

<https://tinyurl.com/tvbfl3w>



West Virginia DEPARTMENT OF  
**EDUCATION**



**Connecting Social-Emotional and Mental Health  
Supports  
to the Opioid Epidemic**

# Learner Objectives

- ❖ Become familiar with the ReClaimWV initiative, partners, website, toolkit, and resources.
- ❖ Learn how opioid misuse has impacted schools.
- ❖ Understand Adverse Childhood Experiences (ACEs) study and findings.
- ❖ Understand how adverse childhood experiences impact learning.
- ❖ Learn to recognize the signs and symptoms of trauma, mental health issues, and substance misuse that impact learning.

# Mission Statement

What is ReClaimWV?

In response to the Opioid Epidemic, the West Virginia Department of Education (WVDE) will support and collaborate with local education agencies, schools, communities, and families to address the physical, social-emotional, behavioral, and mental health needs of our students.

# Partnerships

## Who is involved in ReClaimWV?

**West Virginia Governor's Council on Substance Abuse Prevention and Treatment**

**West Virginia Board of Education**

**West Virginia Department of Health and Human Resources (WVDHHR)**

**Partners Funded in Part by WVDE:**

WV Behavior/Mental Health Technical Assistance Center

WV Transition Technical Assistance Center

WV Children's Center for Justice

WV State University – Health GrandFamilies Program

GRaCE Recovery Coach Academies

**Drug Enforcement Administration (DEA 360)**

**Ed Venture**

**EVERFI**

**Family/Parent Engagement Resource Centers**

**First Choice**

**Head Start and Early Head Start Programs**

**High Intensity Drug Trafficking Areas (HIDTA) Program**

**Marshall University**

**Prevent Suicide WV**

**School Personnel Professional Associations**

**West Virginia Higher Education Policy Commission**

**West Virginia Homeland Security for Human Trafficking**

**Prevention**

**West Virginia Parent Teacher Association Coalition**

**West Virginia Primary Care Association (PCA)**

**West Virginia Secondary Schools Activities Commission (WVSSAC)**

**West Virginia Sexual Abuse Task Force**

**West Virginia University**

**West Virginia Expanded School Mental Health**



# Goals and Objectives

# GOAL ONE

Support the needs of the whole child by coordinating services and resources offered by the WVDE and its partners.

**Objective 1:** Develop a WVDE website with a full menu of resources to connect programs, services, and supports to students, families, educators, and other stakeholders.

**Objective 2:** Maintain the current WVDE Core Team, expand the WVDE Cross-Office Working Group, and continue to develop Inter-Agency partnerships.

**Objective 3:** Identify community resources immediately available to help schools address students' and families' basic needs for food, shelter, clothing, utilities, foster care, medical, dental, and social-emotional behavioral health services.

**Objective 4:** Identify, provide, and develop resources with stakeholders for local education agencies (LEAs), schools, students, families, and the community to use in building teams to combat the Opioid Epidemic.

**Objective 5:** Continue collaboration with the Midwest Positive Behavioral Interventions and Supports (PBIS) Network, and with Regional Educational Laboratories (REL) to expand training and implementation of Interconnected Systems Framework as well as to develop research supports for pre-k through 12.

**Objective 6:** Develop a plan with WVDHHR to support and expand services for children born with neonatal abstinence syndrome (NAS) and those identified as at-risk.

**Objective 7:** Increase funding for the state's first WV Behavior/Mental Health Technical Assistance Center for West Virginia public schools.

**Objective 8:** Increase staff at the WV Behavior/Mental Health Technical Assistance Center to meet needs of schools, classroom teachers, and pre-k students.

## GOAL TWO

Provide Local Education Agencies (LEAs) with training and technical assistance on evidence-based practices to support the whole child, particularly in social-emotional and behavioral health, including substance abuse prevention and intervention.

**Objective 1:** Help LEAs develop a framework to address the social-emotional and behavioral health of pre-k through Grade 12 students. Evidence-based systems may include Interconnected Systems Framework (ISF), and Positive Behavioral Interventions and Supports (PBIS).

**Objective 2:** Increase the number of trainers who provide mental health and substance abuse strategies, including but not limited to: Mental Health First Aid, Recovery Coach Academy, and Screening, Brief, Intervention, and Referral to Treatment (SBIRT).

**Objective 3:** Increase student and parent referrals to local mental health service providers.

**Objective 4:** Train school personnel on the following:

- How to use the Social/Psychosocial History and Risk Indicators on the HealthCheck and/or a social-emotional behavioral health screener.
- Procedures to use for prevention and intervention in crisis situations such as suicidal threats, substance abuse, and self-injurious behaviors.

**Objective 5:** Train teachers on evidence-based practices that support social-emotional development and build effective behavior management skills for students' affected by the Opioid Epidemic.

**Objective 6:** Provide online WVLeads modules, graduate credit courses, and ongoing professional development opportunities for teachers and all school personnel.

**Objective 7:** Provide LEAs with technical assistance on West Virginia Board of Education (WVBE) Policy 2423: Health Promotion and Disease Prevention for the HealthCheck (well-child check) for students newly entering pre-k or K, and Grades 2, 7, and 12.

# GOAL THREE

Create and support peer resiliency networks that help students combat significant adversity through responsible behavior and lifelong, positive health practices. Provide students with tools to identify peers in crisis, understand crisis protocols, and address hurtful behaviors such as bullying.

**Objective 1:** Support LEAs in creating student chapters in schools.

**Objective 2:** Work with partners to create student-led groups that educate their peers about potentially destructive decisions regarding underage substance abuse, bullying, and suicide.

**Objective 3:** Provide training and technical assistance to LEAs, students, families, and communities in methods for developing students' self-confidence, inner strength, resilience, and positivity.

**Objective 4:** Provide resources and materials—particularly in ELA, social studies, and the arts—that address the Opioid Epidemic from a K-12 perspective, so students can engage with these materials in the classroom in ways that are both educational and therapeutic.

# GOAL FOUR

**Provide education, professional learning, and information to students, classroom teachers, and school personnel regarding WVBE policies that address opioid and substance abuse (alcohol, tobacco, and other drugs), particularly where these policies align with the goals of educational program development and content standards.**

**Objective 1:** Promote and provide training for interdisciplinary/cross-curricular teaching of WVBE Policy 2520.5: College- and Career-Readiness Wellness Standards; WVBE Policy 2520.19: College- and Career-Readiness Dispositions and Standards for Student Success for Grades K-12; WVBE Policy 2525: West Virginia's Universal Access to a Quality Early Education System; and WVBE Policy 4373: Expected Behavior in Safe and Supportive Schools.

**Objective 2:** Provide continued educational information on WVBE Policy 2423: Health Promotion and Disease Prevention—including the physical and mental effects of substance abuse, signs of abuse (human trafficking, sexual abuse), infectious diseases (Hepatitis A, B and C, HIV), primary and secondary trauma, and opioid overdose reversal medications to:

- provide students with a clear understanding of the harmful, possibly life-altering, effects of poor health choices
- help LEAs develop policies for opioid overdose reversal medications during school hours and school events
- support LEAs and their partners in requests for grants and other funding related to addressing the Opioid Epidemic and its effects on pre-k through Grade 12 students

**Objective 3:** Provide professional learning for principals and other school administrators regarding trauma-skilled schools.

**Objective 4:** Develop, with partners, educational marketing materials on health promotion, and opioid prevention and treatment, for schools.

## GOAL FIVE

**Address the violent and erratic student behaviors among our students that are increasing in frequency, duration, and intensity, especially among younger children. These behaviors are a response to the Opioid Epidemic, and frequently result in mental health issues.**

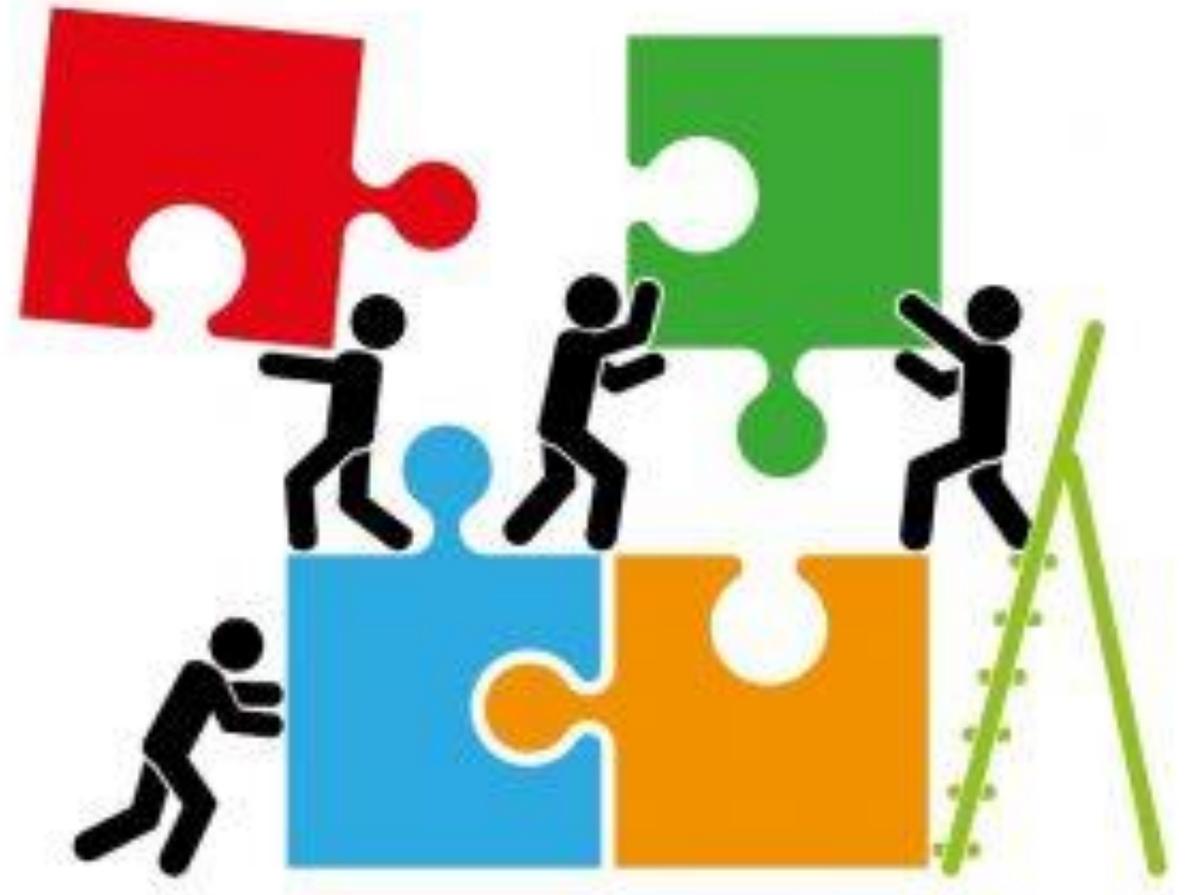
**Objective 1:** Provide Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP) training for schools

**Objective 2:** Provide training on the use of restraints, including prevention and de-escalation techniques, as well as alternatives to the use of restraints per WVBE Policy 4373 Expected Behavior in Safe and Supportive Schools.

**Objective 3:** Create a new classification for service personnel with at least an Aide-III status to become trained as student behavioral support specialists. (Upon legislative and State Board approval.)

**Objective 4:** Address the mental health needs of educators who are experiencing compassion fatigue, burnout, and stress originating from the growing needs of their students because of the Opioid Epidemic.

# We need your help!



# Where Do You Fit Into the Puzzle to ReClaimWV Students?



# A National Epidemic: By the Numbers



**130+**

People died every day from  
opioid-related drug overdoses<sup>3</sup>  
(estimated)



**11.4 m**

People misused  
prescription opioids<sup>1</sup>



**47,600**

People died from  
overdosing on opioids<sup>2</sup>



**2.1 million**

People had an opioid use  
disorder<sup>1</sup>

# Opioids - Know the Facts

## What are opioids?

Opioids are a class of drugs that include the illegal drug **heroin, fentanyl** (a synthetic opioid pain killer), and **prescription pain relievers** available legally by prescription: oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, and morphine.

**Prescription opioids** (pain killers) can be prescribed by doctors to treat moderate to severe pain, but can also have serious risks and side effects. When misused – taken in a different way, in a larger quantity than prescribed, or taken without a doctor's prescription – a user can become addicted.

**Fentanyl** is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain. Illegally made and distributed fentanyl has been on the rise in several states.

*CDC Opioid Basics (2017)*



## Opioid Addiction is a Disease.

Addiction, also called opioid use disorder, is a serious medical condition. It is a chronic, relapsing brain disease with symptoms that include compulsive seeking and use of the drug, despite harmful consequences.

It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

While the initial decision to use drugs is mostly voluntary, addiction often takes over and impairs a person's ability to self-regulate.

*NIDA Drugs of Abuse Opioid Overview (2017).*

# The WV State Profile:

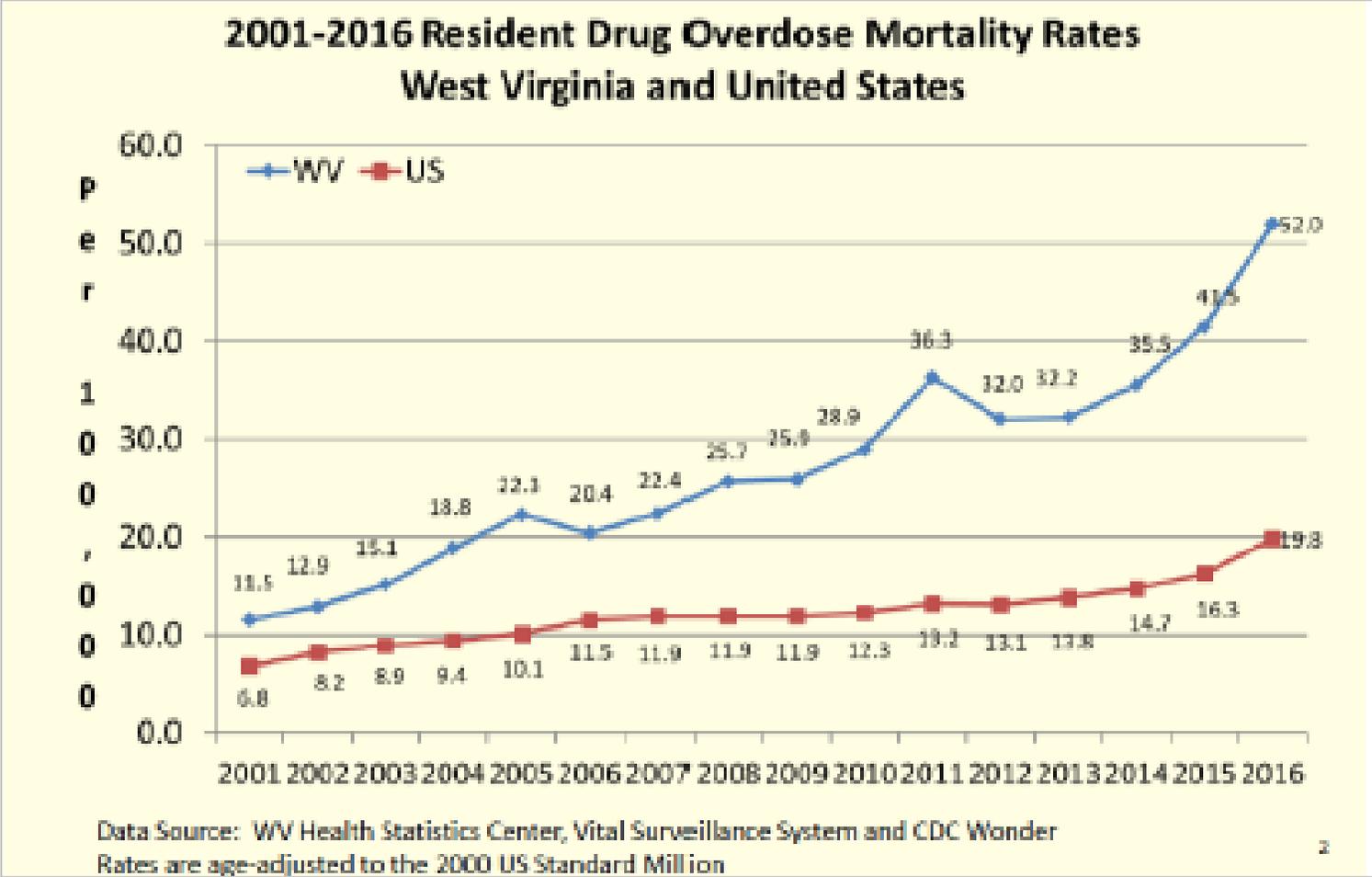
## The Environments in Which Our Students Live

- **57.8 People per 100,000 died from drug-related overdose deaths in 2017.** This is the highest rate in the United States (CDC, 2018).
- **7,095 Children in WV were placed in foster care, as of May 2019.** Parental substance abuse was a factor in 84% of those placements (KVC, 2019).
- **33 out of every 1,000 infants were born with Neonatal Abstinence Syndrome in 2013.** Many of these children entered kindergarten in the fall of 2018 (CDC, 2018).
- **In 2017, the overall incidence rate of NAS was 50.6 per 1,000 live births for WV residents** (WV DHHR, 2017).
- **The opioid epidemic costs the state's economy \$8.8 billion a year.** This is a 12% GDP – the largest share among the states for health care and substance abuse treatment, criminal justice costs, lost work productivity, and burden of fatal overdoses (Eyre, E., 2018).

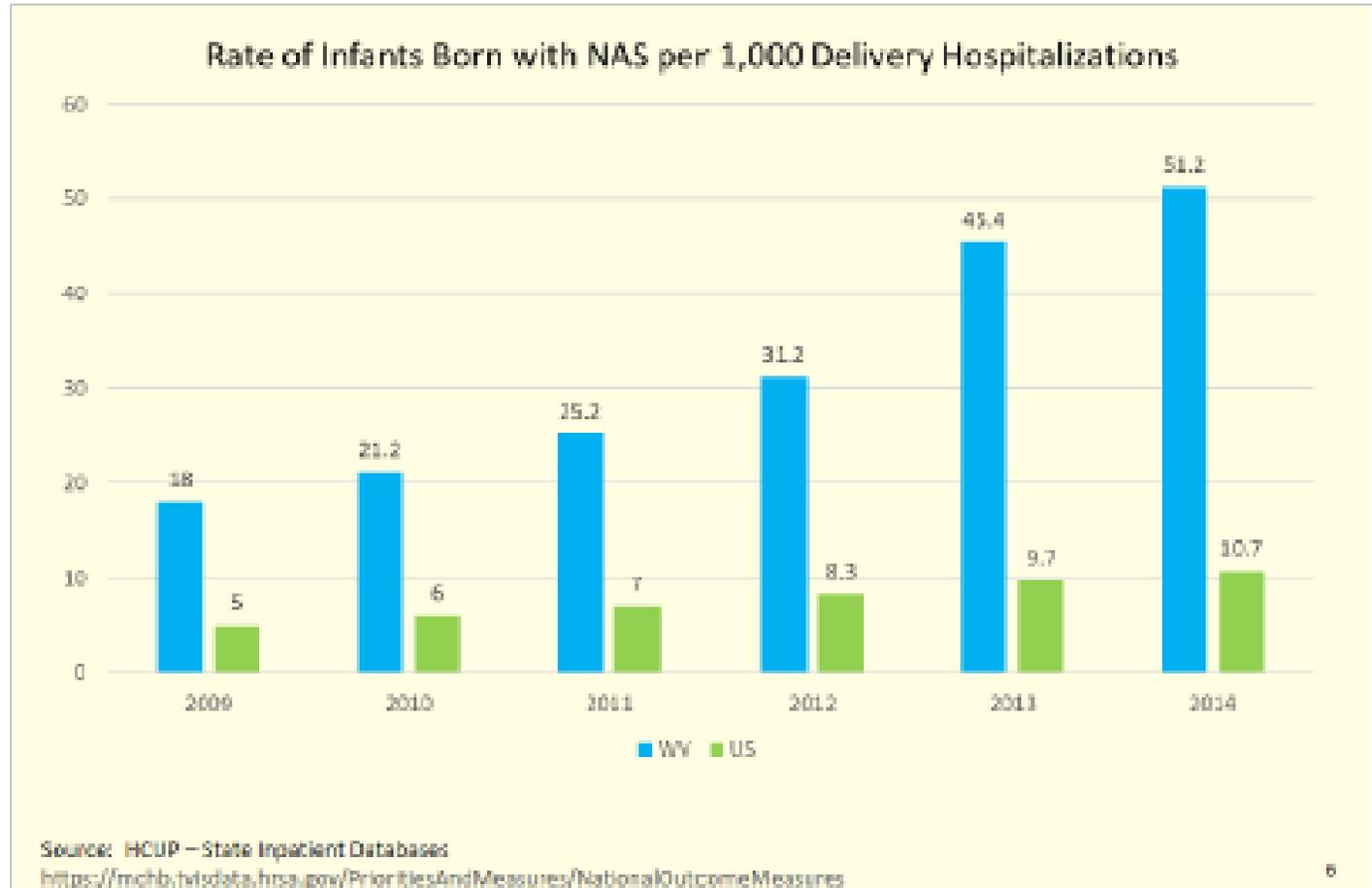
# The WV State Profile: The Environments in Which Our Students Live

- More than 40,000 children live with grandparents or other relatives.
- 21.5% of these grandparents live in poverty (AARP).
- West Virginia ranked 14<sup>th</sup> in the nation for suicide rates at 18.4 per 100,000 people compared to the national average of 13.8 (Nestor, 2017).
- Suicide is the 2<sup>nd</sup> leading cause of death in West Virginia for people ages 14-34 (CDC).
- 10,522 students are homeless in West Virginia (WVDE, 2019).

# West Virginia Compared to the Nation



# West Virginia Compared to the Nation



# A National Epidemic: By the Numbers



**81,000**  
People used heroin  
for the first time<sup>1</sup>



**886,000**  
People used heroin<sup>1</sup>



**2 million**  
People misused prescription  
opioids for the first time<sup>1</sup>



**15,482**  
Deaths attributed to  
overdosing on heroin<sup>2</sup>



**28,466**  
Deaths attributed to  
overdosing on synthetic  
opioids other than methadone<sup>2</sup>

## SOURCES

1. 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
2. NCHS Data Brief No. 293, December 2017
3. NCHS, National Vital Statistics System. Estimates for 2017 and 2018 are based on provisional data.

# IMPACT OF NAS IN WV

GAPS IN CARE



50.6 babies out of every 1000 are born with NAS  
143 additional babies per 1000 statewide have intrauterine exposure  
#1 in country

*\* WV DHHR & WV Bureau for Public Health, April 2018*



90% of our families report that they didn't feel they got the support or training they needed from DHHR to care for their child who was born drug dependent

*\* To The Moon And Back WV 2019*



46% increase in the number of children CPS takes into custody 84% of all child protective service cases involve drug use. As of May 1, 2019 there are 7095 children in fostercare

*\* Bill J. Crouch, DHHR Report 2019*



10% of the children in West Virginia did not live with a parent in 2017. We now lead the nation in the percentage of children who do not live with either of their parents.

*\* Anne E. Casey Kids Count Data Center*

# IMPACT OF NAS IN WV

GAPS IN CARE



Nationally, one child is born with symptoms of withdrawal every 15 minutes.

- Vanderbilt, 2018



## 3-5 YEAR OLDS WITH NAS

Are at a particular risk. This is when Birth to Three ends and the school system can provide services for children. Our families report that school systems frequently find their child not eligible for services because the schools are not well educated in the long-term needs of children with NAS



## SCHOOL SYSTEMS REPORT

Show an increase in the number of children with "behavioral issues" and Individualized Education Plans (IEPs) in the elementary school setting. 90% of teachers reported not feeling confident in knowing how to support children with parents who use substances and recent study recommends additional training for classroom strategies for challenging student behaviors

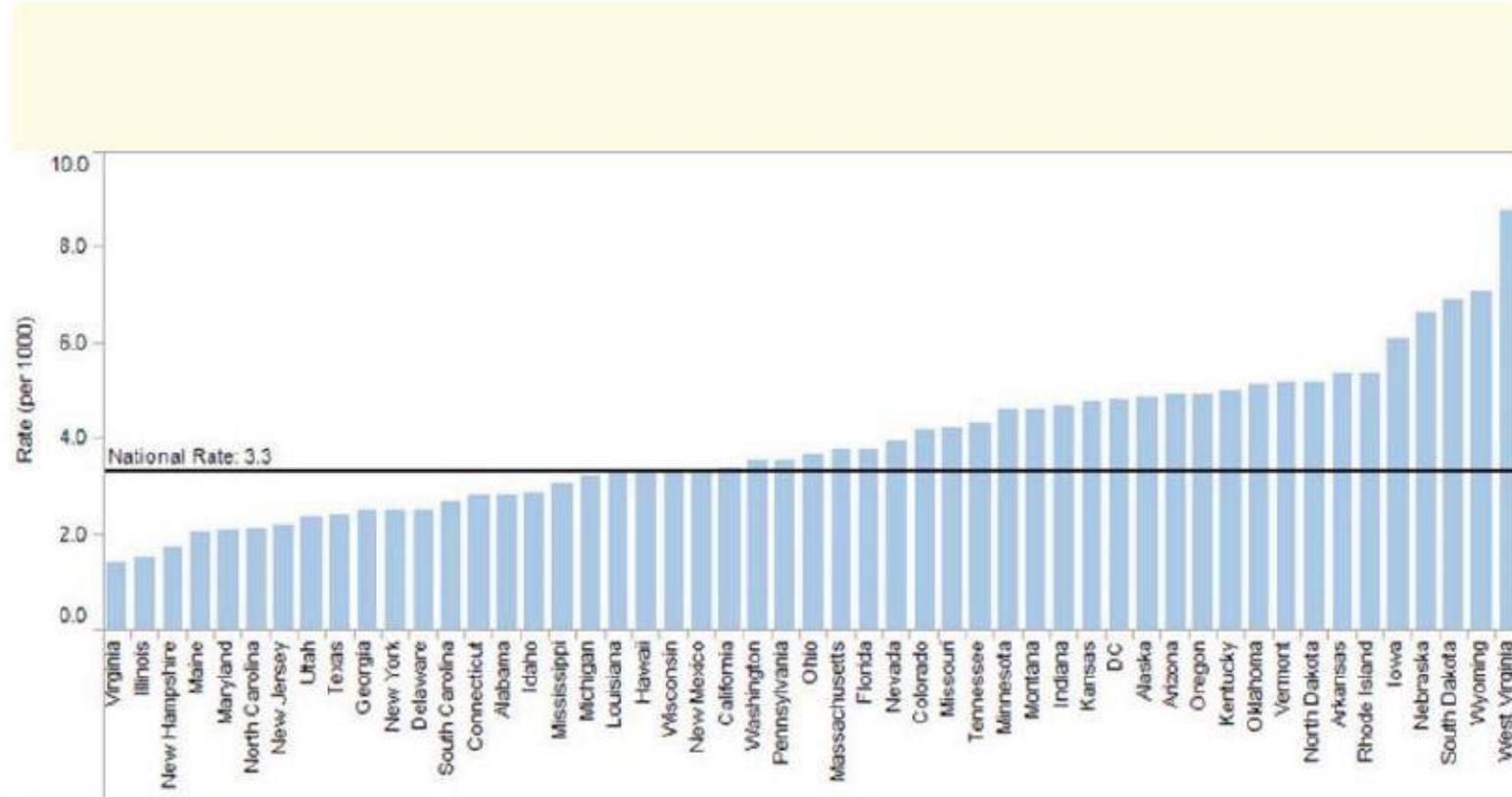
*\* WVU: A Crisis in the Classroom: Teachers and the West Virginia Opioid Epidemic 2019*

# As Opioids Move In, Children Move Out

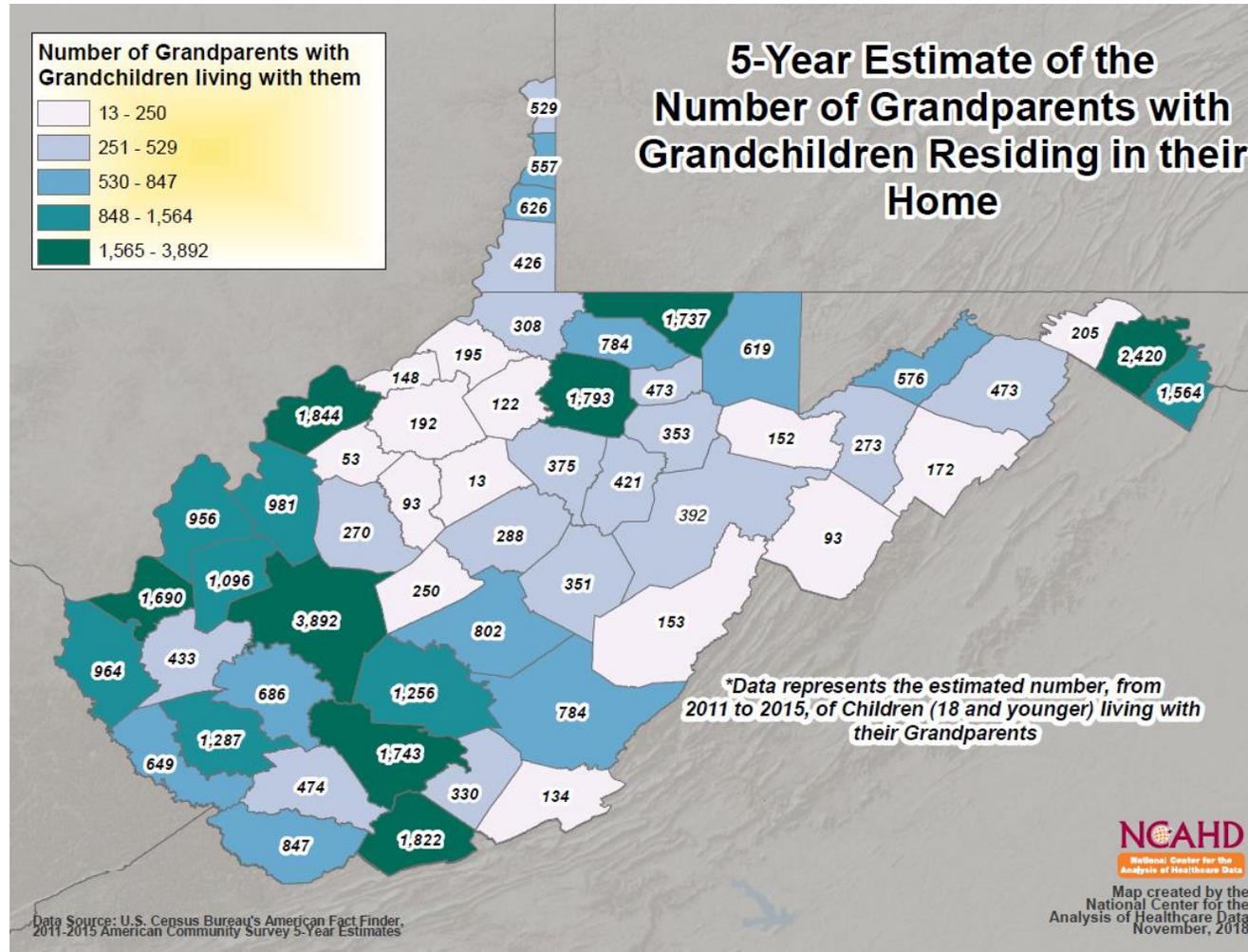
“West Virginia is in the midst of a child welfare crisis and the prevalence of NAS is at the forefront of our issues,” said Bill J. Crouch, DHHR Cabinet Secretary. “We have seen a 46% increase in the number of children we take into custody and 84% of all child protective service cases involve drug use. Children across our state have suffered more than anyone because of the drug epidemic and these NAS numbers quantify this tragedy” (WV DHHR, 2018).

# As Opioids Move In, Children Move Out

## Child Welfare Indicators: Children in Care



# Kinship Care in West Virginia





# Opioids, Trauma, and Mental Health: Making the Connection to Learning

Children living in homes where opioids or other substances are abused often become the victims of trauma. These traumatic experiences impair the brain's development leading to social-emotional mental health issues and even challenging behaviors, which inhibit learning.

# Impact on WV Schools



## Increased Impact on Schools

Over 70% of teachers report an increase in students impacted by substance use in the home.



## Need for Specific Teacher Training

Despite the increased numbers of students impacted, over 70% of teachers reported not receiving training specific to children impacted by parent/caregiver substance use.

# Impact on WV Schools



## Reliance on Colleagues for Support

80% of educators rely on fellow teachers and administrators for resources to better support students.

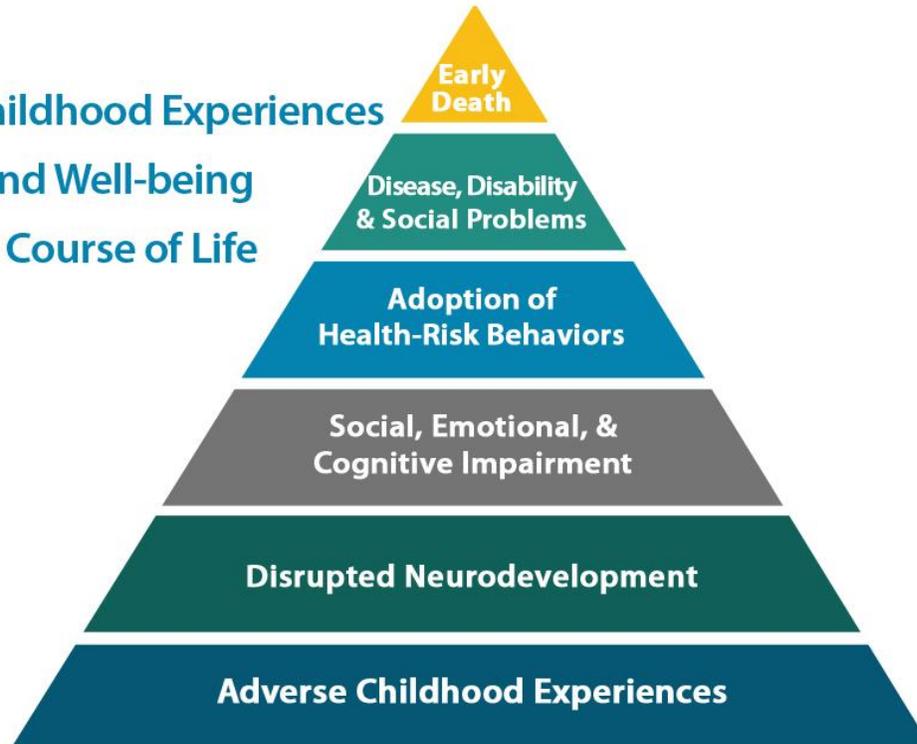


## Teacher Confidence

90% of teachers are not confident in knowing how to support children with parents/caregivers who use substances.

# ADVERSE CHILDHOOD EXPERIENCES – ACES

How Adverse Childhood Experiences  
Impact Health and Well-being  
Throughout the Course of Life



What happens to kids during childhood shapes who they become as adults



[americanspcc.org](http://americanspcc.org)  
The Nation's Voice for Children  
\*Center for Disease Control

# ACEs (Adverse Childhood Experiences)

## About the CDC-Kaiser ACE Study

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being, led by Dr. Robert Anda and Dr. Vincent Felitti for a CDC research project.

**Explored the correlation between adverse childhood experiences and adult health.**

Each ACE was given a value of 1. The participant would signify if they had an “ACE” event in their youth.

“As the ACE study has shown, child abuse and neglect is the single most preventable cause of mental illness, the single most common cause of drug and alcohol abuse, and a significant contributor to leading causes of death such as diabetes, heart disease, cancer, stroke, and suicide.”

- Bessel van der Kolk

Source: <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/about.html>

# ACEs (Adverse Childhood Experiences)

## What are ACEs?

- Substance abuse in the home.
- Parental separation or divorce.
- Mental illness in the home.
- Witnessing domestic violence.
- Suicidal household member.
- Death of a parent or another loved one.
- Parental incarceration.
- Experience of abuse (psychological, physical, or sexual) or neglect (emotional or physical).

# ACEs (Adverse Childhood Experiences)

## Results of the Study

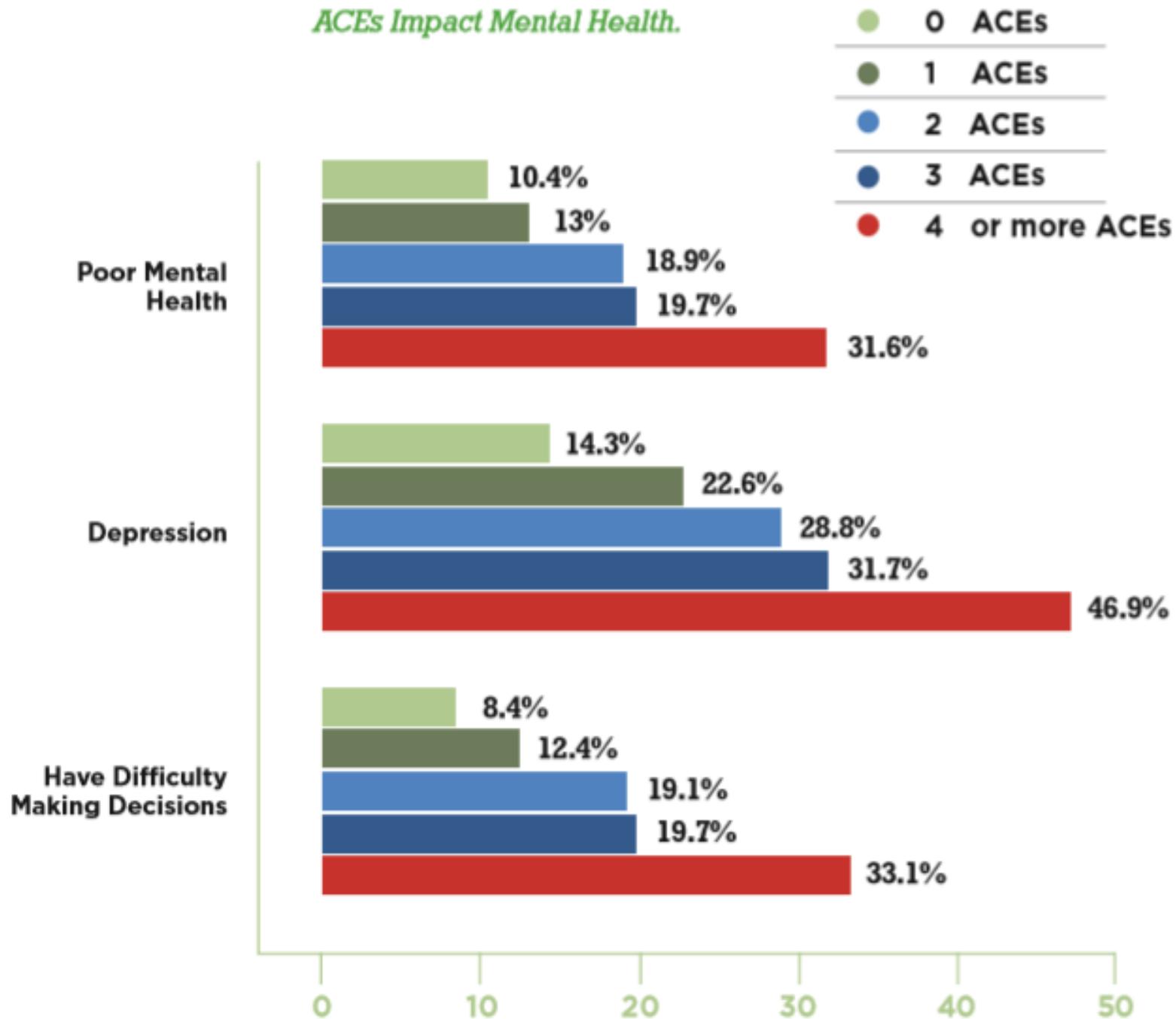
- More than half had experienced at least 1 ACE.
- Around 25% had multiple experiences.
- 1 in 16 had 4 or more.

## What does it mean:

- Trauma doesn't only effect those in poverty.
- Trauma is prevalent.
- Trauma effects our health. In fact, there is a direct correlation or "dose effect" from ACE scores to health outcomes.

# ACEs – Impact on Mental Health

*ACEs Impact Mental Health.*



# What is Research Telling Us?

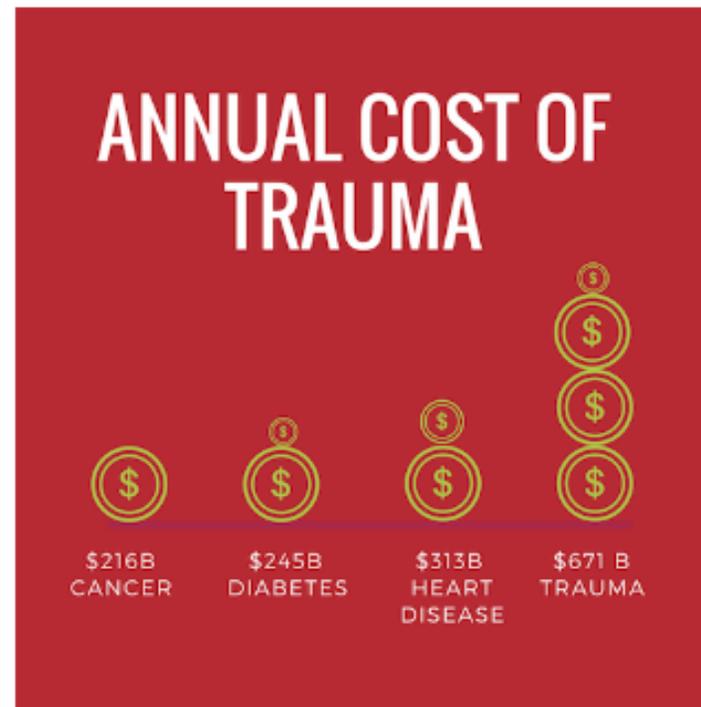
Trauma, Mental Health, Substance Misuse

# Trauma: What Research is Telling Us



**#1 Cause of Death  
From age 1 to 46**

SOURCE: Data retrieved from NCIPC. 2015b



**\$671 billion a year in health care  
and lost productivity**

SOURCES: WISQRS, CDC, NIH, MEDICAL  
NEWS TODAY 9/21/15

# Trauma: Who is at greatest risk?

**Student populations at greatest risk to experience trauma, according to The National Child Trauma Stress Network, include:**

- those living in substance abuse environments
- families facing economic stress
- military and veteran families
- children with intellectual and development disabilities
- homeless youth
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning) Youth.

# TRAUMA IN THE CLASSROOM

CAUTION: SIGNS THAT A CHILD HAS BEEN IMPACTED BY TRAUMA OFTEN LOOK LIKE SIGNS OF DISABILITIES SUCH AS: AUTISM, ADHD, AND BEHAVIOR DISORDERS. WE MUST KNOW THE DIFFERENCE TO PREVENT MISDIAGNOSES AND MISS THE OPPORTUNITY TO HELP STUDENTS.

“It is an ultimate irony that at the time when the human is most vulnerable to the effects of trauma – during infancy and childhood – adults generally presume the most resilience.” (Perry, Pollard, Blakely, Baker, Vigilante, 1995)

# What can we do to provide age-appropriate responses to trauma?

## Very Young Children (Birth-5)

Ages birth-1: regulate the sleep/wake cycle and feeding

Ages birth-1: Caregivers regulate their own emotional reactions

Ages birth-6: play therapy, art therapy

Ages birth-6: identification of emotions and responses, relaxation and mindfulness

Source: Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center

# What can we do to provide age-related responses to trauma?

## School-age Children (6-12)

Affirm/Validate Feelings as “normal” for “abnormal situation”

Provide Social Emotional Learning - Education about feelings/emotions in traumatic situations

Provide opportunities to “talk about it”

Source: Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center

# What can we do to provide age-related responses to trauma?

## Adolescents (13 and above)

Create safe supportive space for people to talk about their experience

Continue with Social Emotional Learning - Educate about as a coping strategies

Help identify alternative ways to cope that may be less harmful

Source: Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center

# Social Emotional Learning: Building Protective Factors

- Social Emotional Learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.
- SEL should be a deeply ingrained part of the way students and adults interact both in the classroom and out of it, and helps provide children with equitable, supportive, and welcoming learning environments.

# Social Emotional Learning (SEL): Building Protective Factors



# SEL Resources



Educating Hearts.  
Inspiring Minds.



# Children and Mental Health

When children are struggling with emotional, behavioral and learning challenges, teachers are often the first ones to detect a problem.

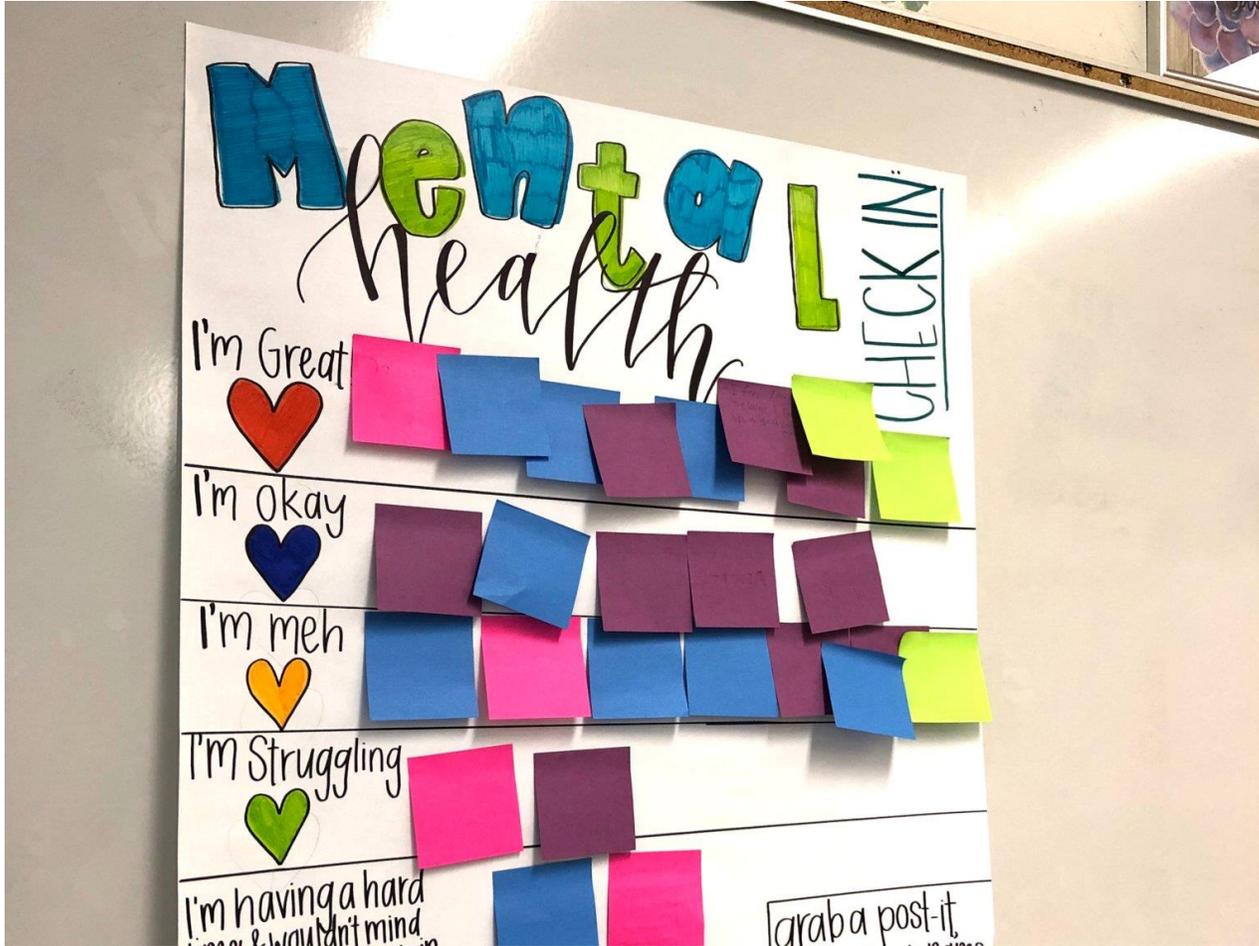
What can we do to help our students?

# BUILD AND FOSTER POSITIVE RELATIONSHIPS

- All children thrive in the context of close and dependable relationships that provide love and nurturance's, security, and responsive interactions. A positive adult-child relationship built on trust, understanding, and caring will foster children's cooperation and motivation and increase their positive outcomes at school. (Webster-Stratton,1999)
- Warm and open relationships with their teachers provide protective factors to all students. (Huffman et al. 2000)
- Protective factors...can and do function to reduce many challenging behaviors.

Quotes from: NAEYC Building a Positive Relationship with Young Children

# POSITIVE RELATIONSHIPS



High school teacher Erin Castillo designed a chart that enables students to discretely indicate how they're feeling and if they'd like a check-in about their mental health. She wanted students to have a nonverbal way of seeking support and see that they're not alone if they're struggling.

Source: <https://www.insider.com/teacher-mental-health-classroom-chart-2019-4>

# POSITIVE RELATIONSHIPS



Teachers writing positive messages on a student's desk or pencils is a small way to build trust and those positive, supportive relationships.

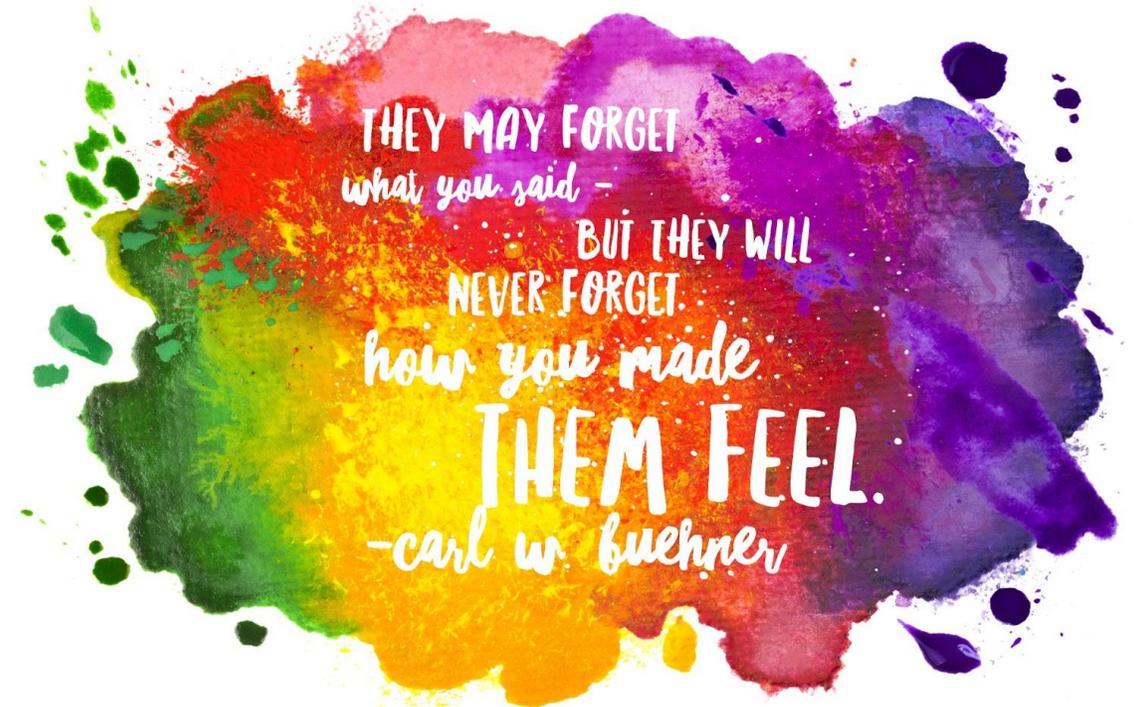
Source: <https://www.insider.com/teacher-mental-health-classroom-chart-2019-4>

# SUPPORTIVE ENVIRONMENTS

Environments that are:

- Responsive teach young children that their needs and preferences matter.
- Consistent teach young children that they can trust others.
- Nurturing teach young children that relationships from others should feel comfortable and joyful.

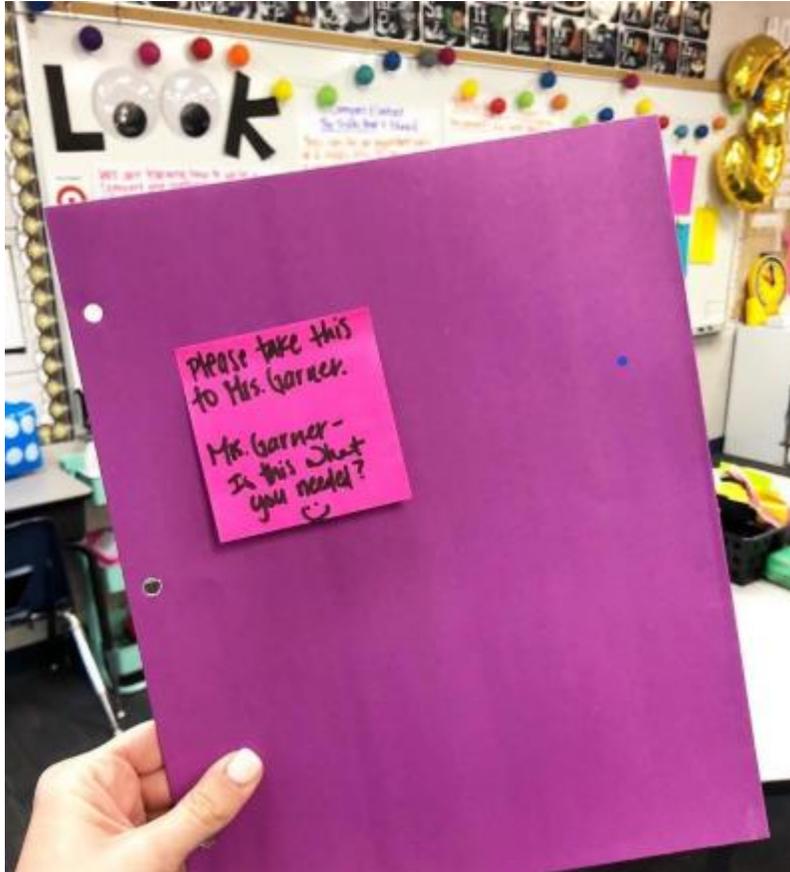
NAEYC – Rocking and Rolling – It Takes Two: The Role of Co-Regulation in Building Self-Regulation Skills



[WWW.ADVENTURESOFASCHOOLMARM.COM](http://WWW.ADVENTURESOFASCHOOLMARM.COM)

# SUPPORTIVE ENVIRONMENTS

## Purple Folder



If you have a student who just needs a break (a time to just walk around and reset) then you can give them the purple folder. You can ask them to take it to another teacher. That teacher will automatically know that this child just needed a break out of the classroom or needed a positive adult interaction because the purple folder is the signal for that break.

Source: Tales From a Very Busy Teacher

# SUPPORTIVE ENVIRONMENTS

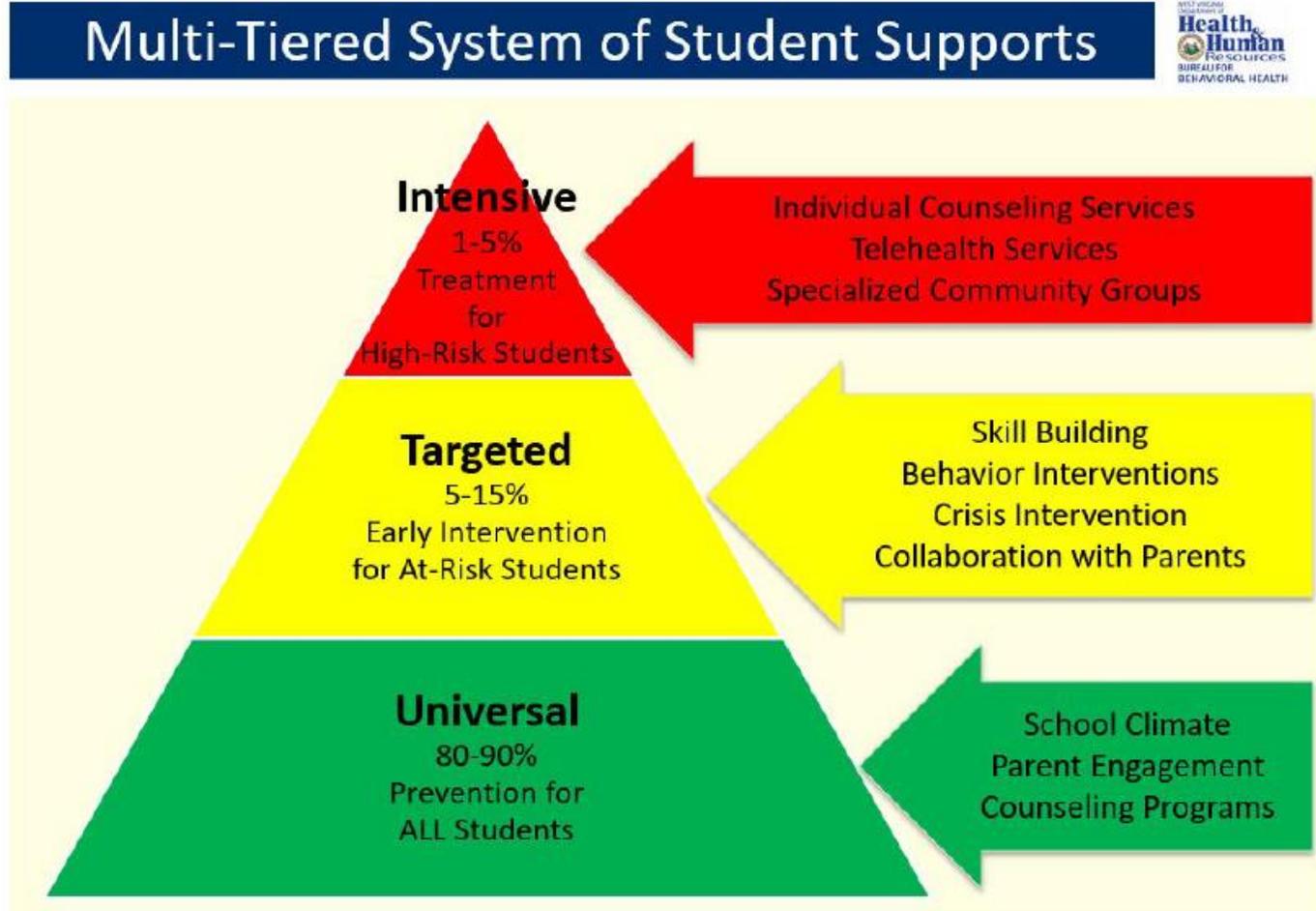
## Student Greeters



Nicole Schlapper, a [kindergarten teacher at a school in Birchwood, Wisconsin](#), told Good Morning America that having a greeter has "been a wonderful way for the children to connect with each other, build relationships, and show kindness. I truly believe it promotes a sense of community and sets a positive tone for the day." A [video of one of her students named Colin greeting his friends](#) went viral on the district's Facebook page with over 65,000 shares.

Source: <https://abcnews.go.com/GMA>

# Multi-Tiered System of Student Supports



# WV Standards for Student Success

## WV Policy 2520.19 - WV College and Career-Readiness Dispositions and Standards for Student Success

| PERSONAL & SOCIAL DEVELOPMENT   | ACADEMIC & LEARNING DEVELOPMENT   | CAREER DEVELOPMENT & LIFE PLANNING  | GLOBAL CITIZENSHIP   |
|---|---|---|--|
| <ul style="list-style-type: none"><li>• Understanding self and others</li><li>• Understanding thoughts, feelings, attitudes, beliefs</li><li>• Developing values and beliefs</li><li>• Developing skills for effective communication</li><li>• Learning skills for positive decision-making</li><li>• Developing skills to maintain positive relationships</li><li>• Demonstrate respectful behavior</li><li>• Learning skills for positive conflict resolution</li><li>• Safely addressing peer pressure</li><li>• Developing skills to address bullying</li></ul> | <ul style="list-style-type: none"><li>• Identify areas of competence and interest</li><li>• Understanding of the relationship between school performance and personal success</li><li>• Improving executive functioning skills (paying attention, memory, flexibility, self-control, communication, focus, and perseverance)</li><li>• Working collaboratively in groups</li><li>• Learning personal responsibility</li><li>• Goal setting</li><li>• Identifying and utilizing school and community resources</li></ul> | <ul style="list-style-type: none"><li>• Exploring how personal skills, interests, and values related to the workplace</li><li>• Exploring career options</li><li>• Examining specific job requirements and opportunities</li><li>• Exploring possible career and life plan options and required skills/education</li><li>• Exploring how career choice impacts lifestyle</li><li>• Exploring the need for lifelong learning</li></ul> | <ul style="list-style-type: none"><li>• Learning about different communities</li><li>• Understanding different social and world views</li><li>• Learning to be respectful and be sensitive to different cultures</li><li>• Learning about global issues and events and how to view them from others' perspectives</li><li>• Understanding how stereotyping and prejudices impact interpersonal relationships</li></ul> |

# WV Standards for Wellness Education

## WV Policy 2520.5 - WV College and Career-Readiness Standards for Wellness Education

- The K-5 wellness content standards identify what students should know, understand and be able to do in practicing skills and behaviors that apply to healthy lifestyles.
  - The goal of these standards is to promote self-responsibility, motivation and excellence in learning as well as life-long commitment to wellness.
  - K-5 Health Education will include Wellness Promotion and Disease Prevention, Wellness Information and Services, and Wellness Behaviors
- The 6-8 wellness content standards identify what students should know, understand, and be able to do in practicing skills and behaviors that apply to healthy lifestyles.
  - The goal of these wellness content standards is to promote self-responsibility, motivation, and excellence in learning as well as life-long commitment to wellness.
  - 6-8 Health Education will include Health Promotion and Disease Prevention, Culture, Media, and Technology, Health Information and Services, Decision Making, Communication, Goal Setting, Health Behaviors, and Advocacy
- The 9-12 health education stipulates that health literacy for all students is the fundamental goal of a comprehensive school health education curriculum.
  - The health literate student is a critical thinker and problem solver, a self-directed learner, an effective communicator, and a responsible, productive citizen.
  - Students must have the capacity to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that enhance a healthy lifestyle.
- In accordance with W. Va. Code §18-2-9
  - In the subject of health education in any grades six through twelve as considered appropriate by the county board shall include at least sixty minutes of instruction for each student on the dangers of opioid use, the addictive characteristics of opioids, and safer alternatives to treat pain.

# Stigma Free

**Stigma** is the perceived negative attribute that causes someone to devalue or think less of the whole person.

*“Stigma harms the 1 in 5 Americans affected by mental health conditions.*

*It shames them into silence and prevents them from seeking help.”*

# Stigma Free Language

| Say this...                        | Not this...                     |
|------------------------------------|---------------------------------|
| “What happened to you?”            | “What’s wrong with you?”        |
| Substance misuse                   | Substance abuse                 |
| Mental disorder/illness            | Crazy, Psychotic, Bipolar, etc. |
| A person not yet in recovery       | Addict                          |
| NAS (Neonatal Abstinence Syndrome) | Drug baby                       |
| Completed suicide                  | Committed suicide               |

# Children and Mental Health

## Mental Health in Childhood

Mental health in childhood means reaching developmental and emotional milestones, and learning healthy social skills and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities.

# Children and Mental Health

## Mental Disorders

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems getting through the day. Some common childhood mental health disorders include:

- Anxiety
- Depression
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder (CD)
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Tourette Syndrome
- Obsessive-Compulsive Disorder (OCD)
- Post-traumatic Stress Disorder (PTSD)

# Children and Mental Health

## Symptoms

Symptoms of mental disorders change over time as a child grows, and may include difficulties with how a child plays, learns, speaks, and acts or how the child handles their emotions. Symptoms often start in early childhood, although some disorders may develop during the teenage years. The diagnosis is often made in the school years and sometimes earlier. However, some children with a mental disorder may not be recognized or diagnosed as having one.

# Students and Substance Misuse – Know the Facts

- Substance-using students, compared with non-users, are at **increased risk for academic failure, including dropout, especially when the use is frequent and heavy.**
- Cessation of substance use following treatment is associated with improvement in academic performance.
- New neurobiological research tells us that there are **short-term and long-term effects of drug use on students' ability to learn.**

Source: <https://drugfree.org/learn/drug-and-alcohol-news/commentary-recognizing-the-contribution-of-adolescent-substance-use-to-poor-school-performance/>

# Hidden in Plain Site



# Hidden in Plain Site



# Hidden in Plain Site



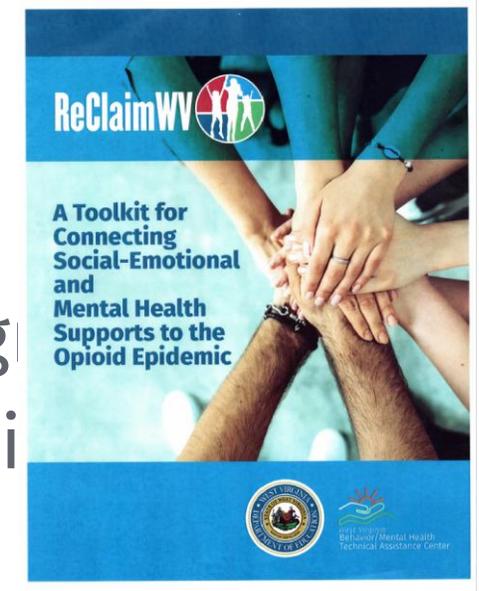


# Toolkit, Resource Tables, and Website

# ReClaimWV Toolkit

The Toolkit is a quick reference tool and offers resources specific to students, educators, families, and communities related to awareness, prevention, and intervention in the areas of trauma, substance abuse, and mental health.

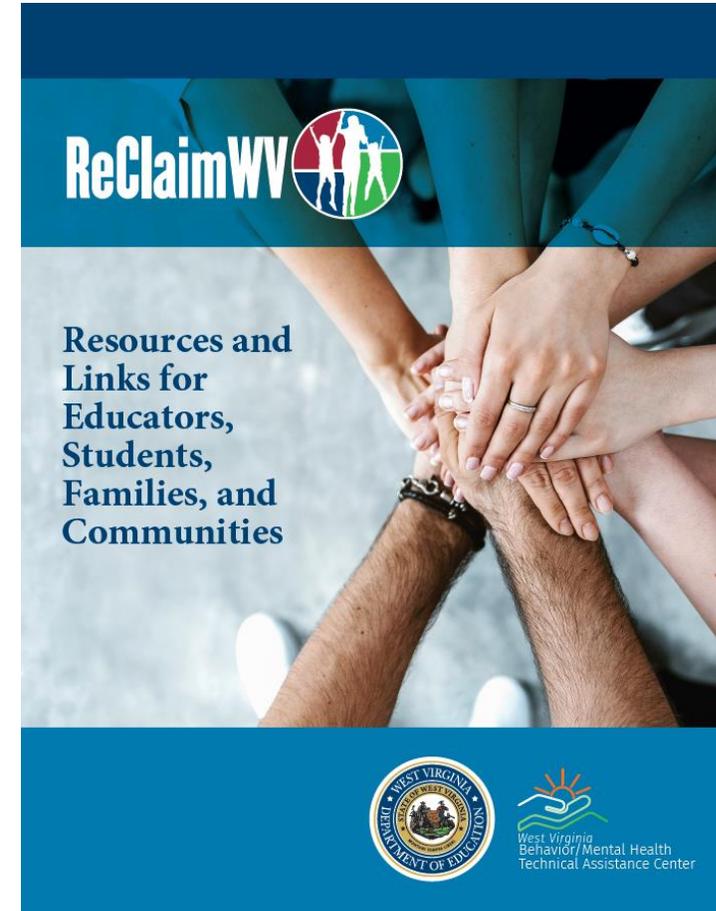
- #1: Information and resources
- #2: Evidence-based instructional materials and programs
- #3: Local/state/national resources and partner services



# ReClaimWV Resource Tables

## QUICK RESOURCES

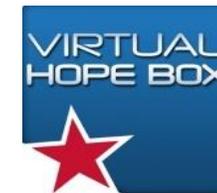
1. APPs and Self-Help
2. Classroom Lessons and Evidence-based programs
3. Information and Learning
4. Services and Resources
5. West Virginia Resources



# ReClaimWV – Identified Resources

## APPs and Self-Help

- APPs for students related to suicide, self-regulation, crisis hotlines, recovery support
- Links to self-help resources for Students, Family, Educators, Community, Caregivers, Professionals, Providers, First Responders, Pres



The Lifeline is FREE, confidential and always available. HELP a loved one, a friend, or yourself.



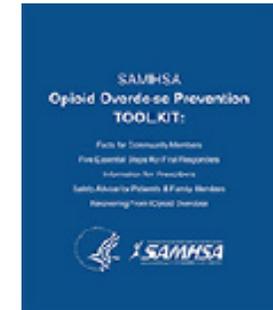
# ReClaimWV – Identified Resources

## Classroom Lessons and Evidence-Based Programs

- Lessons and Programs for Educators, Parents, Family, Community, and Clinicians in areas such as:

- ❖ Social and Emotional Learning (SEL)
- ❖ Substance Misuse
- ❖ Mental Health
- ❖ Trauma
- ❖ Drug Safety

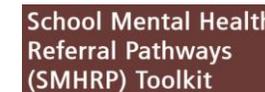
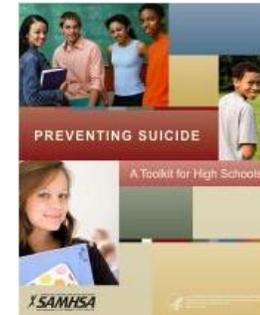
- ❖ Operation Prevention
- ❖ Screening
- ❖ Brief Intervention, and Referral (SBIRT)
- ❖ Bullying



# ReClaimWV – Identified Resources

## Information and Learning

- Includes links and resources to websites, organizations, webinars, studies, research, awareness information, etc.
- The information and Learning Resources are for Community, Educators, Parents, Family, Students, Teens, Providers, Health Professionals.
- Research based statistics, and access to organizations specializing in substance misuse, opioids, mental health, trauma, ACEs, SEL, etc.



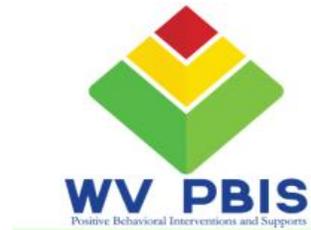
# ReClaimWV – Identified Resources

## Services and Resources

- The Services and Resources section of the ReClaimWV toolkit includes links to hotlines, agencies, training centers, and providers for Educators, Community, Family, Parents, and Students.



The Safe School Helpline®



# ReClaimWV – Identified Resources

## West Virginia Resources

- West Virginia Initiatives, Services and Resources for state and local Educators, Community, Family, Parents, and Students.

Healthy *Grand*families  
West Virginia State University

 Help & Hope WV

PREVENT  
WV  
SUICIDE

Greater Recovery and Community Empowerment  


A PROGRAM OF THE  
WEST VIRGINIA  
STATE TREASURER'S OFFICE

Expanded School  
Mental Health  
*...because a healthy student  
is a teachable student*

WEST VIRGINIA  
Prevention  
FIRST

 WV RAPP

 aces  
ADVERSE CHILDHOOD EXPERIENCES  
COALITION OF WEST VIRGINIA

Partnership™  
for Drug-Free Kids  
*Where families find answers*

Common ground

Communities  
In Schools

WVfrn  
WEST VIRGINIA FAMILY RESOURCE NETWORK

 StigmaFreeWV

Safe Schools Toolkit

WEST VIRGINIA CENTER  
FOR CHILDREN'S JUSTICE

WVSADD  
West Virginia's Preeminent Peer-to-Peer  
Education, Leadership, and Development Organization

WV PBIS  
Positive Behavioral Interventions and Supports

WEST VIRGINIA  
Department of  
Health & Human  
Resources  
BUREAU FOR  
BEHAVIORAL HEALTH

# ReClaimWV Website

<https://wvde.us/reclaimwv/>



West Virginia DEPARTMENT OF  
**EDUCATION**

Search

I am a...



State Board of Education

State Superintendent

Support & Accountability

Teaching & Learning

CTE & Governor's Economic Initiatives



Home



Educators



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What is ReClaimWV?



West Virginia DEPARTMENT OF  
**EDUCATION**



# ReClaimWV: For Educators

## Educators

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Educators



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Grades K-2

Grades 3-5

Grades 6-8

Grades 9-12

The WVDE is committed to assisting West Virginia educators, particularly now, as they do their utmost to support our students who are facing huge challenges in their personal lives. The social-emotional, behavioral and health needs of our students have skyrocketed, requiring educators to go far above and beyond their normal roles.

The pages above, accessed by clicking on a programmatic level, provide information and resources about many of the issues our students are facing, particularly around trauma, mental health and substance abuse.

### Mental Health

A person's condition with regard to their psychological and emotional well-being.

[Learn more →](#)

### Trauma

A deeply distressing or disturbing experience.

[Learn more →](#)

### Substance Misuse

Overindulgence in or dependence on an addictive substance, especially alcohol or drugs.

[Learn more →](#)

# ReClaimWV: For Students

## Students

Home > ReclaimWV > Students



Home



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Middle School

High School

### You're Not Alone

Life isn't always easy. There are times when you feel that no one understands you, or has gone through the things you're dealing with now. But many people probably have. Listen to their stories.

[Learn more →](#)

### I Need Help

If this is an emergency call 911 or call 1-844-HELP4WV. Otherwise, click on the "Learn more" button to find information and resources on ways to get the help you need.

[Learn more →](#)

### My Friend Needs Help

If this is an emergency call 911 or call 1-844-HELP4WV. Otherwise, click on the "Learn more" button to find information and resources on ways to help your friends.

[Learn more →](#)

# ReClaimWV: For Families

## Families

Home > ReclaimWV > Families



Home



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Students



Families



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Ages 0 - 3

Ages 4 - 8

Ages 9 - 14

Ages 15 - 18

### Mental Health

A person's condition with regard to their psychological and emotional well-being.

[Learn more →](#)

### Trauma

A deeply distressing or disturbing experience.

[Learn more →](#)

### Substance Misuse

Overindulgence in or dependence on an addictive substance, especially alcohol or drugs.

[Learn more →](#)

# ReClaimWV: For the Community

## Community

Home > ReclaimWV > Community



Home



Educators



Students



Families



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**Mental Health**

[VIEW WEBSITE](#)

**Trauma**

[VIEW WEBSITE](#)

**Substance Misuse**

[VIEW WEBSITE](#)



West Virginia DEPARTMENT OF  
**EDUCATION**



# ReClaimWV: About Us Page

## A Message from the State Superintendent of Schools

The West Virginia Public School System is on the frontline with teachers and school personnel often serving as the first responders to students who need their basic neurological, biological, psychological, and social emotional needs met. Supporting these students is a priority of our school system to ensure our children can continue to grow and thrive as they navigate the challenges they face.

West Virginia children are exposed to adverse childhood experiences creating toxic stress which manifests itself in a variety of ways in our classrooms. Childhood trauma crosses all socioeconomic barriers and has greatly affected students living in homes and communities directly engaged in substance abuse. While not the intent of the parent or caregiver, opioid addiction and other substance abuse often has a direct correlation with abuse and neglect. The manifestation of trauma in our schools ranges from erratic behaviors to an array of social-emotional needs in the classroom. For teachers and school personnel, the impact of toxic stress can reveal itself in the form of anxiety, depression, hopelessness, behavioral disorders, attention deficit hyperactivity disorder (ADHD) and others.

ReClaimWV is an initiative that seeks to advance wellness and resilience in students to equip them to become lifelong learners and achieve personal success. Students touched by trauma and the secondary impact of trauma on school personnel must be addressed and supported by schools, families, and communities.

In response to the opioid epidemic, the West Virginia Department of Education will support and collaborate with local education agencies, communities, and families to address the social-emotional, physical, behavioral, and mental health needs of our students. Please join us in this effort to “reclaim” our future leaders from the substance abuse epidemic.

**ReClaimWV  
Strategic Plan**

[VIEW PDF](#)

**ReClaimWV Toolkit**

Coming Soon!

**ReClaimWV  
brief overview**

[VIEW PDF](#)

# ReClaimWV: About Us Page

## Useful WVDE Resources

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### Safe and Supportive Schools

[VIEW WEBSITE](#)

### Body Safety Toolkit

[VIEW WEBSITE](#)

### Common Ground

[VIEW WEBSITE](#)

### Communities in Schools

[VIEW WEBSITE](#)

### Policy 2520.5

West Virginia College- and Career-Readiness Standards for Wellness Education

[VIEW WEBSITE](#)

### Policy 2520.19

West Virginia College- and Career-Readiness Dispositions and Standards for Student Success for Grades K-12

[VIEW WEBSITE](#)

# ReClaimWV: About Us Page

## Forms

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**Contact Us**



**ReClaimWV Training Request Form**

Coming Soon!

# To Provide Website Feedback

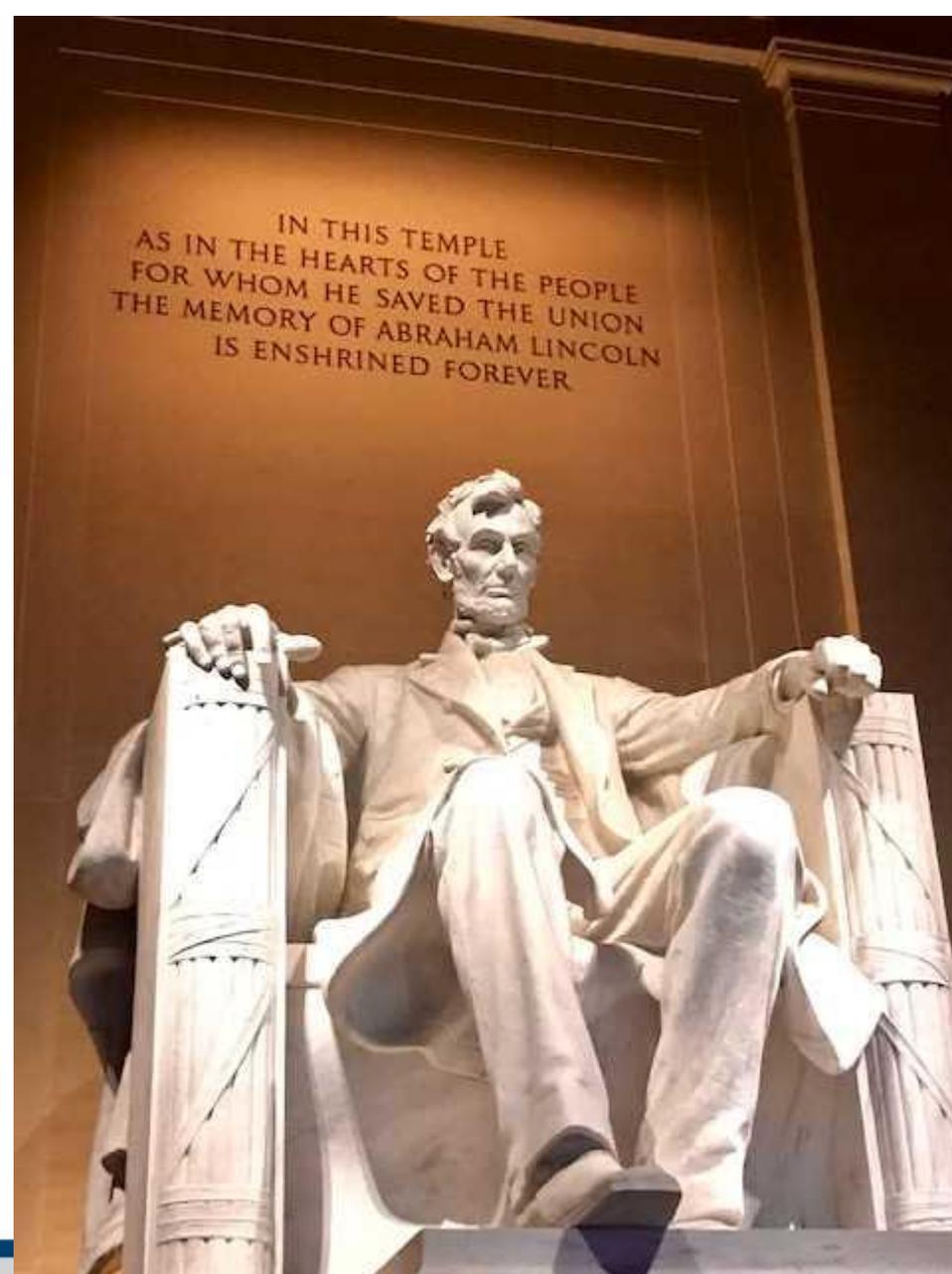
➤ Log on to <https://www.surveymonkey.com/r/RH3BTSQ>

**or**

➤ Scan this QR Code



**Feedback Deadline: August 8, 2019 by 11:59 pm**

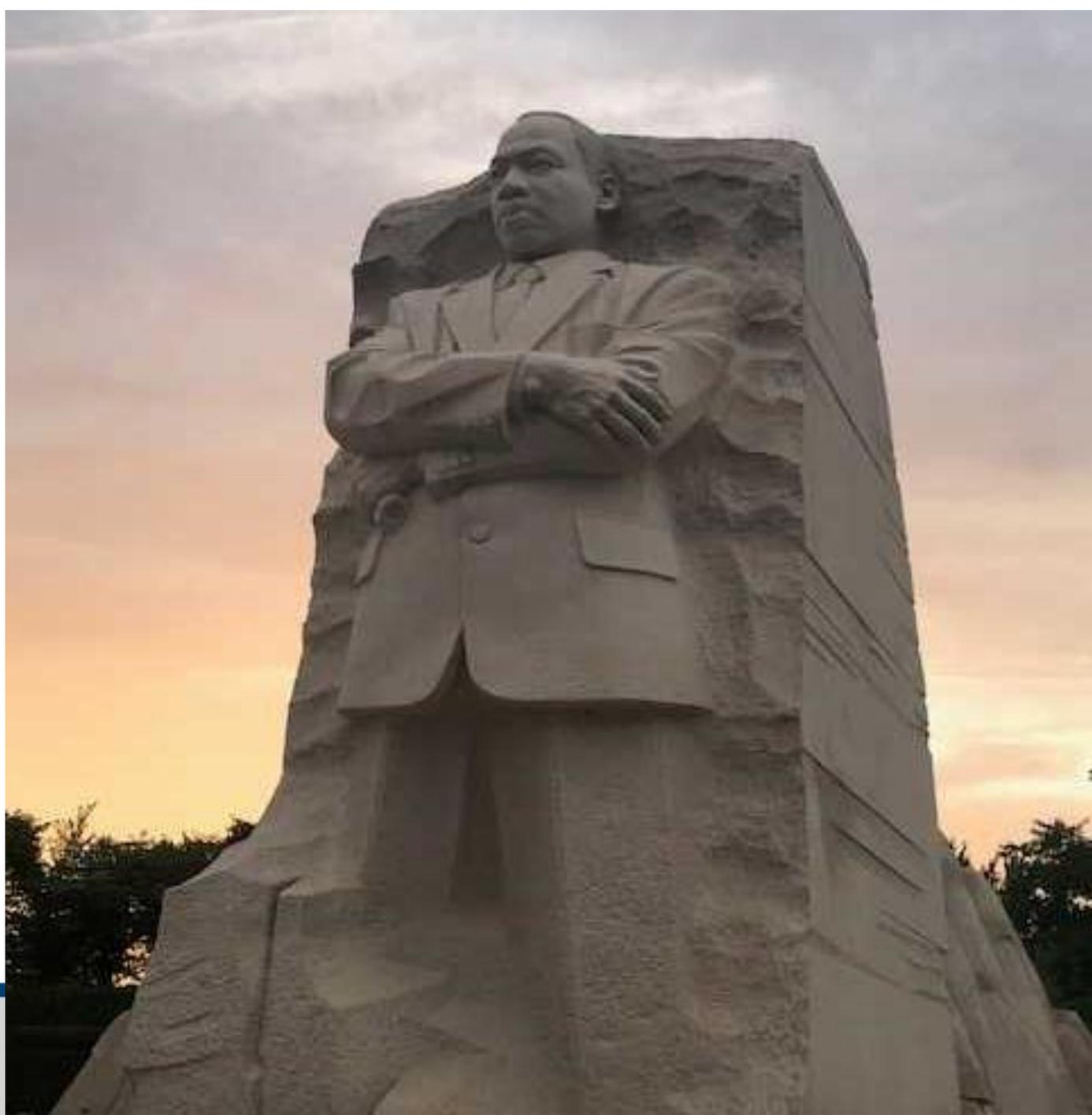


I HAVE THE AUDACITY TO BELIEVE THAT PEOPLES EVERYWHERE CAN  
HAVE THREE MEALS A DAY FOR THEIR BODIES, EDUCATION AND  
CULTURE FOR THEIR MINDS, AND DIGNITY, EQUALITY,  
AND FREEDOM FOR THEIR SPIRITS.

NORWAY 1964



Stand Up.  
Stand Tall.  
Make a  
Difference.



Together, we can “ReClaimWV”  
students, educators, families, and  
communities from the  
Opioid/Substance Misuse Epidemic!  
It starts with me. It starts with you.  
It starts with us...  
together!

**On behalf of the West Virginia Department of  
Education and our students,**

**THANK YOU FOR YOUR MAKING A DIFFERENCE!**

For more information on ReClaimWV, contact:

West Virginia Department of Education  
Diana Whitlock, Assistant Director  
[dwhitloc@k12.wv](mailto:dwhitloc@k12.wv).