

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

March 2016

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 WV-AWARE work?

- **The WV-AWARE** grant focuses on students in Pre-K 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 Polices

- 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 Student Support

- 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
- School and community partnerships

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
- Implement cross-disciplinary planning



**Divisions of Teaching and Learning and Accountability and School Effectiveness
Offices of Special Education, Student and School Support
and MU-Autism Training Center**

For more information, contact
Jackie Payne at payne225@marshall.edu
Paula Fields, prfields@k12.wv.us, or
Pat Homberg at phomberg@k12.wv.us