ESMH STRATEGIC PLANNING MEETING
GOALS FOR IMPROVING SUPPORT OF STUDENT MENTAL HEALTH IN SCHOOLS
February 27, 2017
DAYS INN - FLATWOODS, WV

FACILITARORS:

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

NIKKI TENNIS, DIRECTOR, OFFICE OF CHILDREN, YOUTH, AND FAMILIES
WVDHHR BUREAU FOR BEHAVIORAL HEALTH & HEALTH FACILITIES
Welcome and Today’s Objectives

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

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

Table Introductions - Introduce yourself to your table leader

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

Table leader – Introduce your table teams – using summary from table introductions
Table Activities and Logistics

Seating arrangements

Roles
- Facilitator
- Note Taker
- Participants

Other Logistics

Dianna Bailey-Miller baileymiller@marshall.edu
MHFA Coordinator
Parking Lot

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

We will process undiscussed topics at the end of the day.
Every student in WV will benefit from a school environment that supports social and emotional well-being to achieve his/her full potential.
In your own words.....

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

1. Individually, use sticky notes to describe what ‘Expanded School Mental Health’ means to you (in your own words).
2. Share your descriptions with your group leader to develop a consensus statement (or list of agreements) describing ESMH.
3. Be prepared to report out using live survey.
Live Survey Questions & Participant Responses: What does school mental health mean to you?

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

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

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

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

A proactive, coordinated multi-tiered system of support between schools and communities to support mental health for all students.
What does school mental health mean to you?
(continued)

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

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

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

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

All right I'm gonna say it

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

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

- **State steering team** meets 6 times per year
  - Lead by Executive Team *(WVDE Lead, WVDHHR Lead, MU Tech. Asst., Project Aware Leader)*
  - Subcommittee Goal Groups -
  - State Advisory Group for Project Aware

- Detailed work plan
- Grantee workshops/ TA calls
- Tools and resources: info briefs, video testimonials, website
- Evaluation system: improved attendance, reduced suspensions, reduction in juvenile justice cases
- Professional Development / Conference Strands
- Surveys/Communication
Team Members
28 members
Representing 21 entities/agencies

Barbara Brady, Co-Chair
School Counseling Coordinator
Office of Student and School Supports
West Virginia Department of Education
barbrady@k12.wv.us

Nikki Tennis – Co-Chair
Office Director
Children’s Behavioral Health
W.Va. Bureau for Behavioral Health and Health Facilities (BH&HH)
Nikki.A.Tennis@wv.gov

Dianna Bailey Miller
State Mental Health First Aid Coordinator
Project AWARE
Autism Training Center, Marshall University
baileymiller@marshall.edu

Kenneth Birchfield
LEA Project AWARE Coordinator
McDowell County Schools
kenneth.birchfield@k12.wv.us

Jason Butcher
Coordinator – WV Board of Education Agencies
West Virginia Board of Education
jbutcher@k12.wv.us

Kelli Caseman
Children’s Health Director
West Virginians for Affordable Health Care
kelli@wvhc.org

Richard Crespo
Professor and Director
School Health Technical Assistance Center
RC Byrd Center for Rural Health, Marshall University
crespo@marshall.edu

Kristi Crook
School Nurse
Lewis County Elementary
krook@k12.wv.us

Deana Cummings
Regional Family Advocate
Family Advocacy, Support & Training
Legal Aid of WV
doragg@lawv.net

Andrea Darr
WV Children’s Justice Program Manager
WV Drug Endangered Children State Coordinating Committee
WV Prosecuting Attorneys Institute
Andrea.L.Darr@wv.gov

Barry Faucett
Director, Adolescent Suicide Prevention and Early Intervention/Prevent Suicide WV
Pretest Center
barry.faucett@pretestwv.org

Felicia Bush
Chief Executive Officer
Harmony Mental Health, Inc.
felicia@harmonymh.org

Mary Grandon
Physician Assistant/Clinical Coordinator
Cabin Creek School-Based Health Center
RC Byrd Center for Rural Health, Marshall University
grandon@marshall.edu

Joni Greenberg
LEA Project AWARE Coordinator
Berkeley County Schools
jgreenberg@k12.wv.us

Jim Harris
Associate Director of Training
West Virginia Department of Education and Autism Training Center, Marshall University
harris166@marshall.edu

Kelli Holmes
LEA Project AWARE Coordinator
Wood County Schools
kelli.holmes@k12.wv.us

Gary Keen
Service Delivery Coordinator
Bureau for Children and Families
West Virginia Department of Health and Human Resources
Gary.W.Keen@wv.gov

Amy Kelly
Coordinator, Positive Behavioral Interventions and Supports
West Virginia Department of Education and Autism Training Center, Marshall University
kelly09@marshall.edu

John Kennedy
Coordinator for School Based Health Centers
West Virginia Primary Care Association
john.kennedy@wvpca.org

Cindy Largey-Hill
Director
Juvenile Justice Commission
WV Supreme Court of Appeals
cladyhill@courtwv.gov

Robin Lewis
Executive Director
WV Regional Education Service Agency 1
rljewis@k12.wv.us

Eric Limogrover
Director: Psychological Services
Westbrook Health Services, Inc.
Comprehensive Behavioral Health Center
elimogrover@westbrookhealth.com

Jackie Payne
State Coordinator
Project AWARE
Autism Training Center, Marshall University
payne225@marshall.edu

Tiffany Pittman
School Mental Health Coordinator
School Health Technical Assistance Center
Marshall University School of Medicine
pittman@marshall.edu

Joann Powell
Executive Director/CEO
Westbrook Health Services, Inc.
Comprehensive Behavioral Health Center
joann@westbrookhealth.com

Helen Wells
School Psychologist
Pleasant County Schools
hwells@k12.wv.us

Karen Yost
Executive Director/CEO
Prestera Center for Behavioral Health
karen.yost@prestera.org

Vacant
Program Director, Coordinated School Health
West Virginia Bureau for Public Health
@wv.gov
Four Broad Goals

1. **INFRASTRUCTURE**: Refine and oversee the state ESMH steering team infrastructure.

2. **RESOURCE DEVELOPMENT**: Identify, develop and update protocols and best practices to ensure quality and fidelity of the WV Expanded School Mental Health model.

3. **COMMUNICATING WITH STAKEHOLDERS**: Implement a strategic communication plan that informs and engages cross-systems stakeholders to promote and support ESMH.

4. **EVALUATION**: Streamline an evaluation design and reporting process that informs funders and stakeholders about ESMH outcomes and progress.
The Lineage of ESMH in WV

2006
WVBHHF, WVDE & Marshall U meet

2007
State Steering Team Formed
Concept Paper & Strategic Plan

2008
School Survey
Visited Exemplar States
7 Planning Sites Funded
MOU between WVDE and DHHR-BBH

2009
Pilot NASBHC Mental Health Capacity Building
Planning grants
7 ESHM Pilots
Joined IDEA Partnership

2010-16
✓ ESMH Model for WV
✓ Info Briefs & Toolkits (updated Jan. 2017))
✓ 1st State conference - 2010
✓ ESMH Strand KidStrong Conference (2012)
✓ WVDE policies align with ESMH
✓ ESMH Protocol for School Counselors
✓ Innovation Zone Grants include ESMH focus
✓ Alternative School Pilots
✓ Community Schools approach
✓ School Crisis Prevention and Response Template
✓ Mental Health Crisis Plans
✓ Presentations at National SBMH Conf.
✓ Project AWARE Grant Management Team
✓ 40 ESMH Grantee sites
ESMH Grantees of the DHHR Bureau for Behavioral Health and Health Facilities (BBHHF)

- 40 school sites in 20 counties
- Sites in all six BBHHF regions
- More schools interested in becoming ESMH grantees
Multitiered System of Student Supports

- **Universal**
  - 80-90%
  - ALL students

- **Targeted**
  - 5-15%
  - At-risk students

- **Intensive**
  - 1-5%
  - High-risk students

- **Treatment**
- **Early intervention**
- **Prevention /MH promotion**
We agree... It takes a village

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

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

## Internal Supports for Schools

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

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

## External Supports

- **Structures, systems and programs within the community, district, RESA and state**
  - that support schools in implementing a multi-tiered system of student supports.

*Based on local needs and resources, schools collaborate with external stakeholders to support student mental health.*
## Collaborative, Multitiered System of Student Supports*

### Internal Supports in Schools

<table>
<thead>
<tr>
<th>Policy 2315</th>
<th>Comprehensive School Counseling Program</th>
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<tbody>
<tr>
<td>Policy 2510</td>
<td>Evidence and Standards-Based Advisory</td>
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<tr>
<td></td>
<td>Integrated delivery of the WVSSS</td>
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<tr>
<td>Student Assistance Teams (SAT)</td>
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<td>School Leadership Teams</td>
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<td>Personalized Learning</td>
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<tr>
<td>Policy 4373</td>
<td>Positive Approach to Discipline</td>
</tr>
<tr>
<td>Early Warning System</td>
<td>(ABC, Attendance, Behavior, Course failure)</td>
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<tr>
<td>Professional Development opportunities</td>
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### External Supports

<table>
<thead>
<tr>
<th>RESAs (Regional Educational Service Agencies)</th>
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<tbody>
<tr>
<td>DHHR BBHHF-supported services and supports</td>
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<tr>
<td>Regional Lead Prevention Organizations</td>
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<tr>
<td>Prevent Suicide WV/ASPEN</td>
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<tr>
<td>ESMH Grants</td>
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<tr>
<td>Regional Youth Service Centers</td>
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<tr>
<td>Community Behavioral Health Providers</td>
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<tr>
<td>School-Based Health Centers</td>
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<tr>
<td>WVATC Autism Center at Marshall University</td>
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<tr>
<td>Positive Behavioral Interventions and Supports (PBIS)</td>
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<tr>
<td>Marshall School Health Technical Assistance Center</td>
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<td>Department of Rehabilitation Services</td>
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*These are examples and not exhaustive lists.*
<table>
<thead>
<tr>
<th>Tier 3 – Intensive: High Risk Students</th>
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<tbody>
<tr>
<td>- Specialized community/school groups</td>
</tr>
<tr>
<td>- Individualized counseling/therapy/treatment (i.e. Trauma Focused CBT, Rational Emotional Therapy, etc.)</td>
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<tr>
<td>- Systems for students with high-risk factors (MSDT, IEP, 504, behavior support plans)</td>
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<tr>
<td>- Tele-Health Services</td>
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<tr>
<th>Tier 2 – Targeted: At Risk Students</th>
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<tbody>
<tr>
<td>- SAT team referrals/development of student support/behavior plans</td>
</tr>
<tr>
<td>- 4373 Interventions, IEPs, 504s</td>
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<tr>
<td>- Systems for Students with at-risk behaviors</td>
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<tr>
<td>- *Regional Youth Service Centers</td>
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<tr>
<td>- *Prevent Suicide WV/ASPEN</td>
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<tr>
<td>- *School-based Diversions</td>
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<tr>
<td>- Positive Behaviors and Interventions (PBIS)</td>
</tr>
<tr>
<td>- Early Warning System (ABC, Attendance, Behavior, Course failure)</td>
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<tr>
<td>- Crisis Intervention/Response</td>
</tr>
<tr>
<td>- Peer Support Programs (i.e. Conflict Mediation)</td>
</tr>
<tr>
<td>- Comprehensive School Counseling Programs</td>
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<tr>
<td>- Crisis Interventions/Response Plans</td>
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<tr>
<td>- (referrals/interventions)</td>
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<tr>
<td>- Student Supports</td>
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<tr>
<td>- Responsive Services</td>
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<tr>
<td>- Skill Building/Specialized Groups (social skills, anger management, substance abuse, etc.)</td>
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<tr>
<td>- Handle with Care</td>
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<tr>
<td>- Assessment &amp; referrals (nurses, pro officers, staff, community partners etc.)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Tier 1 – Universal – ALL Students</th>
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<tbody>
<tr>
<td>- Early Warning System (ABC, Attendance, Behavior, Course failure)</td>
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<tr>
<td>- School-wide Student Advisory</td>
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<tr>
<td>- Support for Personalized Learning (SPL)</td>
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<tr>
<td>- *Prevent Suicide WV/ASPEN</td>
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<tr>
<td>- Jason Flatt Act (Suicide Prevention Training for school personnel and Universal prevention)</td>
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<tr>
<td>- HB 2535 Code (Jaime’s Law) Training for Students</td>
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<tr>
<td>- 4373 Dispositions/Expected Behaviors</td>
</tr>
<tr>
<td>- Best-practice Prevention Programs and Services (i.e. Too Good for Drugs, Signs of Suicide, PBIS, iLead, Second Step)</td>
</tr>
<tr>
<td>- Universal Screening (i.e. SOS, CRAFFT, Strengths &amp; Difficulties, SBIRT)</td>
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<tr>
<td>- Positive School Climate/Culture</td>
</tr>
<tr>
<td>- Comprehensive School Counseling Programs</td>
</tr>
<tr>
<td>- Integrated Delivery of the WVSSS (Academic and Learning Development, Career and Life Planning, Personal and Social Development, Global Citizenship)</td>
</tr>
<tr>
<td>- Mental Health Crisis Prevention Plan</td>
</tr>
<tr>
<td>- Student Supports</td>
</tr>
<tr>
<td>- Universal referral system for counseling services, SAT, etc.</td>
</tr>
<tr>
<td>- Communities Schools Approach</td>
</tr>
<tr>
<td>- Community Engagement in Prevention</td>
</tr>
<tr>
<td>- Trauma Informed/Mental Health First Aid Training for Staff &amp; Providers</td>
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Advancing Wellness and Resilience Education

“Now Is The Time” Grant

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

WV ESMH Steering Team - State Advisory Team for Project AWARE
ESMH Integration into WVDE Policies

Policy 2315: Comprehensive School Counseling Programs

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

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

Policy 4373: Expected Behavior in Safe and Supportive Schools
ESMH Integration into WVDE Policies

**Policy 2423:** Health Promotion and Disease Prevention

**Policy 2419:** Regulations for the Education of Students with Exceptionalities

**Policy 2322:** Standards for High Quality Schools

**Policy 2200:** Parent, Family and Community Involvement in Education
Additional Collaborative, Multitiered System of Student Supports*

Policy 2425 – Community Schools

Project AWARE

Defending Childhood Initiative/Handle with Care

KidStrong Conference, June 21-23, 2017, Charleston Civic Center
http://wvde.state.wv.us/forms/2017/kidstrong/vendor/

Student Success Summit, July 26-27, 2017, Waterfront Place, Morgantown
http://cfwvconnect.com/student-success-summit/

*These are examples and not an exhaustive list.
Strengths and Successes

1. Using the tiered reflection tool, individually record strengths and successes at each tier.
2. Discuss strengths and successes at your table…
   Be prepared to report out…
   ◦ Common strengths and successes at each tier
   ◦ Common strengths and successes overall
Live Survey Questions & Participant Responses: What are your current strengths and successes at Tier 1 (Prevention)?

**COMPREHENSIVE SCHOOL COUNSELING**

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

increased linking with other partners

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

school counselors providing regular developmental guidance

Comprehensive So

increased learning opportunities for students and teachers

Guidance counseling assistance, PBIS Teams, caring and trusting school environment, providing timely services, teen pregnancy & prevention healthy relationships, teaching expected behaviors and universal presentation (SOS)
What are your current strengths and successes at Tier 1 (Prevention)?
Continued 2 of 3

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

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

Anti-Bullying programs
Increased buy-in, - Suicide Prevent, - Too good for drugs and violence
trauma and crisis intervention training
evidence based curriculum being used or people being trained to use it

Strong school counseling program, Second Step program in elementary school, PBIS in elementary school & middle school, beginnings of data-based decision making
What are your current strengths and successes at Tier 1 (Prevention)?

Continued 3 of 3

SBIRT screening

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

Suicide prevention

Schools seeking funding

Evidence based program enthusiasm from teachers and willingness to participate

Steering teams up & running

Lots of buy in and support

ABC model

Staff trainings happening
Live Survey Questions & Participant Responses:
What are your current strengths and successes at Tier 2 (Early Intervention)?

Groups, Individual services, STARS, DRS
Identify academics, attendance and emotional needs, Too Good For Violence program, celebrating healthy choices, Upward Bound, Systematic referral
Positive Actions, Nurtured Heart, Too Good for Drugs,
SPL, PASS/mentoring programs, check in/check out,
Handle with Care Referral, SAT/YES, therapy dog
Evidence based curriculum purchased
Development of groups based on needs identified through Tier 1 screening
Handle with Care
Overall increase in buy-in and recognition and value of Tier 2 intervention in schools
Live Survey Questions & Participant Responses: What are your current strengths and successes at Tier 3 (Intensive Intervention)?

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

abundance of referrals

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

strong referral tool

fund raising to help pay co pays

Easier accessibility to therapy

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

But in with TFCBT and PCIT
What are your current strengths and successes at Tier 3 (Intensive Intervention)?
Continued 2 of 2

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

Expanded services in schools for provision of mental health support

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

Decreased stigma has resulted increased usage of Tier 3 services.

504, mountaineer challenge, psychiatric evaluations

Therapy

Successful collaboration with community based agencies

Referral for services
Live Survey Questions & Participant Responses: What are your current strengths and successes overall?

*Answered in previous questions*

increased number of schools
Challenges

1. Using the tiered reflection tool, individually record challenges at each tier.
2. Discuss challenges at your table...
   Be prepared to report out...
   - **Common challenges at each tier**
   - **Common challenges overall**
Live Survey Questions & Participant Responses:
What are your current challenges in Tier 1 (prevention)?

lack of funding for YMHFA training in non pilot counties

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

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

there are not enough school counselors

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

behaviors come from lots of places - resisting the temptation to over-use labels
What are your current challenges in Tier 1 (prevention)?

Continued 2 of 3

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

lack of interest in school to receive training

Lack of strong and consistent Parent Engagement

never sees school counselor

Scheduling

Time for teacher/school staff trainings

Scheduling professional development

Continued lack of buy-in with critical leadership
What are your current challenges in Tier 1 (prevention)?

Classroom time

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

Buy-in from school staff

Strong Communication

Lack of teacher buy in, difficult getting community buy in, need for capacity building always putting out fires and not enough time to plan and invest in solutions

lack of human capital
Live Survey Questions & Participant Responses: What are your current challenges in Tier 2 (early intervention)?

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

Not enough Tier 2 interventions

Team Meeting Times for tier 2 services

Not enough space/private space

School understanding of services provided at Tier 2

Conflicts with scheduling in many different arenas

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

harder to find curriculum for use at this level
What are your current challenges in Tier 2 (early intervention)?

Continued 2 of 2

Buy-in, time,
Identifying groups, SAT team not used effectively and resources are limited.
access to services, particularly in rural areas
Buy in to referral and tracked my process
Finding time to provide Tier 2 intervention.
School wants agency to provide all the programming
enough time
Creating systems to identify students that need Tier 2 interventions.
Trained workforce
Live Survey Questions & Participant Responses:
What are your current challenges in Tier 3 (intensive intervention)?

teacher buy-in and limited class to pull from

services that do not stigmatize or label the student

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

Buy in from school administrators

HIPAA/FERPA challenges

teacher buy in to release students for services
What are your current challenges in Tier 3 (intensive intervention)?

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

Getting parental approval

Workforce

family interest in utilizing services

Difficultly getting families to be involved in Tier 3 interventions

Parent follow through for intake with providers

School calendar

Some continued stigma regarding Tier 3 interventions
Live Survey Questions & Participant Responses:
What are your current challenges overall?

Geography and limited number of providers.

Data

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

Staff turnover

not enough clinicians

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

Transportation

Turnover
What are your current challenges overall?

Communication

FUNDING! Sustainability

Time

Leadership changes

Understanding the framework

Parent consent & involvement

Buy in, professional development time
Next up…

Dr. Richard Crespo

*Professor and Director*
*SCHOOL HEALTH TECHNICAL ASSISTANCE CENTER*

*RC BYRD CENTER FOR RURAL HEALTH, MARSHALL UNIVERSITY*

crespo@marshall.edu

ESMH Stakeholder Survey Results
Survey Responses

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

- Specific mental health resources being used in “your” school:
  - WV Early Warning Access (BrightBytes)
  - ZoomWV for Educators – data collection
  - WV Department of Education Board policies

- Resources that respondents want to know more about:
  - WV System of Care – Family Engagement
  - Youth Mental Health First Aid
  - Center for Children’s Justice
Next up....

Jackie Payne
State Coordinator, Project AWARE

*Autism Training Center, Marshall University*

payne225@marshall.edu

**Project Aware  Overview/Update**

**NITT  Center - School Mental Health Referral Pathways Toolkit**
Now Is The Time – Project AWARE

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

• Increase awareness of mental health issues among school-age youth

• Train school personnel and other adults who interact with school-age youth so they can detect and respond to mental health issues

• Connect children, youth, and families who may experience behavioral health issues with appropriate services
WV Project AWARE Goals:

1. Establish state and local infrastructure between schools, child serving systems/agencies and communities to ensure the health, wellness and resilience of West Virginia students.

2. Increase the number, quality, and range of appropriate services and programs focused on ensuring the physical, social and emotional well-being of all students.

3. Develop a plan for the replication, expansion and sustainability of NITT-AWARE beyond the grant period.
Mental Health First Aid is the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.
School Mental Health Referral Pathways Toolkit

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

Nancy Cline, WVDE Coordinator
Office of Student and School Supports
nmcline@k12.wv.us
Intensive Behavior Intervention Project

• An interdisciplinary team
  • Developing guidance for counties and schools
  • Regarding research based best practices for students in need of intensive behavior interventions

• Intensive Behavior Interventions (Tier 3)
  • Addressing the needs of students who exhibit recurring problem behaviors
    • Mental Health Disorders
    • Neurological Disorders

• For more information
  • Nancy M. Cline, nmcline@k12.wv.us
Engaging Others / Improving Communication

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

### Identifying Stakeholders / Extending Our Network

<table>
<thead>
<tr>
<th>Who else cares about student mental health and why?</th>
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<tbody>
<tr>
<td><strong>Who Cares?</strong></td>
</tr>
<tr>
<td>[List by role, organization, position, etc.]</td>
</tr>
<tr>
<td><strong>Why do they care?</strong></td>
</tr>
<tr>
<td>[Note their connection]</td>
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</table>
Expanding our Network

Who?

- Executive Steering Team
  - WVDE
  - DHHR
  - Pilots
  - Project AWARE
  - Agencies

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

<table>
<thead>
<tr>
<th>Who?</th>
<th>How?</th>
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</thead>
<tbody>
<tr>
<td>Example</td>
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</tr>
<tr>
<td><strong>Contact Person Name/Organization</strong></td>
<td><strong>Email address</strong></td>
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</tbody>
</table>
LUNCH
Stakeholders

Tiered Reflection Tool
Report Out – Live Survey
Website Review
WV School Mental Health

TIFFANY PITTMAN  PITTMAN6@MARSHALL.EDU
MARSHALL UNIVERSITY SCHOOL HEALTH TECHNICAL ASSISTANCE CENTER
Marshall University School Health Technical Assistance Center

School Based Oral Health

School Based Health Centers

School Behavioral Health

https://livewell.marshall.edu/mutac/
A jointly sponsored effort of the West Virginia Department of Education and the West Virginia Department of Health and Human Resources

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

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

The WV ESMH Initiative is developing tools and resources for educators, behavioral health professionals, families and ESMH grantees. Together we can address the mental health needs of West Virginia’s students, and reduce barriers to learning.
Resources and Toolkits at https://livewell.marshall.edu/mutac/?page_id=660

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

DHHR/BBHHF Comprehensive Directory (clickable map by county)
http://www.dhhr.wv.gov/bhhf/directory/Pages/default.aspx

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

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

Prevent Suicide WV  www.PreventSuicideWV.org

Substance Free WV  www.WVsubstancefree.org

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

LINKS Student Advisory  http://wvde.state.wv.us/counselors/links/about.html
Plan local events for National Children’s Mental Health Awareness Day

https://www.samhsa.gov/children

May the 4th be with you!
Goal 1
INFRASTRUCTURE

Refine and oversee the state ESMH steering team infrastructure.

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

Discuss at your table....

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

Come to a group consensus
- Group Leader: Be prepared to respond to survey question.
Live Survey Questions & Participant Responses: List 3 priority goals for infrastructure

Dissemination of information to more sources utilizing technology and rotating presentations

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

Provide more information on funding opportunities.

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

Develop a formal mentoring process for new schools.

Including more representatives from other parts of the state

More school level stakeholder representatives (upper level administration).
List 3 priority goals for infrastructure
Continued 2 of 2

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

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

Identify local groups who have interest in ESMH

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

Distribution of information to social workers groups that may be missed

meet with local school personnel
Goal 2
RESOURCE DEVELOPMENT:
Identify, develop and update protocols and best practices to ensure quality and fidelity of the WV ESMH model.

Discuss at your table....

What are your three biggest needs?

Come to a group consensus
  ◦ Group Leader: Be prepared to respond to survey question.
Live Survey Questions & Participant Responses:
What are your three biggest needs related to resources development/identification?

Medicaid eligibility, parental consent,

Gaps during off school time

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

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

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

Streamline data systems for collection and analysis.

Staff recruitment & retention

Ways to gauge financial impacts (in savings) for garnering Community support
What are your three biggest needs related to resources development/identification?

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

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

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

Sustainability

how is our work being implemented on the front line

Transportation

Long term outcome data collection

Funding
Goal 3
COMMUNICATING WITH STAKEHOLDERS:
Implement a strategic communication plan that informs and engages cross-systems stakeholders to promote and support ESMH.

Discuss at your table.

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

Come to a group consensus
  ◦ **Group Leader:** Be prepared to respond to survey question.
Live Survey Questions & Participant Responses: What are three recommendations for the ESMH team to improve communication with stakeholders?

Have initiative updates posted on MU ESMH Site

Regular data share meetings for pertinent partners.

Can we advertise our efforts more across the state?

Connecting with a broader range of community organizations

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

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

Share information as a part of state conferences (NASW, LPC, Healthcare Organizations, Celebrating Connections, etc...).
What are three recommendations for the ESMH team to improve communication with stakeholders?

Continued 2 of 2

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

Steering team presentations to localized groups

Newsletter regarding upcoming events and current projects.

Social media presence

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

Make impact data available to all parties and provide education to stakeholders on how to access and use the data to make informed decisions.
Goal 4

EVALUATION:

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

Discuss at your table...

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

Come to a group consensus

◦ **Group Leader**: Be prepared to respond to survey question.
Live Survey Questions & Participant Responses:
What data or information would be helpful to you in order to promote ESMH?

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

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

Diversified/specialized communication to spread awareness and information

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

Climate survey info for provider informed decisions.

Data that shows how evidence based programs have positive impacts

Discipline data to help assess pre and post inventions.

MOU to help make the sharing of school climate data easier.
What data or information would be helpful to you in order to promote ESMH?

Continued 2 of 2

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

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

WV School Climate Survey information shared with stakeholders
Prioritizing Goals

Discuss at your tables....

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

Come to a group consensus

◦Be prepared to respond to survey question.
Live Survey Questions & Participant Responses:
What do you see as the 3 or 4 priority goals for the ESMH Steering Team?

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

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

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

Data collection tool kit

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

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

Days sharing procedures and education

Communication of initiatives and services.

Monkeys 😊
How did we do?
Thank you!

Dr. Barb Brady
barbbrady@k12.wv.us
School Counseling Coordinator, WVDE
WVDE Lead, Expanded School Mental Health Steering Team

Nikki Tennis
Nikki.A.Tennis@wv.gov
Director, Office of Children, Youth, and Families
Bureau for Behavioral Health and Health Facilities, WVDHHR