level, have experienced trauma, have disengaged from the learning environment or are in transition. Entry to Tier Two generally involves:

1) referral by the school’s student assessment team, other staff, a parent or health care provider; and
2) consent of the student and parent.

Examples of programmatic interventions include social skills groups; violence reduction, anger management; family support; grief and loss, suicide / depression screening; short term counseling and stress management.

TIER 3 - INTENSIVE
TREATING SEVERE & CHRONIC PROBLEMS

Individualized therapeutic interventions based on a multidisciplinary team referral or individual evaluation for high risk students who have severe, chronic or pervasive concerns that may or may not meet diagnostic criteria. This level includes students in alternative educational placements, including the juvenile justice system, or who require comprehensive treatment and family supports to be successful in school, the community and life. Services might include crisis intervention, cognitive behavioral therapy, and family therapy; and may be community or school based.

Tucker County Schools
Frances Jackson, Youth Health Services

We started our planning year with a core team of about 12 individuals from the community, including parents. We took a great deal of time to develop a very sound Memorandum of Understanding with input from all of the people. Our second goal was to increase access. We are in three schools. We wanted to be in one school, because we felt we could focus and concentrate our services in one school, but the core team wanted us to be in all three schools because the need was so great. Our staff use only evidence based interventions with children. We have developed our policies for confidentiality, communication and the referral process and a referral follow-up system so that communication gets back to the teacher and to the SAT teams.

In this county there’s a great deal of stigma about mental health services. So we slowly met with small groups of people to talk about us being there. The school counselors are the key people to the children and parents.

We were very lucky having the superintendent of schools to be a champion for this project. He really knew what we wanted this to look like in his schools. He’s never missed a meeting. He recommended that we work through the SAT teams instead of reinventing something, so he was a wonderful resource in helping us to develop an integrated system.