Addressing Mental Health in School Crisis Prevention & Response

A Resource Guide for West Virginia Schools
West Virginia Board of Education
2014-2015

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Developing this guide required a tremendous amount of coordination and collaboration from various stakeholders who support youth in our schools in a variety of capacities. These individuals willingly gave up their time, spending hours reviewing the literature, websites and guides from various states and organizations to provide a much needed resource for WV Schools. Our initial plan was to find a guide that covered mental health implications for the four crisis phases and seek permission to use or revise as needed to accomplish our goal. However, while the literature acknowledged the need for a prevention-based approach to crisis planning, we did not locate such a resource. Since our goal was to provide schools with a mental health focused crisis planning guide that included prevention-based best practices, much of the first two chapters is original work of our committee members. I gratefully acknowledge your great efforts and contributions to the initial draft of *Addressing Mental Health in School Crisis Prevention and Response: A Resource Guide for West Virginia Schools*.

It is with gratitude that I wish to acknowledge the various individuals and agencies for your hours of digging through websites and guides, for your rich discussions, and for your written submissions that resulted in this initial guide. This project was cross-agency collaboration at its best. I gratefully thank each of you, including my colleagues at the West Virginia Department of Education; DHHR Bureau for Behavioral Health and Health Facilities, Child and Adolescent Division, Office of Consumer Affairs and Community Outreach; Appalachian Center for Independent Living; Cabin Creek Health Systems; Homeland Security State Administrative Agency; Department of Military Affairs and Public Safety, WV Dept. of Juvenile Justice and Community Service, and the West Virginia School Health Technical Assistance Center, Marshall University.

Additionally, we would like to thank and acknowledge the schools and organizations that laid the groundwork for this guide. Much of our work is taken from school crisis manuals produced by other states, schools, districts and others listed in the resource section of this document.

Finally, I want to acknowledge school counselors, administrators and other staff who expressed a need for and support of this project and for the conversations that guided us in regard to the guide design and content. We truly hope that this guide provides you with the resources you need to prevent and respond to crisis and support the students, staff and families you engage in your schools. Your efforts are sincerely appreciated.

With kind regards,

[Signature]

Dr. Barb Brady
School Crisis Guide Lead
WVDE School Counseling Coordinator
Division of Teaching and Learning
Office of Secondary Programs
Linda Anderson, MPH
Coordinator
West Virginia School Health Technical Assistance Center
Marshall University

Barbara Brady, PhD
School Counseling Coordinator
Division of Teaching and Learning
Office of Secondary Learning
West Virginia Department of Education

Paula Fields, MSN, BSN, RN
Community Schools Coordinator
Office of Special Programs
West Virginia Department of Education

Joann Fleming, BA
State Disaster Behavioral Health Coordinator
Bureau for Behavioral Health and Health Facilities
Office of Consumer Affairs and Community Outreach

Mary Grandon, PA-C
School Based Health Center Provider– Cabin Creek Health Systems and Coordinator - West Virginia School Health Technical Assistance Center
Marshall University

Jennifer Hancock, Psychologist
Cabin Creek

David Hoge, Director
Homeland Security State Admin Agency

Becky King, School Nursing Coordinator
Office of Special Programs
West Virginia Department of Education

Sgt. Donald Miller, PRO Officer
WV Dept. of Juvenile Justice and Community Service

Tiffany Pittman, LPC, AADC
Child and Adolescent Division
Bureau for Behavioral Health and Health Facilities

Dallas Staples, Safe Schools Coordinator
Dept. of Military Affairs & Public Safety

Carolyn Suppa, Ed.D.
Coordinator
Office of Career and Technical Instruction
West Virginia Department of Education

Eric Tissenbaum
Independent Living Advocacy/Training Specialist
Appalachian Center for Independent Living, Inc.

Vanessa VanGilder, Disaster Planner
Bureau for Behavioral Health and Health Facilities
Office of Consumer Affairs and Community Outreach

Susie Wilson, MA
Child and Adolescent Mental Health
Bureau for Behavioral Health and Health Facilities
Over the last several years, school systems across the state have partnered with many organizations including law enforcement, emergency management, the fire service, local health departments, the National Guard, and other community agencies to improve the safety and security of schools across West Virginia. Through these efforts, very significant improvements have been made to the physical infrastructure of the school facilities, emergency plans and procedures and in the coordination between schools and other agencies to respond and recover from any violent incidents which might occur.

As these efforts have matured, two realities have become apparent. First, violent incidents regrettably continue to take place across the country. As these incidents are reviewed, a lot of useful insight can be garnered to further the actions and investments in our state. Secondly, the need to further shift the focus of school safety effort to preventing incidents is quite apparent. A very significant part of prevention is addressing the mental health needs of students and staff. While we maintain our response and recovery capabilities, we need to put in place robust systems to identify and address mental health issues and create a positive school climate and learning environment for our students.

The key to preventing crisis is addressing emotional issues and managing behaviors before they escalate. Furthermore, once a crisis occurs, schools must be prepared to address mental health implications to reduce further distress or secondary crises. This guide provides guidance for the next steps West Virginia needs to take in achieving effective prevention, response, and recovery.

Working together, we can be successful in helping to assure schools provide safe and secure learning environments. We commend the individuals who helped assemble this guide, and the thousands of individuals who help students across the state realize their potential every day.

David Hoge, Director
Homeland Security
State Administration Agency

Dallas Staples, Safe Schools Coordinator
West Virginia Department of Military Affairs & Public Safety
Retired Chief, Charleston Police Department
"A school crisis is any traumatic event that seriously disrupts coping and problem-solving abilities of students and school staff."
# A Resource Guide for West Virginia Schools

## ACKNOWLEDGEMENTS

## CONTRIBUTORS

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"Effective crisis management does not start with the critical incident response. It encompasses four integrated phases: preparedness, prevention and mitigation, response, and recovery."

(Reeves, Brock, & Cowan, 2008)
Purpose of this guide

This guide is aimed at assisting schools to move to the next phase of implementation of WV State Code §18-9F-9: School Access Safety Act which stipulates that schools shall develop and annually revise a comprehensive crisis plan. This guide addresses mental health considerations for crisis plans that are required with the July 2014 revisions to Policy 2315: Comprehensive School Counseling Programs. The guide provides resources, tools and recommendations for incorporating best practices related to mental health into the school crisis plans to address the four phases of school crisis: planning, prevention, response and recovery. This guide provides credible resources and outlines evidence-based practices to support each school in easily customizing their prevention and response plans and is organized by chapters addressing each of the four phases.

Templates are provided to address staff member roles and responsibilities and planning tools are provided to assist the school crisis team in addressing the needs of your most vulnerable students. You examine the various crisis resources for leaders, parents, caregivers and educators and determine which resources you will utilize and or revise to include in your school plan to address school needs during each crisis phase.

SCHOOL PLAN DEVELOPMENT AND ANNUAL REVISIONS:

After reviewing this guide, each county and school will use Appendix 1.3: WV School Mental Health Crisis Planning Template to develop your county and school plan for addressing the mental health component of school crisis. During the 2014-15 implementation year, schools will develop their Mental Health Crisis Plan by January 1. This plan shall be annually reviewed and updated by August 1 of each school year.

What is a school crisis?

A school crisis is any traumatic event that seriously disrupts coping and problem-solving abilities of students and school staff. It is typically sudden, unexpected, dramatic and forceful and may even threaten survival. A crisis can present a drastic and tragic change in our environment. This change is generally overwhelming and uncontrollable as well as unwanted and frightening. It may create a sense of helplessness, hopelessness and vulnerability combined with a loss of safety. School crises can be large scale events (severe violence, sniper attack, hostage situations, natural disasters, mass transportation accident, fire or chemical spill, etc.) that require the school to activate the Incident Command Center engaging community emergency agencies as outlined in each county’s emergency response plan. Other crises may be on a smaller scale (student or teacher is diagnosed with cancer, car accidents, sudden unexpected death, etc.)
Why mental health is important in crisis planning

Traumatic experiences can affect school staff and student mental health and the ability to teach and learn. Having a comprehensive system of school mental health services and supports already in place will assist schools to be better prepared to address the ensuing mental health needs that arise with any crisis. By preparing in advance, schools are more able to prevent crises and be ready to come to the immediate aid of vulnerable students, staff, and families should a crisis occur. It is important not to overlook the impact of these traumatic events on student and staff mental health. Failure to adequately address mental health issues may result in secondary trauma or even post-traumatic stress syndrome (PTSD) that can result in the inability to focus, poor school performance, substance abuse, inflicting abuse on self and others, and even additional school violence (Sonoma Guide). Therefore, it is critical that schools understand and implement best practices to identify and address mental health issues.

De-stigmatizing "Mental Health"

When many use the term “mental health,” it is used in a way that implies dysfunction. When, in fact, having sound mental health should be a goal for everyone. Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization, 2013).

Researchers identify three domains and several indicators of mental health:
- **Emotional well-being** - perceived life satisfaction, happiness, cheerfulness, peacefulness.
- **Psychological well-being** - self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one’s environment, spirituality, self-direction, and positive relationships.
- **Social well-being** - social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community. (Keyes, 1988; Ryff, 1989; Ryfe & Keys 1995).

Schools should educate staff, students and families about the importance of maintaining good mental health just as they work to stay in good physical health.

Overview: Phases of Crisis Planning and Response

It is essential that schools take a prevention-based approach to crisis planning. Effective crisis management does not start with the critical incident response. It encompasses four integrated phases: preparedness, prevention and mitigation, response, and recovery. Activities within each of the four phases are developed and overseen by a school crisis team that is trained in the types of crises, systems, procedures, and unique needs that arise as the result of a crisis. School crisis team training should address crises as physical and mental health and safety risks within the context of the school culture. (Reeves, Brock, & Cowan, 2008).

**Preparedness.** Preparedness consists of several steps including
- creation of school mental health crisis planning and response teams;
- identification of community mental health resources;
- identification of psychologically vulnerable students and staff;
- scheduled exercises or drills, education of the mental health school response team; and
- annual training of staff on procedures, practices, policies, and protocols, as well as, training and orientation of new staff.
Prevention. The key to prevention is reducing incidents and managing behaviors before they escalate. Awareness, knowledge, and practices that promote sound mental health can greatly reduce and often prevent a crisis. While educating students is the primary mission of every school and every teacher, schools provide students a safe and supportive learning environment. A strong emphasis on prevention is a central component of any comprehensive school crisis plan. Prevention needs to be multifaceted and comprehensive. It is an ongoing, long term effort to promote positive school climate, healthy student development, prevent problems, and respond as soon as problems are identified and includes:

- addressing specific topics that may lead to a school crisis (i.e. gangs, violence, bullying, fights, anger management, suicides, depression, substance abuse, domestic violence);
- implementing primary prevention programs (i.e. Support for Personalized Learning, Positive Behavior Interventions and Supports (PBIS), Comprehensive School Counseling Programs, Expanded School Mental Health);
- identifying at risk students;
- linking school-based mental health counseling to community services; and
- providing staff training programs (i.e. Mental Health First Aid and Trauma Sensitive Schools) to assist staff with identifying vulnerable students, responding appropriately and making appropriate referrals.

The West Virginia (WV) School Counseling Model outlines a three-tier process to address the social-emotional needs of students requiring school counselors to integrate with other multi-tiered approaches such as PBIS and Expanded School Mental Health (ESMH). WV’s ESMH website www.wvshtac.org provides rich resources for schools regarding this three-tiered framework of prevention, early intervention and treatment including best practices and tools and resources about developing school based mental health services.

Response. The primary focus of crisis response is restoring equilibrium to address immediate and short-term mental health needs of students and staff, and in many cases parents of involved students. During this phase schools must contact and utilize the school and community professionals who were identified during the planning stage to address the specific crisis. The mental health crisis response team will support students and staff in a calm and nurturing manner teaching appropriate evidence-based coping strategies, problem-solving and decision-making strategies designed to restore equilibrium. Crisis response professionals identify students and staff who need follow-up during the recovery phase and begin connecting them with initial resources to address immediate and short-term needs. In the aftermath of a crisis or disaster, mental health interventions are designed to reduce stress and foster adaptive coping for the survivors (NCTSN/NCPTSD, 2006).

Recovery. The ongoing process of restoring the social and emotional equilibrium of the school community by promoting positive coping skills and resilience in students and adults is recovery. Most students and staff do recover with the support and assistance of caring educators and mental health professionals. In all phases of recovery, schools provide the greatest degree of support when their routines and social activities are maintained. These routines and activities provide natural places where experiences can be shared and preserve the sense of belonging and solidarity so crucial to students and staff after a crisis. Recovery includes immediate and ongoing support both short and long term for individuals and the entire community affected by the crisis.
Definition

Preparedness is the state of readiness to respond to a disaster, crisis or other event.

Rationale

Preparedness is simply a good idea in the event that a situation may occur. Anticipating and taking precautionary measures for future events, crises or disasters reduces fear and increases the ability of rapid recovery following the event.

Best Practices

Each county and school will appoint 1-2 school staff (usually the school counselor) to form and coordinate a mental health crisis planning team (MHCPT) as a subcommittee of the school crisis team. Each MHCPT is responsible for developing and implementing the mental health component of the school's crisis plan. Activities include:

1. Review the WV Guide for Addressing Mental Health in Crisis Prevention and Response and other resources to understand the mental health component of school crises and identify best practices. See Appendix 1.1 – Getting Started
2. Form a school-community planning team that will meet regularly to develop, evaluate, and revise mental health crisis plan. See Appendix 1.2 for list of local resources.
3. Develop school protocols for addressing each phase of a school crisis.
4. Maintain up to date contact lists of community resources and mental health responders; review and review at least quarterly.
5. Ensure that mental health responders are adequately trained and qualified.
6. Identify and/or develop resources for assisting staff, students and families in each phase of a school crisis.
7. Define roles and responsibilities of the School Mental Health Crisis Response team
8. Define roles and responsibilities of school staff members and community stakeholders.
9. Meet with the primary school crisis team regularly to ensure they are aware of plans and best practices related to mental health in each phase of a school crisis.
10. Provide training on roles and responsibilities for crisis team members and staff. See examples in Appendix 1.5.
11. Engage communities and families in preparedness and prevention efforts.
12. Establish relationships with local mental health professionals and agencies as well as the community-based organizations specializing in disaster and trauma.
13. Develop specific plans for special needs students and any students who may be particularly vulnerable.
14. Develop crisis and emergency-response protocols, practices, and materials around mental health areas such as gangs, violence, bullying, fights, anger management, suicides, depression, substance abuse, domestic violence, violent acts, etc.
15. Practice community/school disasters/crisis scenarios at different times during the day's routine.
16. Develop a list of resources for school staff, families and students in the event of a crisis with updates at least annually, including contact information to resources such as local, state and federal agencies, independent living facilities, food banks, Salvation Army, Red Cross, shelters, community mental health agencies, faith-based organizations, and hotline numbers. Assign a member to annually check to make sure numbers are working and up-to-date.
Local Resources
As part of crisis planning each county and school team will identify and list local resources. Many of the state resources listed in the Appendices may include links to county resources.

State Resources
See Appendices
1.4: WV Disaster Behavioral Health Response Coordinators Contact List;
1.6: West Virginia Resources for School Mental Health Crisis Planning; and
1.8: Resources for Students with Special Needs

National Resources
See Appendix 1.9: Mental Health Crisis Planning Resources for Schools

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   1.5.c: Community Mental Health Provider
   1.5.d: School-based Mental Health provider
   1.5.e: Prevention Resource Officer (SRO)
   1.5.f: Crisis Team Member
   1.5.g: Special Needs Professional
   1.5.h: Principal

1.6: West Virginia Resources for School Mental Health Crisis Planning
1.7: Emotional and Behavioral Health Considerations for Students with Disabilities and Other Vulnerable Students
1.8: Resources for Special Needs Students
1.9: Mental Health Crisis Planning Resources for Schools
3.2: Crisis Response Resources for Parents, Caregivers and Educators
Definition
Prevention is the action of stopping something from happening.

Rationale
Prevention is the key to reducing incidents and managing behaviors before they escalate and therefore is a central component of any comprehensive school crisis plan. Awareness, knowledge, and practices that promote sound mental health can greatly reduce and often prevent a crisis. A primary goal of school crisis planning is promoting a safe and supportive learning environment in which social and emotional needs are identified and addressed through a priority-focused prevention plan.

Best Practices
Each school crisis team should develop a long range plan for achieving a comprehensive system of prevention, early intervention and treatment. Such a plan will involve many stakeholders and require time in addition to that needed for the school crisis planning process. The WV Expanded School Mental Health model is a three-tiered framework that incorporates best practices in school mental health (www.wvshtac.org).

Steps for developing prevention plan include:
1. Establish a school – community coalition and engage in a planning process.
2. Identify key data sources (culture surveys, needs assessments, Early Warning System, WVEIS WOW, etc.) to be used to identify mental and behavioral health needs and to establish school prevention priorities.
3. Identify and utilize tools for assessing the school’s gaps and resources for promoting positive social emotional health and addressing the mental health needs of students.
4. Engage communities and families in prevention efforts.
5. Implement best practices that address prevention in specific mental areas (gangs, violence, bullying, fights, anger management, suicides, depression, substance abuse, domestic violence, violent acts, etc.).
6. Implement a three-tiered system of student supports.
7. Work with school staff to incorporate WV’s primary prevention programs. See list of programs and resources in Chapter 3.
8. Create a safe and nurturing school environment.

It is most important for staff to know their students and to develop caring relationships with them. Many crises have been averted because students have confided in trusted adults at school.
- Staff should trust their professional judgment when they sense that a student may need help.
- All staff should be trained to identify and report their observations of warning signs for substance abuse, violent behavior, depression and suicide.
- Counselors or administrators should know how to access school and other professional intervention and treatment resources for at-risk students (Sonoma County Guide p. 4).
- As per Policy 2510, schools will implement evidence- and standards-based advisory programs where students remain with the same advisor throughout middle and high school.
Local Resources
As part of crisis planning each county and school team works to identify and list local resources. As you work to prepare to address mental health during a crisis it is suggested that you review Appendices 1.2. - 1.4 and 1.6.a.

State Resources
a. Comprehensive School Counseling Programs http://wvde.state.wv.us/counselors/
b. Expanded School Mental Health http://www.wvshtac.org
c. LINKS Student Advisory http://wvde.state.wv.us/counselors/links/about.html
e. Support for Personalized Learning http://wvde.state.wv.us/spl/

OTHER WV PREVENTION RESOURCES:
Bullying Prevention Resources
• Student Voice http://wvde.state.wv.us/voice/bullying_prevention.php
• It Does Matter http://wvde.state.wv.us/it-does-matter/

Common Ground Speakers Bureau: http://wvde.state.wv.us/common-ground/speaker-series.html (anti-bullying, suicide prevention, substance abuse prevention, drop-out prevention)

Suicide Prevention – The ASPEN Project - http://wvaspen.com/

National Resources
American Society of Suicidology http://www.suicidology.org/home

Center for Disease Control – Federal Registries of Programs Effective in Reducing Youth Risk Behaviors http://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm

Center for School Mental Health http://csmh.umd.edu/

National Center for Safe and Supportive Learning Environments http://safesupportivelearning.ed.gov/

Office of Juvenile Justice and Prevention Programs – Evidence-based Programs at-a-glance http://www.ojjdp.gov/MPG


Florida’s PBIS Project http://flpbs.fmhi.usf.edu/

Prevention - Mitigation Checklist. p.4
Realizing the Promise of the Whole School Approach to Children’s Mental Health: A Practical Guide for Schools, National Center for Youth Mental Health Promotion and EDC:  
http://www.promoteprevent.org

Substance Abuse and Mental Health Services Administration (SAMHSA)  
http://www.samhsa.gov/prevention/

What Works Clearinghouse – Effective Prevention Programs for Children, Youth and Families  
http://whatworks.uwex.edu/Pages/2evidenceregistries.html

Appendices

Refer to Appendices 1.5.a – 1.5.f for PREVENTION Roles and Responsibilities of Crisis Team Members.
1.7: Emotional and Behavioral Health Considerations for Students with Disabilities and Other Vulnerable Students;
1.8: Resources for Special Needs Students;
1.9: Mental Health Crisis Planning Resources for Schools; and
3.2: Crisis Response Resources for Parents, Caregivers and Educators
Definition
During the Response phase, mental health interventions are used to foster short-term and long-term adaptive functioning and coping for individuals and return the school back to normalcy (Shaw, Espinal, Shultz, 2007). Interventions are used to prevent more serious conditions from being developed such as Post Traumatic Stress Disorder (PTSD). The primary focus of crisis response is on restoring equilibrium to address immediate and short-term mental health needs of students and staff, and in many cases parents of involved students (Center for School Mental Health).

Rationale
Early and appropriate response to a crisis can prevent or reduce psychological trauma that often results in long term educational and emotional difficulties. For children, even “close call” events such as a tornado warning can be traumatic due to limited cognitive and experiential development. The goals of crisis intervention are to provide counseling, screening, and referrals for any students or staff potentially affected by a traumatic event. The secondary focus is follow up to connect students and staff with resources to address long term needs. The crisis response team supports impacted students and staff in a calm and nurturing manner using appropriate evidence-based coping strategies and solution focused, decision-making strategies designed to restore equilibrium.

Best Practices
Each county and school should have a School Mental Health Crisis Response Team (SMHCRT) ready to respond in the event of a crisis that is trained in crisis triage and mental health interventions. The entire incident response process is considered important for mental health intervention and can be broken down into three stages: (adapted from Maryland School Psychologist Association, Inc., Crisis Team Resource Guide: Readiness, Response, and Recovery).

1. **Triage**: The main objectives during triage are to reaffirm physical health and ensure perception of safety.

2. **Evaluation** is a process used through the entire event of crisis response. The SMHCRT constantly evaluates victims and responders’ levels of psychological risk (low, moderate, high) and appropriate interventions or self-care are administered.

3. **Response Interventions** – appropriate interventions are used for each level of risk for psychological trauma.
   a. Low Risk interventions are used to re-establish social support which includes psycho-education (caregiver training).
   b. Moderate Risk interventions reestablish social support, include caregiver training and psycho-education groups, and immediate Psychological First Aid (PFA) or other mental health intervention chosen by the individual school.
   c. High Risk interventions re-establish social support, include caregiver training and psycho-education groups, immediate Psychological First Aid (PFA) or other mental health intervention chosen by the individual school, and referrals to long-term psychotherapy.
High risk or at risk populations include those who:
- Had direct exposure or extreme life threat;
- Were injured;
- Experienced death or serious injury of a love one;
- Had close personal relationship with any victims(s);
- Have history of depression or suicidal thoughts or attempts;
- Have history of shyness or low self-confidence;
- Have a history of risk-taking behavior; and
- Have experienced prior traumatic events and are at current risk, including – those exposed to community violence of domestic violence; those with a history of abuse and/or neglect; war or other refugees; those from economically disadvantaged groups; medically vulnerable individuals; those from disaster prone regions.

Special Considerations – Crisis response interventions may need to be adapted for students with disabilities or other impairments. Different disabilities the may need special considerations:
- Autism;
- Learning disabilities;
- Speech impairment;
- Cognitive impairment;
- Emotional disturbance;
- Orthopedic, hearing, or visual impairment; and
- Other health impairment that may have limited strength, alertness, or vitality – asthma, epilepsy, diabetes etc.

See the PFA for Schools manual for guidelines when caring for children with special considerations.

Trauma informed procedures: Each mental health response plan should use trauma informed procedures. The following are types of trauma that need to be considered in a response plan (NCTSN).
- Community Violence
- Medical Trauma
- Refugee and War Zone Trauma
- Complex Trauma
- Natural Disasters
- School Violence
- Domestic Violence
- Neglect
- Sexual Abuse
- Early Childhood Trauma
- Physical Abuse
- Terrorism
- Traumatic Grief
The mental health crisis response team (MHCRT) will follow protocols established by the planning committee. One or two individuals should be designated to coordinate the mental health response. Usually this would be a school counselor, director of student support services, or a qualified mental health provider in the community. Practices of the mental health team should include:

1. Maintain a list of qualified community mental health providers who are available to assist in a crisis; regularly review and update the list including review of credentials/licensing.
2. Regular safety drills and review of procedures with all school personnel and key community mental health providers.
3. Maintain a file or records for students who have special needs who may need immediate intervention.
4. Establish an MOU with community providers that outlines agreed upon procedures, roles, chain of command, etc.; address issues of record keeping, referral, coordination, follow up.
5. Follow one model for intervention. Provide training to all school personnel about trauma and creating trauma-sensitive schools, assessment, identification and treatment of post-traumatic stress in youth.
6. Clarify roles and responsibilities of MH team members through written descriptions.
7. Establish a process for triage or assessment for referral and counseling.
8. Train volunteer counselors.
9. Establish policies for long term follow up of individuals and the community (e.g. anniversary of the event).
10. Begin crisis intervention counseling as soon as possible after the crisis to minimize misinformation and distortion.
11. Designate safe places for confidential counseling as soon as possible, which may be at the school or in the community; must be private, confidential, safe, and accessible.
12. Be available to train and consult with school staff about educating and reaching out to parents, families and students.
13. Track clients / students for follow up.
14. Establish procedures for regular, frequent debriefing during the early response.

Local Resources
As part of crisis planning, each county and school team should have already identified local resources to be utilized during crisis response. These resources will be listed in your crisis response plan.

State Resources
See Appendices
1.4: WV Disaster Behavioral Health Response Coordinators Contact List;
1.6: West Virginia Resources for School Mental Health Crisis Planning; and
1.8: Resources for Special Needs Students
National Resources

Maryland Crisis Resource Guide: Readiness, Response, and Recovery (page 123)
Retrieved from http://www.mspaonline.org/resources/Documents/
MSPACrisisTeamResourceGuide.pdf

PFA (Psychological First Aid) for Schools (pages 11-16)
http://www.nctsn.org/content/psychological-first-aid-schoolspfa


Also see Appendices
1.9: Mental Health Crisis Planning Resources for Schools;
2.1: Training Resources; and
3.2: Crisis Response Resources for Parents, Caregivers and Educators.

Appendices

Refer to Appendices 1.5.a – 1.5.f for RESPONSE Roles and Responsibilities of Crisis Team Members; and

Also see Appendices
1.7: Emotional and Behavioral Health Considerations for Students with Disabilities and Other Vulnerable Students;
1.8: Resources for Special Needs Students;
1.9: Mental Health Crisis Planning Resources for Schools;
2.1: School Crisis Prevention and Response Training Resources;
3.1: Response Stages and Interventions; and
3.2: Crisis Response Resources for Parents, Caregivers and Educators.
**Definition**

**Recovery** is the ongoing process of restoring the social and emotional equilibrium of the school community by promoting positive coping skills and resilience in students and adults.

**Rationale**

Recovery is an ongoing process of supporting people who have experienced abnormal stressors. Initially, individuals may be in shock and may require support to meet basic physical and social support needs. In the months and years that follow a critical incident, individuals may enter a grief phase and need continued support. Children and their parents, faculty, staff and administrators, public safety personnel and the larger community are all impacted by tragic events and will benefit from immediate and ongoing support. It is essential to understand recovery at two levels - immediate and ongoing:

Immediate support is needed from the first moments of a traumatic event through the first few days following it. Frequently, recent victims of major trauma are in a state of shock, and at this time basic human needs of food, shelter and clothing are often a primary focus. Long-term recovery needs may not be readily apparent and, for many, ongoing support will be needed.

Ongoing recovery refers to support provided to some individuals for weeks, months, or years following a tragic event (RI School Emergency Planning: Recovery).

**Best Practices**

Plan for recovery in the preparedness phase. Determine the roles and responsibilities of staff and others who will assist in recovery during the planning phase. Experience shows that after a crisis, many unsolicited offers of assistance from outside the school community are made. During planning, you may want to review the credentials of service providers and certify those who will be used during recovery.

Return to the “business of learning” as quickly as possible. Experts agree that the first order of business following a crisis is to return students to learning as quickly as possible. This may involve helping students and families cope with separations from one another with the reopening of school after a crisis.

Schools need to keep students, families, and the media informed. Be clear about what steps have been taken to attend to student safety. Let families and other community members know what support services the schools are providing or what other community resources are available. Messages to students should be age appropriate. It may be necessary to translate letters and other forms of communication into languages other than English depending on the composition of the communities feeding the affected school(s). Be sure to consider cultural differences when preparing these materials.

Provide ongoing assessment of emotional needs of staff, students, and families. Assess the emotional needs of all students and staff and determine those who need intervention by a school counselor, social worker, school psychologist, or other mental health professional. Arrange for appropriate interventions by school or community-based service providers. In addition, available services need to be identified for families, who may want to seek treatment for their children or themselves. Appropriate group intervention may be beneficial to students and staff experiencing less severe reactions to the crisis. Group interventions should be age appropriate.
Addressing Mental Health in School Crisis Prevention and Response

Provide stress management during class time. Trauma experts emphasize the need to create a caring, warm, and trusting environment for students following a crisis. Allow students to talk about what they felt and experienced during the traumatic event. Younger children who may not be able to fully express their feelings verbally will benefit from participating in creative activities including drawing, painting, or writing stories. Young adolescents benefit from group discussions in which they are encouraged to talk about their feelings, as well as from writing plays or stories about their experiences. Engage older adolescents in group discussions, and address any issues of guilt (“I could have taken some action to change the outcome of the crisis”).

Conduct daily debriefings for staff and others assisting in recovery. Mental health workers who have provided services after crises stress the importance of ensuring that those who are providing “psychological first aid” are supported with daily critical incident stress debriefings. Debriefings help staff cope with their own feelings of vulnerability.

Take as much time as needed for recovery. An individual recovers from a crisis at his or her own pace. Recovery is not linear. After a crisis, healing is a process filled with ups and downs. Depending on the traumatic event and the individual, recovery may take months or even years.

Remember anniversaries of crises. Many occasions will remind staff, students, and families about crises. The anniversary of crises will stimulate memories and feelings about the incident. In addition, other occasions may remind the school community about the crises, including holidays, returning to school after vacations and other breaks, as well as events or occasions that seemingly do not have a connection with the incident. This underscores the notion that recovery may take a longer time than anticipated.

Staff members need to be sensitive to their own as well as the students’ reactions in such situations and seek support when necessary. School crisis planning guides suggest holding appropriate memorial services or other activities, such as planting a tree in memory of victims of the crises. Trauma experts discourage memorials for suicide victims to avoid glorification and sensationalization of these deaths.

Consensus Recommendations. Given that the number of violent incidents on or near school campuses has been increasing in recent years, expert consensus in the field offers the following recommendations:

- Trauma recovery services should be available to students, staff, and families after a school-related violent event.
- Teachers, while serving a crucial, front line role, should not be required to provide treatment.
- Community agencies should work in partnership with school administrators and staff.
- Mental health services should be available for those in need through all phases of recovery.
- All stakeholders should be involved in planning for and responding to a school-related violent event.
Local Resources
As part of crisis planning, each county and school team will identify and list local resources. As you work to prepare to address mental health recovery and during a crisis, it is suggested that you review that current list of local resources to build a more in-depth list of mental health resources.

State Resources
See Appendices
1.4: WV Disaster Behavioral Health Response Coordinators Contact List;
1.6: West Virginia Resources for School Mental Health Crisis Planning; and
1.8: Resources for Special Needs Students

National Resources
Center for the Study of Traumatic Stress:  http://www.cstsonline.org/resources/

Disaster Distress Hotline:  1-800-985-5990, Text “TalkWithUs” to 66747:  
http://disasterdistress.samhsa.gov


Also see Appendices
1.7: Emotional and Behavioral Health Considerations for Students with Disabilities and Other Vulnerable Students;
1.9: Mental Health Crisis Planning Resources for Schools;
2.1: Training Resources;
3.2: Crisis Response Resources for Parents, Caregivers and Educators; and
4.1: School Crisis Recovery Resources for Parents, Caregivers and Educators.

Leadership Resources
Leadership Communication: Anticipating and Responding to Stressful Events:  
http://www.usuhs.edu/psy/pdf/CSTS_Leadership_Communication_Anticipating_and_Responding_to_Stressful_Events.pdf

Leadership: Stress Management:  

Leadership in Disasters:  

Managing the Stress of Children After a Disaster:  

Responding to Critical Incidents in Schools, New Hampshire Behavioral Health Plan:  

School Crisis Guide, Help and Healing in a Time of Crisis:  (Page 29)  
http://www.neahin.org/assets/pdfs/schoolcrisisguide.pdf
**Teacher/Counselor Training Resources**


Psychological First Aid for Schools: [http://www.nctsn.org/content/psychological-first-aid-schoolspfa](http://www.nctsn.org/content/psychological-first-aid-schoolspfa)


1. WS1 Handout 21: Memorials: Special Considerations When Memorializing an Incident
2. Coping With Crisis: Tips for Parents and Educators
3. Coping With Crisis: Helping Children With Special Needs
4. Managing Strong Emotional Reactions to Traumatic Events: Tips for Parents and Teachers
5. Dealing with a Death in School
6. Memorials/Activities/Rituals Following Traumatic Events - Suggestions for Schools


Coping During Disaster Anniversaries & Trigger Events - SAMHSA identifies common emotions that survivors may experience around reminder events (e.g., anniversary dates, holidays) and provides tips for coping with these feelings. [http://disasterdistress.samhsa.gov/coping-tips/anniversaries-trigger-events.aspx](http://disasterdistress.samhsa.gov/coping-tips/anniversaries-trigger-events.aspx)

Anniversary Reactions: Research Findings - the authors of this fact sheet summarize research findings on survivor reactions during the anniversaries of traumatic events. Service providers can access this webpage to learn more about why people experience anniversary reactions, the more common symptoms, recent empirical studies and findings, and the steps survivors can take to feel better. [http://www.pstvd.va.gov/professional/research-bio/research/anniversary_reactions_pro.asp](http://www.pstvd.va.gov/professional/research-bio/research/anniversary_reactions_pro.asp)

Grief: Coping With Reminders After a Loss - Survivors can use the resources provided on this webpage to help deal with their feelings of loss when anniversaries and other reminders reawaken these emotions.

http://www.mayoclinic.org/healthy-living/end-of-life/in-depth/grief/art-20045340

Parent Resources

Handouts for Survivors: http://www.nctsn.org/content/psychological-first-aid
- Connecting with Others: Seeking Social Support (for adults and adolescents)
- Connecting with Others: Giving Social Support (for adults and adolescents)
- When Terrible Things Happen (for adults and adolescents)
- Parent Tips for Helping Infants and Toddlers (for parents/caregivers)
- Parent Tips for Helping Preschool-Age Children (for parents/caregivers)
- Parent Tips for Helping School-Age Children (for parents/caregivers)
- Parent Tips for Helping Adolescents (for parents/caregivers)
- Tips for Adults (for adult survivors)
- Basic Relaxation Techniques (for adults, adolescents, and children)
- Alcohol and Drug Use after Disasters (for adults and adolescents)

Tips for Families on Anticipating Anniversary Reactions to Traumatic Events - This tip sheet provides information for parents and guardians on recognizing children’s negative reactions to anniversaries of traumatic events. The authors also share tips for helping children through the anniversary experience and for recognizing when additional support may be necessary.

http://www.nctsn.org/sites/default/files/assets/pdfs/tips_families.pdf


Appendices

Refer to Appendices 1.5.a – 1.5.f for PREVENTION Roles and Responsibilities of Crisis Team Members.
Also see Appendices
1.7: Emotional and Behavioral Health Considerations for Students with Disabilities and Other Vulnerable Students;
1.8: Resources for Special Needs Students;
2.1: Training Resources; and
4.1: School Crisis Recovery Resources for Parents, Caregivers and Educators.

American School Counselor Association Resource Center: Crisis Prevention and Response

Children: Stress, Trauma and Disasters. Deep Center Website.
http://www.umdeepcenter.org/x466.xml


National Child Traumatic Stress Network / School Psychological First Aid
http://www.nctsn.org/resources/audiences/school-personnel/crisis-situation


Resources for Dealing with Traumatic Events in Schools:


Getting Started: Checklists, Sample Manuals, Templates

Checklists/Assessments/Surveys


Sample School Crisis Manuals/Templates
American School Counselor Association, Sample Template………..


Evanston Township High School Crisis Manual, 2013


Establishing a School Mental Health Crisis Team

The School Mental Health Crisis Team (SMHCT) is a sub-group of each West Virginia school’s primary school crisis team. The requirements related to the primary school crisis team are outlined in WVBE Policy 4373: Expected Behaviors in Safe and Supportive Schools (pp. 25 – 27). The WV School Crisis Prevention and Response Plan Template, located on the WVDE and WV Homeland Security websites, provides guidance for developing the primary school crisis team.

WVBE Policy 2315: Comprehensive School Counseling Programs sets forth requirements for a SMHCT and identifies the school counselor as the primary coordinator for SMHCT. The best way to address a crisis is to prevent it. A good crisis team develops a well-thought out prevention plan. However, since things can get out of control quickly when a crisis occurs, the SMHCT is also charged with developing clear action steps that outline the roles and responsibilities of each SMHCT team member in carrying out a response plan. A crisis can be frightening, leaving the most vulnerable students with a sense of helplessness. The preparedness plan must include how special needs of students with disabilities and emotionally vulnerable students and staff will be addressed. Good crisis preparation or “readiness” can make a significant difference in an emergency. When considering your school’s SMHCT, think about who can help prevent, as well as, respond to a school crisis.

This guidance documents is intended to assist the counselor and principal in selecting a stakeholder group that represents a variety of professionals and key stakeholders who will assist with planning school efforts to address crisis prevention, response and recovery.

Make-up of the team should:

- Be consistent with the demographics of the school/community in order to understand and address staff and student needs (e.g. socio-economic, cultural diversity, language barriers and special needs population);
- Not be too large or too small, eight to twelve members is usually good workable size;
- Include members with prior trauma knowledge/experience in trauma work;
- Include members with experience in stress management, who can help others manage stress well;
- Include an administrator (on team or as direct support to team);
- Include members who support your commitment to developing a supportive crisis plan; and
- Include liaison(s) to bridge connection between school/community and families.

The chart in the crisis plan template can be used as a planning tool when selecting your members. Some roles and responsibilities have already been developed to assist schools in easily operationalizing SMHCT (See Appendices 1.5 a-h.) You may not have staff in some of these roles in your school. You would substitute for any role based on who is available in your school and community. You may include additional members who will contribute to successful planning, prevention, response and recovery. Keep in mind you will have many others engaged in prevention and response. It will be up to your SMHCT members to communicate with and engage these additional stakeholders.

Use the planning template on the following pages to guide development of your school mental health crisis team. Also, see Appendix 1.1: Getting Started: Checklists, Sample Manuals, Templates to guide the development of your school plan.
# WV School Mental Health Crisis Planning Template

Schools may download an electronic copy of the planning template and use the expandable version rather than this hard copy.

## School Mental Health Crisis Planning Team (SMHCPT)

### 1. Identify team members - Suggested roles on left

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Office Phone</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Counselor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>School Nurse</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>School-based Mental Health Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Mental Health Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention Resource Officer</td>
<td></td>
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<tr>
<td>Special Educator</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

### 2. Define Purpose, Scope and Function of the MHCPT

- What are the goals and purposes of the MHCPT?
  1. 
  2. 
  3. 
  4. 
  5. 
  6. 
  7.

- What incidents are you preparing to address?

- What resources will you use for each crisis type?

- How often will the MHCPT meet?

- Who will record meeting notes?
### 3. Delineate Team Member Roles

Use Appendices 1.5.a – 1.5i to describe specific responsibilities of various team members. Include school specific roles and responsibilities for this crisis plan.

### 4. Which SCHOOL/COMMUNITY PARTNERS will you invite to assist with planning and training for each crisis stage?

<table>
<thead>
<tr>
<th>Phase</th>
<th>Assist with Planning</th>
<th>Assist with Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLANNING</td>
<td>1. 2. 3. 4. 5.</td>
<td>1. 2. 3. 4. 5.</td>
</tr>
<tr>
<td>PREVENTION</td>
<td>1. 2. 3. 4. 5.</td>
<td>1. 2. 3. 4. 5.</td>
</tr>
<tr>
<td>RESPONSE</td>
<td>1. 2. 3. 4. 5.</td>
<td>1. 2. 3. 4. 5.</td>
</tr>
<tr>
<td>RECOVERY</td>
<td>1. 2. 3. 4. 5.</td>
<td>1. 2. 3. 4. 5.</td>
</tr>
</tbody>
</table>

### 5. Describe steps and resources your school will use to address each crisis phase.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Action Steps</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLANNING</td>
<td>Include Crisis Prevention areas:  - Development of comprehensive school mental health model  - School climate and culture  - Identification of at-risk students  - Bullying and Violence Prevention  - Gang Prevention  - Suicide Prevention  - Other</td>
<td></td>
</tr>
<tr>
<td>PREVENTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESPONSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECOVERY</td>
<td></td>
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</tr>
</tbody>
</table>
6. School Mental Health Crisis Response Team (SMHCRT)

Identify Members who will be on your (SMHCRT). Provide your member information here. Suggested Roles on left.

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Office Phone</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>email</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHCPT Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Counselors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Contact Person</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Principal or Asst.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRO Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Representatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faith Based Representatives</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Lead Parent Contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Command Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. How will you evaluate the success of your crisis plan?

Considerations for evaluating and improving crisis plan

8. How will you update your crisis plan and train students, staff and families about changes?

This is a living document. It should be revisited and updated annually. What is your plan to annually revisit and update?

9. How will you communicate the crisis plan to students, staff, families and community stakeholders?

<table>
<thead>
<tr>
<th>Communication plan</th>
<th>Student Communication Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will you share your plan and ensure all stakeholders know what to expect during each phase of a crisis?</td>
<td>Staff Communication Plan</td>
</tr>
<tr>
<td></td>
<td>Family Communication Plan</td>
</tr>
<tr>
<td></td>
<td>Community Stakeholder Communication Plan</td>
</tr>
</tbody>
</table>

Resources: Evanston Township High School Crisis Manual and Tucson School Counselor Crisis Planning Guide
### WV Disaster Behavioral Health Response Coordinators Contact List

<table>
<thead>
<tr>
<th>Center Name</th>
<th>Counties Served</th>
<th>Contact Name</th>
<th>Crisis Phone Line</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appalachian Community Health Center</td>
<td>Randolph, Barbour, Tucker, Upshur</td>
<td>Joy Messenger</td>
<td>304-636-3232</td>
<td>304-636-3232</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rich Kiley</td>
<td>888-357-3232</td>
<td></td>
</tr>
<tr>
<td>Eastridge Health Systems</td>
<td>Berkeley, Jefferson, Morgan</td>
<td>Paul Macom</td>
<td>304-263-8954</td>
<td>304-263-8954</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sharon Neubauer</td>
<td>ext. 111 (Paul)</td>
<td>ext. 156 (Sharon)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Andrea Aberegg</td>
<td>ext. 137 (Andrea)</td>
<td></td>
</tr>
<tr>
<td>FMRS Health Systems</td>
<td>Fayette, Monroe, Raleigh, Summers</td>
<td>Tracy King</td>
<td>304-256-7100</td>
<td>304-256-7131, ext. 1138</td>
</tr>
<tr>
<td>Healthways, Inc.</td>
<td>Hancock, Brooke</td>
<td>Bill Pearl</td>
<td>304-723-5440</td>
<td>304-723-5440</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dixie Pritt</td>
<td>800-774-2429, 304-797-6000</td>
<td></td>
</tr>
<tr>
<td>Logan-Mingo Area Mental Health</td>
<td>Logan, Mingo</td>
<td>Michele Evans</td>
<td>304-792-7130</td>
<td>304-792-7130</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annette Marcum</td>
<td>304-235-2954</td>
<td>304-235-2954</td>
</tr>
<tr>
<td>Northwood Health Systems</td>
<td>Marshall, Ohio, Wetzel</td>
<td>Nancy Pogacic</td>
<td>304-234-3500</td>
<td>304-234-3500</td>
</tr>
<tr>
<td>Potomac Highlands Guild</td>
<td>Grant, Hampshire, Hardy, Mineral Pendleton</td>
<td>Craig Curtis</td>
<td>1-800-545-4357</td>
<td>304-257-4687, ext. 239</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mike Landis</td>
<td>(Craig)</td>
<td>(Mike)</td>
</tr>
<tr>
<td>Prestera Center for Mental Health Services</td>
<td>Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Putnam, Wayne</td>
<td>Craig Zappin</td>
<td>1-800-642-3434</td>
<td>304-525-7851, ext. 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Karen Yost</td>
<td>(Craig)</td>
<td>(Karen)</td>
</tr>
<tr>
<td>Seneca Health Services</td>
<td>Greenbrier, Nicholas, Webster, Pocahontas</td>
<td>Guy Hensely</td>
<td>304-872-6503</td>
<td>304-872-6503 (Guy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Randy Housh</td>
<td>304-872-2090</td>
<td>304-872-2090 (Randy)</td>
</tr>
<tr>
<td>Southern Highlands Community Mental Health Center</td>
<td>Mercer, McDowell, Wyoming</td>
<td>Judy Haynes</td>
<td>304-425-0122</td>
<td>304-425-9541</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Judy Akers</td>
<td>800-615-0122</td>
<td>800-615-0122</td>
</tr>
<tr>
<td>United Summit</td>
<td>Braxton, Doddridge, Gilmer, Harrison, Lewis</td>
<td>Melissa Duncan</td>
<td>304-623-0497</td>
<td>304-933-3630</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>304-623-5661</td>
<td></td>
</tr>
<tr>
<td>Valley Health Care</td>
<td>Monongalia, Marion, Preston, Taylor</td>
<td>Garry Schmidt</td>
<td>800-232-0020</td>
<td>304-296-1731</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>304-296-1731</td>
<td>ext. 4193</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>304-225-2280 (Crisis Unit)</td>
<td></td>
</tr>
<tr>
<td>Westbrook Health Services</td>
<td>Calhoun, Jackson, Pleasant, Ritchie, Roane, Tyler, Wirt, Wood</td>
<td>Kimberly Dixon</td>
<td>304-485-1725</td>
<td>304-485-1725</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>800-579-5844</td>
<td></td>
</tr>
</tbody>
</table>

Disaster Distress Hotline: 1-800-985-5990  
Disaster Hotline: 1-866-867-8290  
Domestic Violence Hotline: 1-800-352-6513  
Suicide Hotline: 1-800-273-8255  
Gambler's Hotline: 1-800-426-2537  
http://disasterdistress.samhsa.gov  

Text “TalkWithUs” to 66746  
1-800-985-5990  
1-800-273-8255  
1-800-352-6513  
1-800-426-2537
School Counselor
(Mental Health Crisis Team Manager)
Sample Roles and Responsibilities for School Crisis Prevention and Response

IMPORTANT NOTE: School counselors play a vital role in promoting positive mental health practices in schools and are required by Policy 2315 to coordinate the school's mental health crisis team. Therefore, a SCHOOL COUNSELOR assumes the role of the Mental Health Crisis Planning Team Manager in each school. However, a co-manager should be assigned to assist /act on his/her behalf when the manager is not available to carry out assigned roles and responsibilities. In the case when a counselor is in multiple schools, he/she can still assume the management role but should clearly designate others who will assist with and carry out the roles and responsibilities to act on his/her behalf if a crisis occurs when he/she is not in the school. When there are multiple school counselors in a school, the mental health school crisis team will discuss and divide appropriate tasks or responsibilities among all of the counselors. All counselors will assist with prevention, interventions, training, referrals, follow-up, etc. with their own caseloads of students.

<table>
<thead>
<tr>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work with school leadership to establish a School Mental Health Crisis Planning Team (SMHCPT) and annually revisit membership to ensure appropriate stakeholders are engaged.</td>
</tr>
<tr>
<td>2. Serve as the manager of the SMHCPT and identify a co-manager to assist and act on manager behalf as needed.</td>
</tr>
<tr>
<td>3. Serve as an active member of school leadership team for School Crisis Plan, share information with SMHCT and act as a liaison between the two teams.</td>
</tr>
<tr>
<td>4. Ensure the mental health component of the school's crisis plan is updated annually.</td>
</tr>
<tr>
<td>5. Hold regularly scheduled meetings to develop and update school protocols to address crisis preparedness, prevention, response and recovery.</td>
</tr>
<tr>
<td>6. Work with the SMHCT to identify roles and responsibilities for each crisis team member and for those individuals serving on the crisis response team. (See sample roles and responsibilities in the Appendices.)</td>
</tr>
<tr>
<td>7. Maintain a current list of planning and response team members and their contact information.</td>
</tr>
<tr>
<td>8. Work with team to establish a communication protocol to engage stakeholders in various crisis situations: phone tree, blog, email list, etc.</td>
</tr>
<tr>
<td>9. Engage school and community stakeholders to establish protocols and share expectations for roles and responsibilities in crisis preparedness, prevention, response and recovery.</td>
</tr>
<tr>
<td>10. Work with SMHCT to plan appropriate training for students, staff, families and community stakeholders, ensuring appropriate experts are engaged.</td>
</tr>
<tr>
<td>11. Develop a plan to incorporate mental health considerations into school crisis drills.</td>
</tr>
<tr>
<td>12. Ensure SMHCT members are trained on various crisis types and resources needed to respond appropriately.</td>
</tr>
<tr>
<td>13. Ensure crisis response team members are trained on their roles and self-care.</td>
</tr>
<tr>
<td>14. Be aware of team members experiencing high levels of stress which might affect their abilities to provide support and ensure they exercise self-care.</td>
</tr>
<tr>
<td>15. Annually review and evaluate SMHCT processes and protocols, including the community/school preparedness partnership, and make necessary revisions to improve SMHCT efforts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct an annual needs assessment to determine personal/social needs of students and to guide prevention priorities.</td>
</tr>
<tr>
<td>2. Review discipline referrals to identify behavioral needs and students with at-risk behaviors.</td>
</tr>
<tr>
<td>3. Ensure a process is in place to annually conduct universal assessments to identify students with mental health issues.</td>
</tr>
<tr>
<td>4. Work with the SMHCT and school staff to identify students with special needs (emotional, behavioral, physical).</td>
</tr>
<tr>
<td>5. Ensure a referral process is in place for at-risk students.</td>
</tr>
<tr>
<td>6. Work with administration to ensure the SAT process is fully functioning and utilized to fully support referred students.</td>
</tr>
<tr>
<td>7. Collaborate with school and community mental health professionals to provide individual and small group counseling for at risk students to address social-emotional issues.</td>
</tr>
</tbody>
</table>
### Addressing Mental Health in School Crisis Prevention and Response

8. Work with the school leadership, the SMHCT and school staff to implement school-wide universal prevention programs to address identified student needs (e.g. Expanded School Mental Health, Positive Behavior Supports, Suicide Prevention Programs, Bullying Prevention Programs).

9. Assist with training students, staff and administration in prevention efforts including best practices to address specific topics (e.g. deescalating anger, violence prevention, suicide prevention, grief).

10. Assist with training of crisis team members and other school staff to assist with prevention efforts.

11. Identify and establish liaisons with local resources to assist with staff and student counseling.

---

### Response

1. Work closely with the Principal/Site Administrator to direct the Mental Health Crisis Team’s response to all persons involved and impacted by the crisis event.

2. Establish the facts of the crisis as clearly as possible.

3. Determine the groups impacted by the event and what type of response and support is needed.

4. Determine the time and place for Crisis Team to meet and respond.

5. Assign responsibility to make necessary contacts if additional resources are needed.

6. Assign a team member to the Command Center to communicate with the SMHCT manager to provide updates and identify mental health needs related to the current crisis.

7. Establish a school location of the SMHCT for:
   - Member check-in and meeting with SMHCT members
   - Disseminating responsibilities related to the crisis
   - Receiving and making phone calls
   - Updating crisis information to be disseminated
   - Debriefing

8. Establish school location(s) where students and staff can seek and give emotional support.

9. Identify at-risk students (e.g. injured students and closest friends of injured/deceased) and students with special considerations (e.g. disabilities and other impairments) who might be most affected and may require interventions.

10. Help identify staff members affected by the crisis and special assistance they may need.

11. Monitor and keep the informed SMHCT through:
    - Orientation
    - Updated information
    - Debriefing before they leave
    - Follow-up plan and information

12. Complete any required forms regarding SMHCT’s role in crisis response.


15. Be aware of team members experiencing high levels of stress which might affect their ability to provide support and ensure they exercise self-care.

---

### Recovery

1. Work with SMHCT to identify and refer students who need further counseling and resources.

2. Work with SMHCT to provide resources to teachers for classroom interventions in the aftermath of the crisis.

3. Debrief with crisis team (what went well, challenges, identified needs, etc.)

4. Ensure that a referral and follow-up process is in place for students and staff who need long-term services.

5. Assist the principals with writing thank you notes, condolence letters, family, and hospital/funeral follow-up.

6. Assign a community expert to observe crisis responders and provide information about self-care as needed.

7. Be aware of team members experiencing high levels of stress which might affect their abilities to provide support and ensure they exercise self-care.

8. Assist with school and community activities to help process and memorialize the crisis (e.g. anniversary dates).
### Principal

#### Sample Roles and Responsibilities for School Crisis Prevention and Response

<table>
<thead>
<tr>
<th><strong>Preparedness</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Serve as the lead manager of the school’s primary Crisis Planning and Response Teams.</td>
<td></td>
</tr>
<tr>
<td>2. Serve as a member on the school’s mental health crisis team (SMHCT) and as a liaison between all school crisis and planning response efforts.</td>
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</tr>
<tr>
<td>3. Participate regularly on the SMHCT.</td>
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<tr>
<td>4. Assume a co-leadership position with the SMHCT crisis manager to design and approve protocols for each crisis stage.</td>
<td></td>
</tr>
<tr>
<td>5. Assist with training of crisis team members and other school staff.</td>
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</tr>
<tr>
<td>6. Serve as the lead emergency contact in the event of a crisis and assist with developing the plan for chain of communication in contacting first responders, including when and how the SMHCT manager will be contacted to mobilize MH response team.</td>
<td></td>
</tr>
<tr>
<td>7. Provide meeting space and training opportunities for the SMHCT.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Prevention</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take an active role in promoting the prevention component of crisis management.</td>
<td></td>
</tr>
<tr>
<td>2. Support the implementation of universal prevention programs (suicide prevention, Expanded School Mental Health, School Counseling Program, bullying and violence prevention, PBIS, etc.) and training of stakeholder groups (teachers, students, counselors, SMHCT, community stakeholders, parents, etc.).</td>
<td></td>
</tr>
<tr>
<td>3. Work with the SMHCT to develop a school-wide process for identifying and referring at-risk students.</td>
<td></td>
</tr>
<tr>
<td>4. Promote the established referral process.</td>
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</tr>
<tr>
<td>5. Ensure the SAT Team is fully operational and utilizing best practices for connecting students with support services.</td>
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</tr>
<tr>
<td>6. Ensure a process is established and followed for safety evaluations of threats of violence and suicide.</td>
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</tr>
<tr>
<td>7. Ensure all students and staff are trained to fully implement multi-tiered prevention programs that foster early identification and support for at-risk students.</td>
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<table>
<thead>
<tr>
<th><strong>Response</strong></th>
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</thead>
<tbody>
<tr>
<td>1. Assume the leading role with the school/community Incident Command Center.</td>
<td></td>
</tr>
<tr>
<td>2. Follow county/school crisis procedures as outlined in the Crisis Response Template.</td>
<td></td>
</tr>
<tr>
<td>3. Work with the SMHCT to establish time and locations for briefing and debriefing meetings.</td>
<td></td>
</tr>
<tr>
<td>4. Know all facts surrounding the crisis, and communicate with the SMHCT manager or identified SMHCT lead to provide accurate information related to the crisis to share planned response activities to assist with response efforts.</td>
<td></td>
</tr>
<tr>
<td>5. Coordinate media communications, following established county regulations/protocols.</td>
<td></td>
</tr>
<tr>
<td>6. Coordinate contacts with law enforcement and community first responders.</td>
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</tr>
<tr>
<td>7. Regularly update crisis co-manager(s), including the SMHCT manager and crisis team members.</td>
<td></td>
</tr>
<tr>
<td>8. Know and follow appropriate protocols of crisis response.</td>
<td></td>
</tr>
<tr>
<td>9. Direct staff and first responders to ensure physical and emotional safety students and staff during the crisis.</td>
<td></td>
</tr>
<tr>
<td>10. Ensure legal responsibilities are followed to protect student, staff and family confidentiality and privacy issues.</td>
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</tr>
<tr>
<td>11. Coordinate correspondence to parents with help of crisis team co-managers, including the SMHCT manager and media.</td>
<td></td>
</tr>
<tr>
<td>12. Debrief and meet with crisis co-manager(s) and team members for follow-up activities, resources, and support.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Recovery</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continue to provide a safe space for staff and students to debrief and recover from crisis.</td>
<td></td>
</tr>
<tr>
<td>2. Consult with SMHCT to ensure they have needed resources to support students, staff and families during recovery.</td>
<td></td>
</tr>
<tr>
<td>3. Allow students and staff ample time to process grief before returning to building as needed.</td>
<td></td>
</tr>
<tr>
<td>4. Assist with normalizing the classroom and school routines when students return to the building.</td>
<td></td>
</tr>
<tr>
<td>5. Debrief with crisis team (what went well, challenges, identified needs, etc.).</td>
<td></td>
</tr>
<tr>
<td>6. Assist with school assemblies to help process/memorialize event.</td>
<td></td>
</tr>
</tbody>
</table>
# School Nurses

## Sample Roles and Responsibilities for School Crisis Prevention and Response

School nurses serve in a variety of capacities for crisis prevention and intervention. It is important that each school nurse become familiar with their school and county crisis plans and be actively involved to ensure the components of school health are addressed in each plan. West Virginia school nurses serve as a vital role in the health and well-being of students. They are knowledgeable of the physical and emotional needs of the students. However, school nurses often serve more than one school and it is very important to include other nursing support staff, as needed. School nurses also work regularly with external partners such as mental health agencies, the local health departments and other community partners who are leaders in crisis prevention and intervention.

<table>
<thead>
<tr>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Serve as a member of the school’s crisis planning team</td>
</tr>
<tr>
<td>2. Participate regularly on the school’s crisis team, drills and tabletop exercises</td>
</tr>
<tr>
<td>3. Assist as appropriate in an on-going assessment to identify hazards from all possible sources and to reduce the potential for an emergency to occur (vaccinations, recognition of potential threats, etc.)</td>
</tr>
<tr>
<td>4. Facilitate the development of a mechanism for ongoing crisis training for school health staff</td>
</tr>
<tr>
<td>5. Identify the unique emergency preparedness needs for children with special needs</td>
</tr>
<tr>
<td>6. Ensure an adequate amount of first-aid supplies are available and shelf life is not expired</td>
</tr>
<tr>
<td>7. Prepare for the unique emergency preparedness needs for children with special needs ensuring medications and first-aid supplies can be taken within a moment’s notice</td>
</tr>
<tr>
<td>8. Identify and establish liaisons with common resources for staff and students related to crisis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assist the school counselor in designing the universal prevention program and establishing the role for school nurses</td>
</tr>
<tr>
<td>2. Work with the mental health crisis team to develop a school-wide process for identifying at-risk students</td>
</tr>
<tr>
<td>3. Work with team to be familiar with the referral process for services</td>
</tr>
<tr>
<td>4. Be knowledgeable about school nurse’s role in the emergency plan including triage, coordination of the first aid response team, and direct hands-on care to victims of the emergency</td>
</tr>
<tr>
<td>5. Utilize the Student Assistance Team to refer identified students for preventative services</td>
</tr>
<tr>
<td>6. Serve on planning groups to assist in the facilitation of a rapid, coordinated, effective emergency response within the framework of the Incident Command System</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assist with addressing health needs of students as per crisis protocol</td>
</tr>
<tr>
<td>2. Assist with mobilizing community resources, per school crisis protocol, as a link to the medical/public health community and to parents</td>
</tr>
<tr>
<td>3. Address the unique emergency preparedness needs for children with special needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assist with students, parents, and school personnel by providing direct support and being the liaison between community resources and those in need per school crisis protocol</td>
</tr>
<tr>
<td>2. Debrief with the crisis team</td>
</tr>
<tr>
<td>3. Participate in the evaluation and revision of school emergency plans</td>
</tr>
</tbody>
</table>
Community Mental Health Provider
Sample Roles and Responsibilities for School Crisis Prevention and Response

Each school should identify a primary community mental health provider to volunteer to serve as a member of the School Mental Health Crisis Prevention Team (SMHCT). This team member agrees to serve as a contact with other community mental health agencies, communicate with and provide training for other community mental health providers and assumes the roles agreed upon by each SMHCT. Responsibilities may include but are not limited to the following.

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>1. Identify a lead community mental health agency to assign an individual to serve on each school’s crisis team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Participate regularly on assigned school team</td>
</tr>
<tr>
<td></td>
<td>3. Provide training for crisis team members and other school staff on evidence-based practices related to mental health</td>
</tr>
<tr>
<td></td>
<td>4. Provide resources for students, staff and families</td>
</tr>
<tr>
<td></td>
<td>5. Provide training for other community mental health providers on school crisis prevention and response protocols</td>
</tr>
<tr>
<td></td>
<td>6. Annually review and evaluate community/school preparedness partnership</td>
</tr>
<tr>
<td>Prevention</td>
<td>1. Work with the school crisis team/school staff to develop a protocol for referrals and reducing barriers to services</td>
</tr>
<tr>
<td></td>
<td>2. Provide individual and group therapy to at-risk individuals</td>
</tr>
<tr>
<td></td>
<td>3. Facilitate communication with school as necessary</td>
</tr>
<tr>
<td></td>
<td>4. Encourage parents to sign a release-of-information agreement for information sharing</td>
</tr>
<tr>
<td></td>
<td>5. Connect students, staff and families with social/community supports to address individual needs</td>
</tr>
<tr>
<td>Response</td>
<td>1. At time of crisis, follow school protocol to engage other relevant stakeholders in crisis response to ensure the appropriate resources are available to respond to staff &amp; student needs</td>
</tr>
<tr>
<td></td>
<td>2. Provide psychological first aid and mental health supports to individuals and groups as per the school protocol and as directed by the school crisis manager</td>
</tr>
<tr>
<td></td>
<td>3. Connect students, staff and families with social/community supports to address individual needs</td>
</tr>
<tr>
<td>Recovery</td>
<td>1. Participate in Crisis Team Debrief</td>
</tr>
<tr>
<td></td>
<td>2. Provide follow-up services to students, staff, and families who need additional help</td>
</tr>
<tr>
<td></td>
<td>3. Provide ongoing individual and group therapy as needed</td>
</tr>
<tr>
<td></td>
<td>4. Evaluate the social/community supports of students, staff and families and assess the need for additional resources</td>
</tr>
<tr>
<td></td>
<td>5. Provide information about employee-assistance programs</td>
</tr>
<tr>
<td></td>
<td>6. Provide expertise and assistance with mental health supports during anniversary events</td>
</tr>
</tbody>
</table>
# School-based Mental Health Providers

## Sample Roles and Responsibilities for School Crisis Prevention and Response

This refers to a contracted position through a private or community agency that is housed at least part-time in the school and provides mental health services in addition to those provided by school counselors.

### Preparedness

1. Serve as a member of the school’s mental health crisis team
2. Participate regularly on the school crisis team
3. Help design protocols for each crisis stage
4. Assist with training of crisis team members and other school staff
5. Identify and establish liaisons with common resources for staff and student counseling

### Prevention

1. Assist the school counselor in designing the universal prevention program and establishing the role of the school-based provider
2. Work with the mental health crisis team to develop a school-wide process for identifying at-risk students
3. Utilize Student Assistance Team to refer identified students for prevention services
4. Provide individual and group counseling to at-risk students
5. Facilitate communication with school as necessary
6. Encourage parents to sign a sharing-of-information agreement
7. Connect students, staff and families with social/community supports to address individual needs
8. Inform students, staff and families about the referral process
9. Make referrals and/or conduct safety evaluations for threats of violence and suicide according to established school protocols
10. Make referrals to community or school-based providers for individual or group counseling as needed
11. Lead school assemblies & provide classroom resources for identification of mental health difficulties and teach coping skills
12. Assist with staff training related to prevention in area of professional expertise

### Response

1. Assist with mobilizing community resources as per school crisis protocol
2. Provide psychological first aid and mental health supports to students, staff and families
3. Work with the school crisis team to determine counseling services needed
4. Work with school crisis team to ensure appropriate referrals are made and services are being delivered

### Recovery

1. Identify and refers students who need further counseling and resources
2. Provide resources to teachers for classroom interventions in the aftermath of the crisis
3. Debrief with crisis team (what went well, challenges, identified needs, etc.)
4. Develop treatment plans for student clients
5. Assist with school assemblies to help process/memorialize event
## School Resource Officers

*Sample Roles and Responsibilities for School Crisis Prevention and Response*

School Resource Officers (SRO) serve in a variety of capacities when planning for crisis prevention and intervention. It is important that each SRO become familiar with their school and county crisis plans and be actively involved.

### Preparedness

1. Serve as a member on the school’s crisis team and the school mental health crisis team (SMHCT)
2. Act as a liaison between the primary school crisis team and the SMHCT
3. Participate regularly on the SMHCT
4. Attend Prevention Resource Officer Conference for training and certification annually
5. Assist with reviewing and updating the school’s Emergency Response Procedures annually
6. Complete at least 16 Law Enforcement CEU's annually to maintain certification and stay up-to-date on best practices
7. Assist with creating and updating School Emergency Response Packet/protocols and keep in cruiser for other first responders to utilize
8. Assist with drills related to various types of crisis
9. Assist with training the SMHCT in relation to security, safety and other special crisis considerations

### Prevention

1. Work to establish positive relationships with administration and students
2. Be visible within the school community to build working relationships with faculty, students and community
3. Assist the school counselor in designing the universal prevention program and establishing the role for SRO
4. Work with the SMHCT to develop a school-wide process/protocols for identifying at-risk students
5. Work with team to be familiar with the referral process for services
6. Utilize the Student Assistance Team to refer identified students for preventative services
7. Serve on planning groups to assist in the facilitation of a rapid, coordinated, effective emergency response within the framework of the Incident Command System

### Response

1. Assist with school searches, evacuations, sheltering-in-place and lockdowns per school crisis protocol
2. Assist with mobilizing community resources, per school crisis protocol
3. Work with school counselors and other student support staff to assist students and to provide services to students involved in situations where referrals to service agencies are necessary

### Recovery

1. Assist with normalizing school routines as soon as possible after the event
2. Refer students experiencing trauma for further interventions (may be evidenced by acting out behaviors)
3. Debrief with the crisis team
4. Participate in the evaluation and revision of school emergency plans

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### APPENDIX 1.5.f
**Team Member**

Sample Roles and Responsibilities for School Crisis Prevention and Response

NOTE: This role is for team members not described in one of the role-specific charts.

### Preparedness

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Serve as a member of the school’s mental health crisis team (SMHCT)</td>
</tr>
<tr>
<td>2.</td>
<td>Participate regularly on the school crisis team</td>
</tr>
<tr>
<td>3.</td>
<td>Help design protocols for each crisis stage</td>
</tr>
<tr>
<td>4.</td>
<td>Assist with training of crisis team members and other school staff</td>
</tr>
<tr>
<td>5.</td>
<td>Help develop/Identify crisis support resources for staff and students</td>
</tr>
<tr>
<td>6.</td>
<td>Serve as an emergency contact on response team and help plan your role in contacting first responders</td>
</tr>
<tr>
<td>7.</td>
<td>Communicate with stakeholders in your role to share protocols and practices for crisis prevention, response and recovery</td>
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</tbody>
</table>

### Prevention

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Take an active role in promoting the prevention component of crisis management</td>
</tr>
<tr>
<td>2.</td>
<td>Assist the SMHCT in designing the universal prevention program, establishing your role, and training others in your stakeholder group (teacher, community stakeholder, parent, etc.)</td>
</tr>
<tr>
<td>3.</td>
<td>Work with the mental health crisis team to develop a school-wide process for identifying and referring at-risk students</td>
</tr>
<tr>
<td>4.</td>
<td>Inform students, staff and families about the referral process</td>
</tr>
<tr>
<td>5.</td>
<td>Identify and refer at-risk students to the SAT Team for assessment and prevention services</td>
</tr>
<tr>
<td>6.</td>
<td>Makes referrals for safety evaluations for threats of violence and suicide according to established school protocols</td>
</tr>
<tr>
<td>7.</td>
<td>Assume your role in implementing multi-tiered prevention programs to foster early identification and support for at-risk students</td>
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### Response

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<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Attend briefing and debriefing meetings</td>
</tr>
<tr>
<td>2.</td>
<td>Know all facts surrounding the crisis, including response schedule and planned activities</td>
</tr>
<tr>
<td>3.</td>
<td>Know location of own assignment</td>
</tr>
<tr>
<td>4.</td>
<td>Work with the SMHCT to determine counseling services needed</td>
</tr>
<tr>
<td>5.</td>
<td>Know and follow referral procedures and follow-up responsibilities</td>
</tr>
<tr>
<td>6.</td>
<td>Know and follow appropriate strategies of crisis intervention for your assigned group</td>
</tr>
<tr>
<td>7.</td>
<td>Align practices with those established by the SMHCT to ensure student physical and emotional safety during a crisis</td>
</tr>
<tr>
<td>8.</td>
<td>Work as a team member to implement school-wide practices established in school crisis protocols</td>
</tr>
<tr>
<td>9.</td>
<td>Know legal responsibilities that may include confidentiality and privacy issues</td>
</tr>
<tr>
<td>10.</td>
<td>Refer questions from the media to the appropriate and/or designated person(s)</td>
</tr>
<tr>
<td>11.</td>
<td>Distribute and review any handouts provided by the SMHCT</td>
</tr>
<tr>
<td>12.</td>
<td>Help reduce panic by being warm, firm, grounded and reassuring</td>
</tr>
<tr>
<td>13.</td>
<td>Be aware of stressors of crisis on caregiver and exercise self-care</td>
</tr>
<tr>
<td>14.</td>
<td>Be aware of team members experiencing high levels of stress which might affect their ability to provide support and ensure they exercise self-care</td>
</tr>
</tbody>
</table>

### Recovery

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provide a safe and protected environment for students to share personal stories and take next steps to move forward</td>
</tr>
<tr>
<td>2.</td>
<td>Utilize best practices and identified resources for classroom interventions in the aftermath of the crisis</td>
</tr>
<tr>
<td>3.</td>
<td>Identify and refers students who need further counseling and resources</td>
</tr>
<tr>
<td>4.</td>
<td>Assist with normalizing the classroom and school routines as soon as possible after the event</td>
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<td>5.</td>
<td>Debrief with crisis team (what went well, challenges, identified needs, etc.)</td>
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<tr>
<td>6.</td>
<td>Assist with school assemblies to help process/memorialize event</td>
</tr>
</tbody>
</table>

# Special Needs Coordinator

Sample Roles and Responsibilities for School Crisis Prevention and Response

<table>
<thead>
<tr>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Serve as a member of the school’s mental health crisis team (SMHCT)</td>
</tr>
<tr>
<td>2. Participate regularly on the school crisis team</td>
</tr>
<tr>
<td>3. Help design protocols for each crisis stage</td>
</tr>
<tr>
<td>4. Assist with training of crisis team members and other school staff</td>
</tr>
<tr>
<td>5. Help develop/identify crisis support resources students with special needs</td>
</tr>
<tr>
<td>6. Serve as an emergency contact on response team and help plan your role in</td>
</tr>
<tr>
<td>contacting first responders</td>
</tr>
<tr>
<td>7. Communicate with stakeholders about protocols and practices for special</td>
</tr>
<tr>
<td>needs population</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take an active role in promoting the prevention component of crisis</td>
</tr>
<tr>
<td>management</td>
</tr>
<tr>
<td>2. Assist the SMHCT in designing the universal prevention program,</td>
</tr>
<tr>
<td>establishing your role, and training others in your stakeholder group</td>
</tr>
<tr>
<td>(teacher, community stakeholder, parent, etc.)</td>
</tr>
<tr>
<td>3. Work with the mental health crisis team to develop a school-wide process</td>
</tr>
<tr>
<td>for identifying and referring at-risk students</td>
</tr>
<tr>
<td>4. Inform students, staff and families about the referral process</td>
</tr>
<tr>
<td>5. Identify and refer at-risk students to the SAT Team for assessment and</td>
</tr>
<tr>
<td>prevention services</td>
</tr>
<tr>
<td>6. Make referrals for safety evaluations for threats of violence and suicide</td>
</tr>
<tr>
<td>according to established school protocols</td>
</tr>
<tr>
<td>7. Assume your role in implementing multi-tiered prevention programs to</td>
</tr>
<tr>
<td>foster early identification and support for at-risk students</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attend briefing and debriefing meetings</td>
</tr>
<tr>
<td>2. Know all facts surrounding the crisis, including response schedule and</td>
</tr>
<tr>
<td>planned activities</td>
</tr>
<tr>
<td>3. Know location of own assignment</td>
</tr>
<tr>
<td>4. Work with the SMHCT to determine counseling services needed</td>
</tr>
<tr>
<td>5. Know and follow referral procedures and follow-up responsibilities</td>
</tr>
<tr>
<td>6. Know and follow appropriate strategies of crisis intervention for your</td>
</tr>
<tr>
<td>assigned group</td>
</tr>
<tr>
<td>7. Align practices with those established by the SMHCT to ensure student</td>
</tr>
<tr>
<td>physical and emotional safety during a crisis</td>
</tr>
<tr>
<td>8. Work as a team member to implement school-wide practices established in</td>
</tr>
<tr>
<td>school crisis protocols</td>
</tr>
<tr>
<td>9. Know legal responsibilities that may include confidentiality and privacy</td>
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<td>issues</td>
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<td>stories and take next steps to move forward</td>
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<td>interventions in the aftermath of the crisis</td>
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<td>5. Debrief with crisis team (what went well, challenges, identified needs,</td>
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<td>etc.)</td>
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<tr>
<td>6. Assist with school assemblies to help process/memorialize event</td>
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Blank Role Description Template
Sample Roles and Responsibilities for School Crisis Prevention and Response

USE THIS TEMPLATE TO DEFINE ROLES AND RESPONSIBILITIES OF OTHER STAFF IN YOUR SCHOOL.

<table>
<thead>
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<tbody>
<tr>
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<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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</tr>
<tr>
<td>7.</td>
</tr>
</tbody>
</table>
West Virginia Resources for School Mental Health Crisis Planning

West Virginia Behavioral Health Contacts
West Virginia Center for Threat Preparedness Behavioral Health website: http://www.dhhr.wv.gov/healthprep/programs/behavioralhealth/Pages/default.aspx

WV Bureau for Behavioral Health Disaster Coordinator: Joann Fleming, Telephone: (304) 356-4788; Email: Joann.E.Fleming@wv.gov

WV Comprehensive Behavioral Health Centers
http://www.dhhr.wv.gov/bhhf/comps_map/Pages/default.aspx

Comprehensive Behavioral Health Centers Directory

WV Behavioral health services and facilities map
http://www.dhhr.wv.gov/bhhf/Pages/MapList.aspx

Listing of child behavioral health and child welfare services by region:
http://www.wvcca.org/directory.html

West Virginia School Based Health Centers: www.wvsbha.org

West Virginia Regional DHHR Offices: http://www.wvdhhr.org/bcf/county/

WV DHHR Regional/County Management Listing:

Community Volunteer Counselors
Red Cross: Contact the regional disaster manager:
http://www.redcross.org/wv/charleston/about-us/staff

Voluntary Organizations Active in Disaster - WV: for information about local organizations, churches that provide volunteer assistance: https://wvvoad.communityos.org/cms/home

WV Division of Homeland Security and Emergency Management County Contacts:
http://www.dhsem.wv.gov/countycontacts/Pages/default.aspx

Hotlines
WV Disaster Hotline: (866) 867-8290
Suicide Hotline: (800) 273-825
Domestic Hotline: (800) 352-6513
Problem Gamblers Hotline: (800) 426-2537
Disaster Distress Hotline 1-800-985-5990 • http://disasterdistress.samhsa.gov
WV Adolescent Suicide Website: http://www.wvaspen.com/
# Emotional and Behavioral Health Considerations for Students with Disabilities and Other Vulnerable Students

## Preparedness (Before the Crisis)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Student Type</th>
<th>Accommodations</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a process for identifying vulnerable students</td>
<td>Special Needs or Vulnerable students as identified by IEP, 504 plans and SATs</td>
<td>Contingent upon individual needs</td>
<td>IEP, 504 and SAT Teams Provide list of vulnerable students to the Crisis Team</td>
</tr>
<tr>
<td>Develop the plan</td>
<td>Special Needs or Vulnerable students as identified by IEP, 504 plans or SATs</td>
<td>Plan for each student will be specified during IEP, 504 or SAT team meetings</td>
<td>IEP, 504 and SAT Teams Provide list of vulnerable students to the Crisis Team</td>
</tr>
<tr>
<td>Plan the evacuation route</td>
<td>Identified students</td>
<td>Various due to the potential of dual diagnosis</td>
<td>Crisis Team</td>
</tr>
<tr>
<td>Build student specific emergency kits to take with them in case of evacuation</td>
<td>Identified students</td>
<td>Examples: Batteries, equipment for AT, medications, medical devices, etc.</td>
<td>School administrator/ Crisis Team</td>
</tr>
<tr>
<td>Identify individual staff member who will be responsible for each vulnerable student during a crisis</td>
<td>Special Needs or Vulnerable students as identified by IEP, 504 plans or SATs</td>
<td>Plan for each student will be specified during IEP, 504 or SAT team meetings</td>
<td>IEP, 504 and SAT Teams Provide list of vulnerable students to the Crisis Team</td>
</tr>
<tr>
<td>Develop communications plan for in-school response and with parent/guardian</td>
<td>Identified students</td>
<td>For blind, visual impairments, deaf students</td>
<td>Crisis Team</td>
</tr>
</tbody>
</table>

## Prevention (Before the Crisis)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Student Type</th>
<th>Accommodations</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice drills (both evacuation and sheltering in place) for Special education students should be done no less than once a quarter</td>
<td>All students and identified special needs/vulnerable students</td>
<td>Assistive Technology</td>
<td>Crisis Team, Administration, Special Education Teachers/ Aids</td>
</tr>
<tr>
<td>Assistive Technology Substitution: In some cases depending on the circumstances not all AT/ medical devices can be evacuated with the student</td>
<td>AT Impacted Students</td>
<td>Manuel chairs, flash cards, O2 bottles, ETC.</td>
<td>Crisis Team, Administration, Special Education Staff</td>
</tr>
<tr>
<td>Take along books attached to the students chair or in the students back pack</td>
<td>All</td>
<td>Take Along Book</td>
<td>Crisis Team, Administration, Special Education Staff, Family</td>
</tr>
<tr>
<td>ID bracelet/ Medic Alert Jewelry; tattoo</td>
<td>All</td>
<td>Medical identification</td>
<td>Family, School Nurse, Special Education Staff</td>
</tr>
<tr>
<td>I.C.E.</td>
<td>All</td>
<td>In case of emergency number in phone</td>
<td>Family</td>
</tr>
</tbody>
</table>
## Incident Response Interventions (During the Crisis)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Student Type</th>
<th>Accommodations</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most students with IDD/DD and mental health issues</td>
<td>All</td>
<td>Emotional support</td>
<td>Special Education Staff/ First Responders</td>
</tr>
<tr>
<td>Reassurance and support in time of crisis and or changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication: keep all instructions simple and clear speaking slowly and</td>
<td>All</td>
<td>communication</td>
<td>Special Education Staff, Crisis Team</td>
</tr>
<tr>
<td>in normal voice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotic incident do NOT argue with/ interrupt someone who is delusional</td>
<td>Behavioral Health</td>
<td>Calm soothing response</td>
<td>Special Education Staff, Crisis Team, First responders</td>
</tr>
<tr>
<td>Redirection</td>
<td>Behavioral Health</td>
<td>Attempt to redirect</td>
<td>Special Education Staff, Crisis Team, First Responder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>from the chaos or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>incident scene</td>
<td></td>
</tr>
</tbody>
</table>

## Recovery (After the Crisis)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Student Type</th>
<th>Accommodations</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to school</td>
<td>All</td>
<td>Emotional support</td>
<td>Family, Crisis Team, Special Education Staff, Community agencies</td>
</tr>
<tr>
<td>Staff Hot Wash</td>
<td>School and other responding</td>
<td></td>
<td>All Staff</td>
</tr>
<tr>
<td></td>
<td>personnel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resources for Special Needs Students

DHHR Disaster Planning for Special Populations:
http://www.dhhr.wv.gov/healthprep/plan/specialpopulations/Pages/default.aspx

Appalachian Centers for Independent Living
Address: 470 Chimney Drive, Suite C
Charleston, WV 25302-4804
Phone: (304) 965-0376
Toll Free Phone:
Fax: (304) 965-0377
TDD: (800) 642-3003
Email: acil@yahoo.com

ARC of the Mid-Ohio Valley
Address: 912 Market Street
Parkersburg, WV 26101
Phone: (304) 422-3151
Toll Free Phone: (877) 334-6581
Fax: (304) 865-2072
Email: info@thearcmov.org
Website: http://www.thearcmov.org/
Serves: Wood, Pleasants, Ritchie, Wirt, Roane, Doddridge, Calhoun, Jackson, Gilmer, Harrison (Birth to Three only)

ARC of the Three Rivers
Address: 1021 Quarrier Street, Suite 200
Charleston, WV 25301
Phone: (304) 344-3403
Toll Free Phone:
Email: arc3@arcthreerivers.org
Website: www.arcthreerivers.org
Serves: Kanawha, Clay, Boone & Putnam Co.

ARC of Harrison County
Address: P.O. Box 764
Clarksburg, WV 26301
Phone: (304) 624-3641
Email: garaber@arc-hc.com
Website: www.arc-hc.com
Serves: Harrison & Randolph

Autism Services Center
Address: 605 Ninth Street, P.O. Box 507
Huntington, WV 25710-0507
Phone: (304) 525-8014
Toll Free Phone:
Fax: (304) 525-8026
Website: www.autismservicescenter.org

Mountain State Center for Independent Living
Address: 821 4th Avenue
Huntington, WV 25701
Phone: (304) 525-3324
Toll Free Phone: (866) 687-8245
TDD: (304) 525-3324
Fax: (304) 525-3360
Email: mtstcil@mtstcil.org
Website: www.mtstcil.org
Beckley Office: 329 Prince Street
Beckley, WV 25801
Phone: (304) 255-0122
Fax: (304) 255-0157
TDD: (304) 255-0122

Northern West Virginia Center for Independent Living
Address: 601-603 East Brockway Avenue
Suites A and B
Morgantown, WV 26501
Phone: (30) 296-6091
Toll Free Phone: (800) 834-6408
TDD: (304) 296-6091
Fax: (304) 292-5217
Email: nwvcil@nwvcil.org
Website: www.nwvcil.org
Elkins Office: 109 Randolph Street
Elkins, WV 26241
Phone: (304 636-0143
Toll Free: (866) 262-2875
Fax: (304) 636-6508
West Virginia Advocates  
Address: 1207 Quarrier Street, Suite 400  
Charleston, WV 25301  
Phone: (304) 346-0847  
Toll Free Phone: (800) 950-5250  
Fax: (304) 346-0867  
Website: www.wvadvocates.org

West Virginia Center for Excellence in Disabilities  
Address: 959 Hartman Run Road  
Morgantown, WV 26505  
Phone: (304) 293-4692  
Toll Free Phone: (888) 829-9426  
TTY: (800) 516-1448  
Email: cedcontact@hsc.wvu.edu  
Website: www.cedwvu.org  
Charleston Office: 4510 Pennsylvania Ave  
Charleston, WV 25302  
Phone: (304) 720-3200

West Virginia Developmental Disabilities Council  
Address: 110 Stockton Street  
Charleston, WV 25387-2521  
Phone: (304) 558-0416  
Toll Free Phone:  
TTY: (304) 558-2376  
Fax: (304) 558-0941  
Email: dhhrwvddc@wv.gov  
Website: www.ddc.wv.gov

West Virginia Commission for the Deaf and Hard of Hearing  
Address: 405 Capitol Street  
Charleston, WV 25302  
Phone: (304) 558-1031  
Toll Free Phone: (866) 461-3578  
TTY: (304) 558-1675  
Fax: (304) 558-0937  
Email: Marissa.J.Sanders@wv.gov  
Website: www.wvdhhr.org/wvcdhh

WV Division of Rehabilitation Services  
Address: 107 Capitol Street  
Charleston, WV 25302  
Phone: (304) 356-2060  
Toll Free Phone: (800) 642-8207  
Email: Donna.L.Ashworth@wv.gov  
Website: www.wvdrs.org
Addressing Mental Health in School Crisis Prevention and Response

Mental Health Crisis Planning Resources for Schools

General Planning Resources

Center for the Study of Traumatic Stress: http://www.cstsonline.org/resources/


National Child Traumatic Stress Network: Numerous resources for schools, parents, caregivers and clinicians and specific to various types of trauma including natural disasters, school violence, grief, abuse. http://www.nctsnet.org

National Center for Homeless Education: *McKinney Vento Toolbox: Constructing a Robust and Rigorous Homeless Education Program in Case of Disaster and Every Day*: very useful tools and resources for meeting mental health needs of students displaced due to disaster, including sample forms, self-assessment checklists and resources for mental health providers. http://center.serve.org/nche/pr/mv_dis_toolbox.php


http://rems.ed.gov/docs/PracticalInformationonCrisisPlanning.pdf


SAMHSA.Gov http://disasterdistress.samhsa.gov

USDE Emergency Planning, Office of Safe and Healthy Students: several resources, including grant opportunities, web trainings for school personnel, http://www2.ed.gov/admins/lead/safety/emergencyplan/index.html

USDE Preparing Your School for a Crisis: http://www2.ed.gov/admins/lead/safety/crisisplanning.html

USDE Prevention Resources: http://www2.ed.gov/admins/lead/safety/edpicks.jhtml?src=In
**Mental Health Specific Resources**

Psychological First Aid for Schools, 
http://www.nctsn.org/content/psychological-first-aid-schoolspfa

Resources for Dealing with Traumatic Events in Schools:  


National Association of School Psychologists: Several resources at  

Back To School Resources for School Personnel, Printed materials for download and free webinars for all school personnel on issues related to trauma including natural disasters, violence, grief, abuse, war, self-care, more.  
http://www.mentalhealthconnection.org/pdfs/trauma-school-resources-list.pdf

Disaster Distress Hotline: 1-800-985-5990, Text “TalkWithUs” to 66747  
http://disasterdistress.samhsa.gov
Training Resources

Note: A variety of trainings on school crisis planning and response are available. The resources below were selected with the following criteria in mind: 1) geared to a school setting; 2) focused on the mental health aspects of school crisis prevention, planning, response and recovery; 3) free or low cost; and 4) based on best practices.

NATIONAL CHILD TRAUMATIC STRESS NETWORK
Psychological First Aid for Schools
Psychological First Aid for Schools is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or terrorism event. http://www.nctsn.org/content/psychological-first-aid-schoolspfa

Child Trauma Toolkit for Educators 2008:
http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit

Overview of Disaster Behavioral Health Interventions:
What Do We Currently Know Speaker: Patricia J. Watson. Date recorded: 10/09/2012. Dr. Patricia Watson provides an overview of what disaster behavioral health evidence-based practices are currently available for children, adults, and families. She reviews the current evidence for the underlying principles that should be used to inform interventions and prevention efforts and what interventions are currently available in the response and recovery phases. Dr. Watson also discusses innovative methods to improve access of services, how to stay up-to-date on the evidence, what are the key components to implementing a disaster behavioral health program, and considerations for increasing the evidence-base. http://learn.nctsn.org/course/view.php?id=96#sthash.bHCreHS0.dpuf

Overview of Psychological First Aid
Speaker: Patricia J. Watson. Date recorded: 10/09/2012. Dr. Patricia Watson provides a context on how the National Child Traumatic Stress Network and National Center for PTSD Psychological First Aid (PFA) was developed. PFA is an evidence-informed intervention to assist children, adolescents, adults, and families in the immediate aftermath of a disaster or emergency. http://learn.nctsn.org/course/view.php?id=96#sthash.bHCReHS0.dpuf

Overview of Skills for Psychological Recovery
Speaker: Patricia J. Watson. Date recorded: 10/10/2012. Dr. Patricia Watson provides a context on how the National Child Traumatic Stress Network and National Center for PTSD Skills for Psychological Recovery (SPR) was developed. SPR is a model for the post-disaster recovery period to assist survivors who continue to exhibit moderate levels of distress. Dr. Watson provides an overview of the SPR goals, the 5 primary skill sets, and how to apply the model in various disaster behavioral health programs. http://learn.nctsn.org/course/view.php?id=96#sthash.bHCReHS0.dpuf
Coping in Hard Times: How Do We Help Affected Children and Families
Speaker: Patricia J. Watson. Date recorded: 10/10/2012. Dr. Patricia Watson discusses how we can assist youth, families, and communities who are experiencing challenging financial circumstances and economic hardships. The NCTSN has developed fact sheets for youth, school staff, parents and community organization leaders that offer practical ways to address the challenges youth and families are facing. Dr. Watson reviews these tips and gives examples on how to improve these families sense of safety, calming, self-and community efficacy, connectedness, and hope. - See more at:
http://learn.nctsn.org/course/view.php?id=96#sthash.bHCreHS0.dpuf

Trauma Focused Cognitive Behavioral Therapy
A free, web based learning course from the National Child Traumatic Stress Network and the Medical University of South Carolina. http://tfcbt.musc.edu/

Crisis Management in a Rural School
A two hour webcast for school administrators and first responders to teach principles of management of a school crisis. This and other trainings from Rural Domestic Preparedness Center: https://www.ruraltraining.org/training/courses/

Webcasts on Emergency Management for Schools
Four webcasts and accompanying materials look at the four phases of emergency management: prevention-mitigation, preparedness, response, and recovery. The webcasts were filmed at Emergency Management for Schools training meetings provided for school staff and administrators in March 2007.
http://www.connectlive.com/events/depteduphilly0207/

Webcast on School Emergency Planning
This November 2006 webcast provides parents, educators, school administrators and local safety personnel with an opportunity to review key considerations related to school emergency management planning. Learn about how schools can help mitigate, prevent, prepare for, respond to, and recover from a crisis.
http://www.connectlive.com/events/edschoolsafety

USDE Emergency Planning, Office of Safe and Healthy Students
several resources, including grant opportunities, web trainings for school personnel, guidance on issues, model programs:
http://www2.ed.gov/admins/lead/safety/emergencyplan/index.html

http://store.samhsa.gov/shin/content/SMA04-3959/SMA04-3959.pdf
Response Stages and Interventions

(Actions taken in all three stages of Response are considered interventions and important for preventing more serious mental health issues such as PTSD)

Adapted from the Maryland School Psychologists’ Association, Inc. Crisis Team Resource Guide: Handout 17
**Crisis Response Resources for Parents, Caregivers and Educators**

**AMERICAN SCHOOL COUNSELOR ASSOCIATION**
A variety resources on school crises and how to counsel students:
http://www.schoolcounselor.org/school-counselors-members/professional-development/learn-more/helping-kids-during-crisis

Back to School Resources for School Personnel, National Child Traumatic Stress Network,
http://www.mentalhealthconnection.org/pdfs/trauma-school-resources-list.pdf

Crisis Intervention: A Guide for School Based Clinicians, Center for School Mental Health,

Dealing with Natural and Man-made Disasters, Center for School Mental Health,

Helpful Hints for School Emergency Management, Psychological First Aid for Students and Teachers: Listen, Protect, Connect - Model and Teach: Vol. 3, Issue 3

Maryland School Psychologists Association Crisis Team Resource Guide,

National Association of School Psychologists: Several resources at

National Child Traumatic Stress Network: Numerous resources for schools, parents, caregivers and clinicians and specific to various types of trauma including natural disasters, school violence, grief, abuse. http://www.nctsnet.org

National Center for Homeless Education: McKinney Vento Toolbox: Constructing a Robust and Rigorous Homeless Education Program in Case of Disaster and Every Day: very useful tools and resources for meeting mental health needs of students displaced due to disaster, including sample forms, self-assessment checklists and resources for mental health providers. http://center.serve.org/nche/pr/mv_dis_toolbox.php

Psychological First Aid for Schools,
http://www.nctsn.org/content/psychological-first-aid-schoolspfa

Readiness and Emergency Management for Schools Technical Assistance Center:

Resources for Dealing with Traumatic Events in Schools:

Tips for Talking With and Helping Children Cope after a Disaster, SAMHSA,
http://store.samhsa.gov/shin/content/SMA12-4732/SMA12-4732.pdf
Tips for Helping Students Recovering from Traumatic Events
http://www2.ed.gov/parents/academic/help/recovering/index.html
September 2005, Includes tips for parents, students, teachers, counselors, coaches, administrators

Tucson School Counselor Crisis Response Manual,

WV School Preparedness:
http://www.dhhr.wv.gov/healthprep/plan/howtoprepare/schoolprep/Pages/default.aspx
School Crisis Recovery Resources for Parents, Caregivers, Educators

AMERICAN SCHOOL COUNSELOR ASSOCIATION
A variety of webinars and resources on school crises and how to counsel students
http://www.schoolcounselor.org/school-counselors-members/professional-development/learn-more/helping-kids-during-crisis

National Association of School Psychologists
Several resources at http://www.nasponline.org/resources/crisis_safety/index.aspx
- WS1 Handout 21: Memorials: Special Considerations When Memorializing an Incident
- Coping with Shelter-in-Place Emergencies
- Coping With Crisis: Tips for Parents and Educators
- Coping With Crisis: Helping Children With Special Needs
- Managing Strong Emotional Reactions to Traumatic Events: Tips for Parents and Teachers

Culturally Competent Crisis Response: Information for School Psychologists and Crisis Teams
- Culturally Competent Crisis Response Resources
- Dealing with a Death in School
- Helping Children Cope With Crisis: Care for Caregivers
- Memorials/Activities/Rituals Following Traumatic Events - Suggestions for Schools

Tips for Talking With and Helping Children Cope after a Disaster, SAMHSA
http://store.samhsa.gov/shin/content/SMA12-4732/SMA12-4732.pdf

Tips for Helping Students Recovering from Traumatic Events
http://www2.ed.gov/parents/academic/help/recovering/index.html
September 2005, Includes tips for parents, students, teachers, counselors, coaches, administrators

Psychological First Aid for Schools
http://www.nctsn.org/content/psychological-first-aid-schoolspfa

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Maryland School Psychologists Association Crisis Team Resource Guide

Resources for Dealing with Traumatic Events in Schools
