

IMPLEMENTATION MANUAL



West Virginia Results-Driven Priorities

IMPROVING **RESULTS** FOR
STUDENTS WITH DISABILITIES

Guidance for
West Virginia
Schools and Districts

February 2018



**West Virginia Board of Education
2017-2018**

Thomas W. Campbell, President
David G. Perry, Vice President
Frank S. Vitale, Financial Officer
Miller L. Hall, Parliamentarian

Jeffrey D. Flanagan, Member
F. Scott Rotruck, Member
Debra K. Sullivan, Member
Joseph A. Wallace, J.D., Member
James S. Wilson, D.D.S., Member

Paul L. Hill, Ex Officio
Chancellor
West Virginia Higher Education Policy Commission

Sarah Armstrong Tucker, Ex Officio
Chancellor
West Virginia Council for Community and Technical College Education

Steven L. Paine, Ex Officio
State Superintendent of Schools
West Virginia Department of Education

Table of Contents



Section 1: Introduction

Results-Driven Priorities1
Supporting College- and Career- Readiness in West Virginia.....1
Results-Driven Priorities (RDP) in West Virginia.....1



Section 2: The Steering Committee

District Self-Assessment (DSA)/Annual Desk Audit (ADA) 7
Selection of the Steering Committee.....7
Collection of Data 7



Section 3: The Process

Improving Graduation, Literacy, Numeracy, Engagement Framework.....8
Results-Driven Improvement Plan Process.....10



Section 4: Data Analysis

Results-Driven Priorities Focus.....11
Collection of Data 13
Self-Assessment Drill Down Questions.....14
• Indicator 1-Graduation..... 15
• Indicator 3C-Performance on Statewide Assessments-English language arts16
• Indicator 3C-Performance on Statewide Assessments-Mathematics.....18
• Indicator 4A-Engagement Suspension/Expulsion20



Section 5: Results-Driven Improvement Plan

Supporting College and Career Readiness in West Virginia: Results-Driven Priorities....22
Developing the Results-Driven Improvement Plan.....23
Results-Driven Improvement Plans.....25



Section 6: ADDITIONAL RESOURCES WV GRADUATION 20/20 PRIORITY

College and Career Readiness:
A Balanced Approach to College and Career Readiness in West Virginia.....35
ESSA Graduation Rates Trajectory.....37
WV Graduation Rates among All students and SWD: 2012-201738
WV Dropout Rates among All students and SWD: 2012-2017.....38
District Graduation Rates among All students and SWD:201739
District Dropout Rates among All students and SWD: 2017..... 40
West Virginia’s State Systemic Improvement Plan WV GRADUATION 20/20..... 41

LITERACY/NUMERACY ACHIEVEMENT PRIORITY

ESSA Mathematics Trajectory	44
ESSA English Language Arts Trajectory.....	45
2017 General Summative Assessment (GSA) Math Proficiency All and SWD.....	46
2017 General Summative Assessment (GSA) ELA Proficiency All and SWD.....	46
2017 Alternate Summative Assessment (ASA) and General Summative Assessment (GSA)	47
West Virginia Standards for High Quality Special Education Programs.....	48
• Data Collection and Assessment System (DATA).....	49
• Individualized Education Program (IEP).....	50
• Service Delivery (DELIVERY).....	51
• Instructional Practices, Strategies and Materials (ACADEMICS).....	52
• Instructional Practices, Strategies and Materials (BEHAVIOR).....	53
Universal Design for Learning (UDL).....	54
Scaffolding.....	56
Differentiated Instruction (DI)	57
Co-Teaching.....	59
West Virginia’s Standards-Based IEPs.....	63
Developing a Student Assistance Team Implementation Plan.....	65
Developing a Section 504 Implementation Plan.....	66
Personalized Learning.....	68

ENGAGEMENT PRIORITY

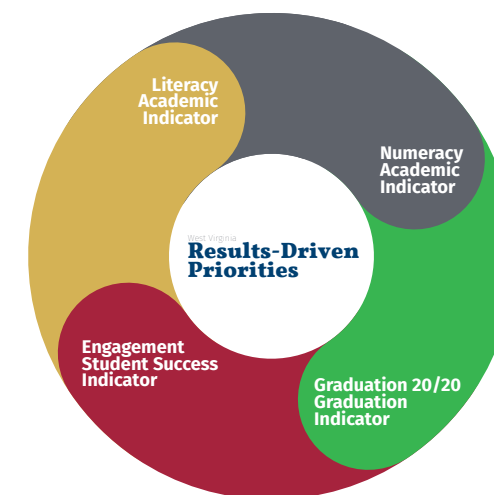
West Virginia Youth Risk Behavior Survey/School Health Profiles 2018	
• Bullying and Suicidal Behaviors – High School.....	71
• Bullying and Suicidal Behaviors – Middle School.....	72
• Tobacco Use – High School.....	73
• Tobacco Use – Middle School.....	74
• Alcohol and Drug Use – High School.....	75
• Alcohol and Drug Use – Middle School.....	76
Project AWARE.....	77
Positive Behavioral Interventions and Supports (PBIS)	79
Youth Mental Health First Aid	81
WV Center for Children’s Justice (WVCCJ).....	82
Handle with Care (HWC).....	82
Trauma Sensitive Schools.....	85
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).....	87
Expanded School Mental Health.....	89
Drug Awareness Resources and Supports for Schools	93

Section 1: Introduction

Results-Driven Priorities

The West Virginia Results-Driven Priorities (WV-RDP) was developed to improve results for all students, including students with disabilities. RDP emphasizes child outcomes such as performance on assessments, graduation rates and early childhood outcomes. Districts are required to use data to identify gaps in student performance, analyze district systems and then implement targeted, evidence-based reforms to address the gaps. It is critical for the State and districts to develop an improvement plan in a manner that is aligned with the State’s and district’s existing improvement initiatives and reform efforts which are focused on supporting College- and Career- Readiness.

Supporting College and Career Readiness in West Virginia: Results-Driven Priorities



RESULTS-DRIVEN Priorities (RDP) in West Virginia

Four (4) WV-RDP for the development and growth of a comprehensive approach to closing the achievement, engagement and graduation gaps support the West Virginia Board of Education’s Strategic Plan, West Virginia’s Consolidated State Plan for the Every Student Succeeds Act and the West Virginia IDEA State Performance Plan.

The West Virginia Results-Driven Priorities (WV-RDP) has been developed to assist all 55 West Virginia districts in closing the gaps among subgroups. This program, which is funded partially through IDEA Part B and Preschool Discretionary monies from the United States Department of Education Office of Special Education Programs, includes technical assistance activities designed to provide school personnel and families with the knowledge and skills needed to implement educational programs and interventions that have proven to be effective in improving outcomes for toddlers, children and youth with disabilities. An additional funding source is through the Now is the Time (NITT) Project AWARE West Virginia-Advancing Wellness and Resilience in Education (WV-AWARE) grant monies through Substance Abuse and Mental Health Services Administration (SAMHSA) and includes technical assistance activities designed to improve educational outcomes by targeting mental health challenges.

The four (4) Results-Driven Priorities are: **WV GRADUATION 20/20, LITERACY ACHIEVEMENT, NUMERACY ACHIEVEMENT** and **ENGAGEMENT**.

WV GRADUATION 20/20 PRIORITY

Need: All states were required by the Office of Special Education Programs at the United States Department of Education to develop a five year State Systemic Improvement Plan (SSIP), (IDEA Indicator 17).

The WV GRADUATION 20/20 priority uses a data driven intervention framework developed by the National Dropout Prevention Center for Students with Disabilities (NDPC-SD) to address issues that have negatively impacted school completion. This federally required program was established in 2015 in the State Systemic Improvement Plan (SSIP) and at a minimum is required to continue through 2020.

WV GRADUATION 20/20 was specifically established to assist in building capacity to **increase the high school completion rate** for ALL students with special emphasis on students with disabilities (SWD) and those of low socio- economic status (low-SES).

The WV GRADUATION 20/20 **goals** include:

- Improve student literacy and numeracy achievement.
- Increase number of students who graduate with a regular diploma.
- Decrease number of students who drop out.
- Increase attainment of better postsecondary outcomes.

The WV GRADUATION 20/20 **delivery of services** includes:

- Provide funding to 41 districts per the number of schools involved in the WV GRADUATION 20/20 priority in 2017-2018 school year at \$12,500.00 per school.
- Build capacity in the 103 schools (74 high schools, 23 middle schools, 6 elementary schools) through the WV Network for Educational Excellence.
- Partner with a community provider to establish a Transition Technical Assistance Center.
- The Transitional Technical Assistance Center serves as an extension of the WVDE Office of Special Education to provide capacity building models of community-based work exploration for districts, transition to successful post school outcomes and increased utilization of the Division of Rehabilitation Services resources and Pre-Employment Transition Services (Pre-ETS) programs.

LITERACY/NUMERACY ACHIEVEMENT PRIORITY

Need: There is a general lack of infrastructure to provide training and technical assistance in the areas of improving literacy and numeracy achievement for students with disabilities.

The LITERACY/NUMERACY ACHIEVEMENT priorities are focused on **closing the achievement gap** and ensuring ALL students are on target for grade-level expectations in literacy and numeracy with special emphasis on students with disabilities (SWDs), English language learners (ELLs), students with low socio-economic status (low SES) and race/ethnicity.

The LITERACY/NUMERACY ACHIEVEMENT **goals** include:

- Support high quality schools and workforce prepared to address literacy and numeracy standards.
- Support identification of interventions and implementation of a system of support for students not reaching grade level proficiency in literacy and numeracy.
- Ensure West Virginia remains on track in closing the literacy and numeracy achievement gap in grades 3-8.
- Increase the percentage of students in grades 3-8 demonstrating grade-level proficiency equivalent Lexile and Quantile scores.

The LITERACY/NUMERACY ACHIEVEMENT **delivery of services** includes:

- Provide formula funding for all 55 districts for literacy and/or numeracy.
- District Steering Committee identifies local needs and implementation plan utilizing framework:
 - » Utilize district Steering Committee
 - » Analyze data
 - » Identify target areas for intervention
 - » Develop goals for district Results Improvement Plan
 - » Implement district Results Improvement Plan
 - » Monitor the implementation of the district Results Improvement Plan
 - » Evaluate the effectiveness of the district Results Improvement Plan
- Employ Numeracy Support Grades 3-8 Coordinator and Literacy Support Grades 3-8 Coordinator in the Office of Special Education. These staff members will work with districts directly to improve achievement.

ENGAGEMENT PRIORITY

Need: There is a general lack of infrastructure to provide training and technical assistance in the area of behavioral support in West Virginia.

The ENGAGEMENT priority is focused on **improving attendance, behavior and access to school-based mental health services** and implementing research-based effective models for developing and **supporting positive school climate/culture**.

The ENGAGEMENT **goals** include:

- Increase student attendance.
- Decrease chronic absenteeism.
- Decrease out-of-school suspensions.
- Decrease number of bullying incidents.
- Develop positive and supportive school environments by addressing mental health needs of students and families.
- Increase access to school-based mental health.

The ENGAGEMENT **delivery of services** includes:

- Provide formula funding for all 55 districts.
- District Steering Committee identifies local needs and implementation plan.
- Continue to partner with The West Virginia Autism Training Center at Marshall University to expand the Behavior/Mental Health Technical Assistance Center. This partnership has existed since 2012 to focus on Positive Behavioral Interventions and Supports (PBIS) for both school-age and early childhood students.
- The Behavior/Mental Health Technical Assistance Center provides training to schools to improve the climate through positive behavior strategies.
- The Behavior/Mental Health Technical Assistance Center serves as an extension of the WVDE Office of Special Education (OSE) to provide capacity-building models of coaching and support to schools.

WV GRADUATION 20/20 Priority

Need: All states were required by the Office of Special Education Programs at the United States Department of Education to develop a five year State Systemic Improvement Plan (SSIP), (IDEA Indicator 17).

Graduation

The WV GRADUATION 20/20 priority uses a data driven intervention framework developed by the National Dropout Prevention Center for Students with Disabilities (NDPC-SD) to address issues that have negatively impacted school completion. This federally required program was established in 2015 in the State Systemic Improvement Plan (SSIP) and at a minimum is required to continue through 2020.

WV GRADUATION 20/20 was specifically established to assist in building capacity to **increase the high school completion rate** for ALL students with special emphasis on students with disabilities (SWD) and those of low socio-economic status (low-SES).

The WV GRADUATION 20/20 **goals** include:

- Improve student literacy and numeracy achievement.
- Increase number of students who graduate with a regular diploma.
- Decrease number of students who drop out.
- Increase attainment of better postsecondary outcomes.

The WV GRADUATION 20/20 **delivery of services** includes:

- Provide funding to 41 districts per the number of schools involved in the WV GRADUATION 20/20 priority in 2017-2018 school year at \$12,500.00 per school.
- Build capacity in the 103 schools (74 high schools, 23 middle schools, 6 elementary schools) through the WV Network for Educational Excellence.
- Partner with a community provider to establish a Transition Technical Assistance Center.
- The Transition Technical Assistance Center serves as an extension of the WVDE Office of Special Education to provide capacity building models of community-based work exploration for districts, transition to successful post school outcomes and increased utilization of the Division of Rehabilitation Services resources and Pre-Employment Transition Services (Pre-ETS) programs.

Behavior Support Priority

Need: There is a general lack of infrastructure to provide training and technical assistance in the area of behavioral support in West Virginia.

Engagement

The ENGAGEMENT priority is focused on **improving attendance, behavior and access to school-based mental health services** and implementing research-based effective models for developing and **supporting positive school climate/culture**.

The ENGAGEMENT initiative **goals** include:

- Increase student attendance.
- Decrease chronic absenteeism.
- Decrease out-of-school suspensions.
- Decrease number of bullying incidents.
- Develop positive and supportive school environments by addressing mental health needs of students and families.
- Increase access to school-based mental health.

The ENGAGEMENT **delivery of services** includes:

- Provide formula funding for all 55 districts.
- District Steering Committee identifies local needs and implementation plan.
- Continue to partner with The West Virginia Autism Training Center at Marshall University to expand the Behavior/Mental Health Technical Assistance Center. This partnership has existed since 2012 to focus on Positive Behavioral Interventions and Supports (PBIS) for both school-age and early childhood students.
- The Behavior/Mental Health Technical Assistance Center provides training to schools to improve the climate through positive behavior strategies.
- The Behavior/Mental Health Technical Assistance Center serves as an extension of the WVDE Office of Special Education (OSE) to provide capacity-building models of coaching and support to schools.



Literacy/Numeracy Achievement

Need: There is a general lack of infrastructure to provide training and technical assistance in the areas of improving literacy and numeracy achievement for students with disabilities.

The LITERACY/NUMERACY ACHIEVEMENT priorities are focused on **closing the achievement gap** and ensuring ALL students are on target for grade-level expectations in literacy and numeracy with special emphasis on students with disabilities (SWDs), English language learners (ELLs), students with low socio-economic status (low SES) and race/ethnicity.

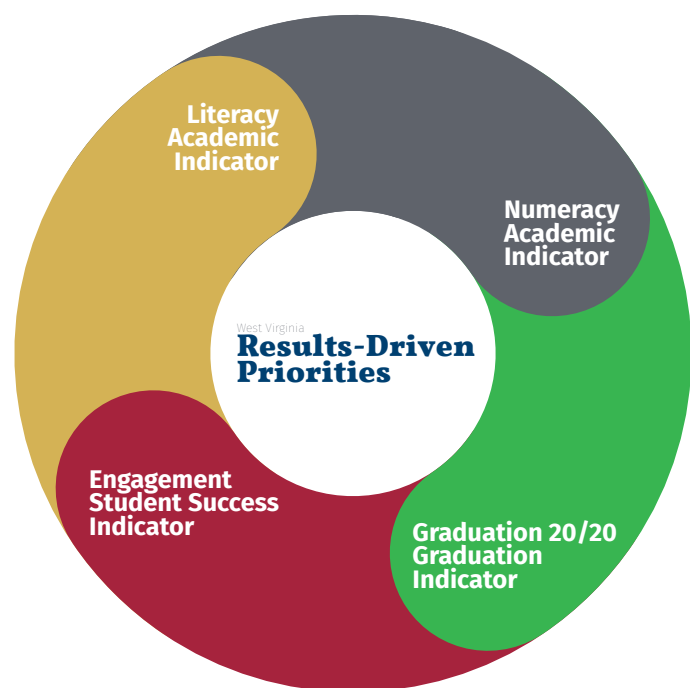
The LITERACY/NUMERACY ACHIEVEMENT **goals** include:

- Support high quality schools and workforce prepared to address literacy and numeracy standards.
- Support identification of interventions and implementation of a system of support for students not reaching grade level proficiency in literacy and numeracy.
- Ensure West Virginia remains on track in closing the literacy and numeracy achievement gap in grades 3-8.
- Increase the percentage of students in grades 3-8 demonstrating grade-level proficiency equivalent Lexile and Quantile scores.

The LITERACY/NUMERACY ACHIEVEMENT **delivery of services** includes:

- Provide formula funding for all 55 districts for literacy and/or numeracy.
- District Steering Committee identifies local needs and implementation plan utilizing framework:
 - » Utilize district Steering Committee
 - » Analyze data
 - » Identify target areas for intervention
 - » Develop goals for district Results Improvement Plan
 - » Implement district Results Improvement Plan
 - » Monitor the implementation of the district Results Improvement Plan
 - » Evaluate the effectiveness of the district Results Improvement Plan
- Employ Numeracy Support Grades 3-8 Coordinator and Literacy Support Grades 3-8 Coordinator in the Office of Special Education. These staff members will work with districts directly to improve achievement.

Supporting College and Career Readiness in West Virginia: Results-Driven Priorities



Section 2: The Steering Committee

District Self-Assessment (DSA)/Annual Desk Audit (ADA)

LEAs are required to conduct an annual self-assessment of their special education programs. A local Steering Committee is established to assist in the self-assessment process to review data and determine the system's compliance and student performance.

Selection of the Steering Committee

It is the responsibility of the LEA to determine the membership of the Steering Committee and select a chairperson. The Steering Committee has required and suggested members, which are as follows:

Required Members:

- Director of Special Education;
- Parents;
- General and special education teachers;
- Principal Representatives of each programmatic level;
- Principals of Comprehensive and Targeted Schools, if applicable;
- Title 1 Representative;
- Chief Instructional Leader;
- Career and Technical Education school representative; and
- Community mental health provider.

Suggested Members:

- Local board members;
- Other personnel from agencies such as Head Start, Division of Rehabilitation Services and Department of Health and Human Resources;
- County office personnel;
- Part C personnel; and
- Other individuals at the district's discretion.

Collection of Data

The Steering Committee will meet and consider a variety of sources of information when conducting the District Self-Assessment (DSA). A thorough analysis of aggregated and disaggregated data is required. The LEAs must conduct "drill down" activities to determine if there is a legitimate explanation for why the compliance and/or results indicators are not met. Careful review of all data elements in the self-assessment document is required.



Section 3: The Process

Improving Graduation, Literacy, Numeracy, Engagement Framework

Step 1. UTILIZE DISTRICT STEERING COMMITTEE

1. Discuss at the district and school level the achievement and graduation gaps and behavior/social-emotional needs of subgroups.
2. Identify District Steering Committee Members.
3. Determine Steering Committee dates.

Step 2. ANALYZE DATA

1. Gather the Graduation, Literacy, Numeracy, Engagement data. Look at district demographics/infrastructure. Examine student performance in the areas of academic achievement
2. in graduation, literacy and numeracy, attendance, suspension and bullying incidents.
3. Analyze the compiled data to determine any trends.

Step 3. IDENTIFY TARGET AREAS FOR INTERVENTION

1. Identify and prioritize the areas of need based on data.
2. Determine those students that will be targeted.
3. Selected subgroup (example-students with disabilities,
4. economically disadvantaged, English language learners, race/ethnicity)
5. District-wide/universal
6. Identify group of students based on at-risk indicators.

Step 4. DEVELOP GOALS FOR DISTRICT RESULTS-DRIVEN IMPROVEMENT PLAN

1. Identify evidence-based strategies/interventions/practices to drive improvement.
2. Complete Data Analysis/Results-Driven Improvement Plan
 - a. Determine goal(s) - graduation, literacy, numeracy, engagement
 - b. Determine grade level(s)
 - c. Determine practices/strategies/interventions
 - d. Generate action step(s)
 - e. Establish reasonable timeline(s)
 - f. Identify person(s) responsible
 - g. Evaluation/progress check
 - h. Develop budget
3. Identify implementation concerns and work to remove barriers.

Step 5. IMPLEMENT RESULTS-DRIVEN IMPROVEMENT PLAN WITH FIDELITY

1. Train staff in professional learning specific to the implementation of the Results-Driven Improvement Plan, making sure all staff members demonstrate a clear, consistent and shared understanding of what the staff and students are expected to know, understand and do.
2. Communicate goals to targeted students in order to implement goal setting.
3. Implement Results-Driven Improvement Plan according to determined timelines.



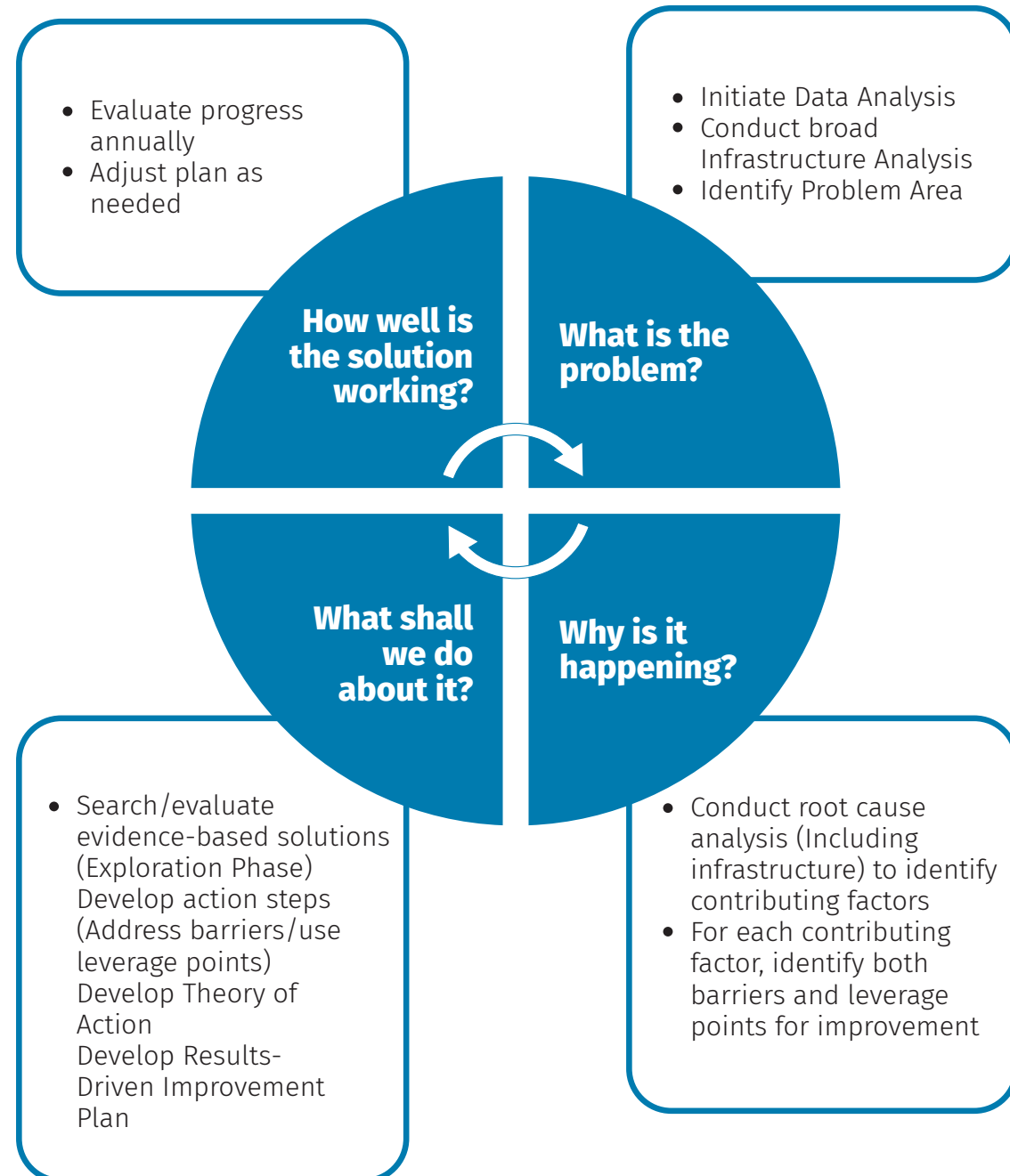
Step 6. MONITOR THE IMPLEMENTATION OF THE RESULTS-DRIVEN IMPROVEMENT PLAN

1. Develop assessment tools measuring student performances (e.g., walk-through observations, survey, benchmarks, protocols, logs, charts, student portfolios, common assessments, etc.) that will provide consistent data over time to monitor improvement of the targeted area (e.g., literacy, numeracy, engagement, graduation).
3. Develop a data collection schedule, collect data and utilize the data to monitor progress.
4. Continuously adjust action plan steps based on analysis and review of data. Update the Results-Driven Improvement Plan and data probes and revise as appropriate.

Step 7. EVALUATE THE EFFECTIVENESS OF THE RESULTS-DRIVEN IMPROVEMENT PLAN

1. Collect all district level data in order to detect patterns, analyze causes for unsatisfactory results and identify successes.
2. Based on findings make revisions to the Results-Driven Improvement Plan in order to maximize its effectiveness for the upcoming school year.
3. Share findings with staff, Board and WVDE.
4. Celebrate Successes!

Results-Driven Improvement Plan Process



Section 4: Data Analysis

Results-Driven Priority Focus

West Virginia has revised the monitoring framework to focus on the educational results and functional outcomes for students with disabilities and balancing those results with the compliance requirements of IDEA. Section 616(a)(2) of the IDEA requires that the primary focus of IDEA be on improving educational results and functional outcomes for children with disabilities, and ensuring that States meet the IDEA program requirements.

The LEA is to meet with their stakeholders (which may be their Steering Committee) to develop a theory of action plan to improve a student-identified measurable results. The LEA must demonstrate how addressing this area of focus for improvement will build their schools capacity to improve the identified result for children and youth with disabilities. Within this plan, the LEA will provide documentation that connects the data analysis, infrastructure analysis and focus area for improvement. They will identify the measurable result for students, identify coherent improvement strategies and define desired results.

The data analysis component consists of identifying and analyzing key data, including data from the Annual Desk Audit (ADA) and Self-Assessment to determine the areas for improvement. The description should include information about how the data were disaggregated in order to identify areas for improvement and any concerns about the quality of the data and how the LEA will address their focus area(s). The description should include methods and timelines to collect additional data that may be needed to inform areas for improvement. As a part of the data analysis, the LEA should also determine if there are any compliance issues that present barriers to achieving improved results for children and youth with disabilities.

The following four types of education data may be helpful for LEAs to examine:

1. Demographic Data
 - » Descriptors of students such as gender, ethnicity and socioeconomic status and
 - » Descriptors of the organization including enrollment and attendance.
2. Perceptual Data
 - » Information on how stakeholders feel or what they observe about the organization and its activities (surveys or questionnaires and observations).
3. Performance Data
 - » Information on how students are performing and on their education outcomes (types of assessments, grades and grade point averages, graduation and dropout rates, suspensions and expulsions, remediation rates and college readiness).
4. Program Data
 - » Descriptive information on how education and related activities are conducted within the organization (textbooks used, the levels of staffing or professional development at the school, the schedule of classes, curricular sequences, instruction strategies, the nature and frequency of assessments, extracurricular activities and the school setting).

There are five steps in data-informed conversations that lead to strategic decision-making and action:

1. Setting the stage
 - » What question is to be addressed in this data-informed conversation?
 - » What information is needed to answer the question?
 - » Is the information available?
2. Examining the data
 - » What patterns do the data reveal, or what “snapshot” observations can be made about the question?
3. Understanding the findings
 - » What are the possible causes for the patterns?
4. Developing an action plan
 - » How can this data be used to create an effective Results-Driven Improvement Plan for addressing the issue?
5. Monitoring progress and measuring success
 - » How do we know whether progress is being made on the issue?

The infrastructure analysis describes how the LEA analyzed the capacity of its current system to support improvement and build capacity in their schools to implement, scale up and sustain evidence-based practices to improve results for children and youth with disabilities. The LEA system components include: governance, fiscal, quality standards, professional development, data, technical assistance and accountability.

The description of the infrastructure analysis should include:

- Strengths of the system, how components of the system are coordinated and areas for improvement within and across components of the system.
- Analysis of initiatives in the LEA, including initiatives in early intervention/general education and other areas beyond special education, which can have an impact on children and youth with disabilities.
- How decisions are made within the LEA systems and the representatives (e.g., agencies, positions, individuals) that must be involved in planning for systematic improvements in the LEA system.

The focus for improvement will lead to a measurable child-based result. The description of the focus for improvement should include how the data analysis led to the identification of the area on which the LEA will focus. In addition, the description should state how addressing this area of focus for improvement will build the district’s capacity to improve the identified result for children and youth with disabilities.

A good focus for improvement:

- is supported by the data;
- will make a significant impact on results;
- aligns with current priorities and initiatives;
- will (has potential to) leverage resources;
- addresses issues of disproportionate outcome;
- is supported by leadership;
- has the necessary commitment to change; and
- is feasible/doable (2-4 years).

The Theory of Action makes the connection between what you are doing (improvement strategy) and what you expect to happen (results). It focuses on how and why the program will produce the change, using “if-then” statements to generate a logical explanation (rationale) and reveal strategies and assumptions about how resources and activities are used.

Next it will be helpful to develop a logic model that shows the relationship between the activities and the outcomes that the LEA expects to achieve over a multi-year period. Logic models diagram identified problems, root causes and local conditions that facilitate concise and clear communication, planning and evaluation, and allow programs to critically analyze the progress they are making toward their goals. The logic model, in simple form, is a graphic representation that shows the logical relationship between the resources that go into the program (Inputs); the activities the program undertakes (Outputs); and the change or benefits that results (Outcomes).

Lastly, the LEA will develop and implement their Results-Driven Improvement Plan. The LEA will strengthen their infrastructure to support the plan, support schools in implementing evidence-based practices and develop an evaluation plan. The LEA will conduct and review results of ongoing evaluation, determine the extent of progress and revise the plan as needed.

Collection of Data

The Steering Committee will meet and consider a variety of sources of information when conducting the District Self-Assessment (DSA). A thorough analysis of aggregated and disaggregated data is required. The LEAs must conduct “drill down” activities to determine if there is a legitimate explanation for why the results indicators are not met. Careful review of all data elements in the self-assessment document is required.

The following documents may be helpful in the data review:

- Section 618 reports (December 1 child count, LRE report, exit report, discipline report);
- Certification information;
- National Assessment of Educational Progress (NAEP) Results;
- Large-scale assessment, accountability and pre-reporting requirements of both IDEA and ESSA;
- LEA funding applications;
- IEP file review sample;
- School schematics;
- Transportation schedules with school bell to bell times;
- Other Self-Assessment documents (i.e., Title 1 Reviews, Special Education Monitoring Reviews);
- Early Warning System (BrightBytes);
- Policy 4373: Expected Behaviors in Safe and Supportive Schools;
- Suspension/expulsion data;
- County policies, procedures and practices;
- Policy 2419: Regulations for the Education of Students with Exceptionalities;
- Policy 2315: Comprehensive School Counseling Program;
- Policy 2520.19: West Virginia College- and Career-Readiness Dispositions and Standards for Student Success;
- Disproportionality data;
- Audit reports; and
- Annual Desk Audit (ADA) and Results of Improvement Plan Evaluation.

Self-Assessment Drill Down Questions

Questions and activities are designed to assist stakeholders in taking a close look at what factors are negatively impacting results for students with exceptionalities. This does not include all the possible variables that may impact results, but provides a starting point from which to begin discussions with your staff and stakeholders.

INDICATOR 1- GRADUATION

WV GRADUATION 20/20 PRIORITY

Goal 1:

To annually increase the 4-year cohort graduation rate for students with disabilities by 1.30 interim annual percentage points with the long-term goal of 95% by 2029-2030.

School Year	Baseline 2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Target SWD	76.9	78.2	79.5	80.8	82.1	83.4	84.7
Actual State SWD	76.85	75.69					
Actual LEA SWD							
Target ALL	89.8	90.2	90.6	90.9	91.3	92.0	92.4
Actual State ALL	89.8	89.4					
Actual LEA ALL							

1. Review the data related to your graduation rates. It is critical that each LEA collect, maintain and submit accurate data.
 - a. The source of this data is WVEIS (West Virginia Education Information System), which collects data reported by the LEA. Determine if the data for your LEA's special education students are reported accurately.
 - b. The graduation rates are based on a 4-year cohort, which represents a standard 4-year high school career, beginning with a student's first time enrollment in the ninth grade.
2. Compare the graduation rates for students in general education with the rates for students who received special education services. If the general education rate exceeds the special education rate, develop some working hypotheses as to the reasons for the difference. Investigate the hypotheses by interviewing students with disabilities who have not graduated with their cohort. Summarize the responses from the interviews.
3. Review the secondary transition plan for each student who received special education services but did not graduate. Determine if each transition plan contained the required components, such as transition assessments, measurable postsecondary goals, and transition services and activities. Document any interventions that were made to promote graduation for each student. Detail the results of this review. Determine what strategies, if any, were used to connect students (who later failed to graduate) with programs and/or agencies that support students who are at-risk.
4. Review the transcripts and courses of study for the students who did not graduate to determine if any patterns emerge from the review as to any specific group. Report the results of that review for any group of students with similar transcript history.
5. Describe how transition services were provided to each student who received special education services during the twelve months preceding the academic year for which numbers indicate an unusually low graduation rate. If transition services were provided to some students and not others, indicate what those services were and report how the provision of transition services correlated to the likelihood of a student's graduating.

6. Describe the LEA's participation in any schoolwide/districtwide initiative to increase the rate of graduation-WV GRADUATION20/20.
7. Describe any unique or special circumstances in order to understand why your LEA's graduation rates for students with IEPs are low.

***Develop a Results-Driven Improvement Plan to address areas of concern with regard to the graduation rate.**

Indicator 3C-Performance on Statewide Assessment-English language arts (ELA)

LITERACY PRIORITY

Goal 1:

To annually increase the percentage of students in subgroups demonstrating English language arts Proficiency in grades 3-8 by 3.3% interim annual percentage points with the long-term goal of 57.0% proficiency by 2029-2030.

School Year	Baseline 2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Target SWD	13.9 ESSA 53.9 SPP	17.2	20.5	23.8	27.1	30.4
Actual State SWD	11.79					
Actual LEA SWD						
Target ALL	47.5	49.5	51.6	53.6	55.6	57.6
Actual State ALL	46.98					
Actual LEA ALL						

Goal 2:

To annually increase the percentage of students in subgroups in grades 3-8 demonstrating grade-level Lexile proficiency-equivalent scores.

Grade	Grade-Level Band	Baseline 2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
3	600L-730L					
4	640L-780L					
5	730L-850L					
6	860L-920L					
7	880L-960L					
8	900L-1010L					

LRE Questions—Do you have the right service delivery system least restrictive environment (LRE) to serve your students well?

1. Analyze existing placements by disability to determine options/patterns of the LEA.
2. Cross check ELA achievement by placement to determine if students in some placements are demonstrating higher achievement than in others with the same disability.
 - a. If so, identify factors contributing to such differences:
 - » Impact of the severity of the disability.
 - » Continuum of services available at individual schools.
3. What types of assistive technology devices/services and other supports are available to the students and teachers to foster the greatest independence in the LRE?
4. Summarize the LEA's strengths and concerns with respect to LRE as it relates to ELA achievement.

Certification Questions—Do you have staff who are well qualified to teach English/language arts (ELA)?

5. Determine if there has been an increase or decrease in the percentage of fully certified special education teachers over the last three years.
 - a. If so, determine what factors contributed to the change.
 - b. Identify the activities the LEA has undertaken in the areas of hiring, retention, personnel development for credentialing and salary analysis to improve the percentages of certified special education teachers.
 - c. Identify the number of unfilled special education positions existing in your LEA during the current school year.
6. Determine the numbers/percent of teachers (both general education and special education) who are "certified" to teach ELA.

Curriculum Questions—Do you have ELA curricula that are sufficiently responsive to varied needs?

7. Identify the current ELA curriculum used in the general education program. Does it address fluency, phonics and word recognition, handwriting, phonological awareness and print concepts?
8. What supplemental materials/curricula are in use for special education students? To what degree do these materials meet the criteria with regard to "explicit and systematic instruction" and "coordination of phonics/word recognition activities with fluency building"?
9. What curriculum-based measures (CBM) are used with general education and special education students?
10. To what extent is the information from the CBM used to drive modifications to instruction?

***Develop a Results-Driven Improvement Plan to address areas of concern with regard to English language arts.**

Indicator 3C-Performance on Statewide Assessment –Mathematics

NUMERACY PRIORITY

Goal 1:

To annually increase percentage of students in subgroups demonstrating Mathematics Proficiency in grades 3-8 by 3.4% interim annual percentage points with the long-term goal of 55.5% proficiency by 2029-2030.

School Year	Baseline 2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Target SWD	10.9 ESSA 55.5 SPP	14.3	17.7	21.1	24.5	27.9
Actual State SWD	9.91					
Actual LEA SWD						
Target ALL	34.8	37.3	39.8	42.3	44.8	47.4
Actual State ALL	34.46					
Actual LEA ALL						

Goal 2:

To annually increase percentage of students in subgroups in grades 3-8 demonstrating grade-level Quantile proficiency-equivalent scores.

Grade	Grade-Level Band	Baseline 2018-2019	2019-2020	2020-2021	2021-2022
3	305Q-555Q				
4	455Q-700Q				
5	570Q-820Q				
6	670Q-915Q				
7	765Q-1010Q				
8	845Q-1090Q				

LRE Questions-Do you have the right service delivery system to serve your students well?

- Analyze existing placements by disability to determine options/patterns of the LEA.
- Cross check mathematics achievement by placement to determine if students in some placements are demonstrating higher achievement than in others with the same disability.
 - If so, identify factors contributing to such differences:
 - » Impact of the severity of the disability.
 - » Continuum of services available at individual school sites.
- What types of assistive technology services/devices and other supports are available to the students and teachers to foster the greatest independence in the least restrictive environment (LRE)?
- Summarize the LEA's strengths and concerns with respect to LRE as it relates to mathematics achievement.

Certification Questions-Do you have staff who are well qualified to teach mathematics?

- Determine if there has been an increase or decrease in the percentage of fully certified special education teachers over the last three years.
 - If so, determine what factors contributed to the change.
 - Identify the activities the LEA has undertaken in the areas of hiring, retention, personnel development for credentialing and salary analysis to improve certification percentages.
 - Identify the number of unfilled special education positions existing in your LEA during the current school year.
- Determine the numbers/percent of teachers (both general education and special education) who are "certified" to teach mathematics.

Curriculum Questions- Do you have mathematics curricula that are sufficiently responsive to varied needs?

- Identify the current mathematics curriculum used in the general education program. Does it integrate counting and cardinality, numbers and operations in base ten, geometry, operations and algebraic thinking, measurement and data?
- What supplemental materials/curricula are in use for students who receive special education services? To what degree do these materials meet the criteria with regard to the mathematics standards and do they include the availability of a variety of tools?
- What curriculum-based measures (CBM) are used with students in general education and students who receive special education services?
- To what extent is the information from the CBM used to drive modifications to instruction?

*Develop a Results-Driven Improvement Plan to address areas of concern with regard to Mathematics.

Indicator 4A – Suspension/Expulsion

Engagement-Attendance, Out-of-School Suspensions, Bullying, School-Based Mental Health Services

ENGAGEMENT PRIORITY

Goal 1:

To annually increase the actual attendance of students with the ultimate goal of 90% of SWD.

School Year	Baseline 2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
All Target	83.3	90	90	90	90	90	90
Actual State							
Actual LEA SWD							

Goal 2:

To annually decrease the number of students suspended with the ultimate goal of 100% with zero out-of-school suspensions of SWD.

School Year	Baseline 2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
All Target	93.6	100	100	100	100	100	100
Actual State							
Actual LEA SWD							

Goal 3:

To annually decrease the number of bullying incidents with the ultimate goal of 0% of SWD.

School Year	Baseline 2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
All Target		0	0	0	0	0	0
Actual State							
Actual LEA SWD							

Behavioral Engagement/Attendance

1. What patterns are visible in attendance rate? (e.g., times of day, days of week, months of the year)
2. Review your school's attendance policy. What questions might you have?
3. When is parent contact initiated due to a student's absence? Who makes the contact?

Behavioral Engagement/Discipline

4. What tools does your school use to actively progress monitor student behavior?
5. Describe how progress monitoring data helps you make decisions about movement of students between multi-tiered systems of supports.
6. Review your Discipline Policy. Are there Push Effects that could be impacting discipline? Consider how bus discipline issues might affect student progress. What other questions might you ask?

Parental/Family Engagement

7. What percentage of parents of SWDs attend their child's IEP Team meeting?
8. What is the parent satisfaction rate for SWDs for your district?
9. What practices does your school have in place to encourage parents to participate in school activities or endeavors? (e.g., Local School Improvement Council, Open House, Parent Newsletters, Parent Mentor, Annual Parent meetings)
10. What steps does your school take to educate parents regarding the special education process and its potential benefits?
11. How does your school provide information to parents regarding general school information, school policies/reforms and school programs? (e.g., printed materials, recorded phone messages, personal notes, e-mails, home visits, mass media, etc.)

School Climate

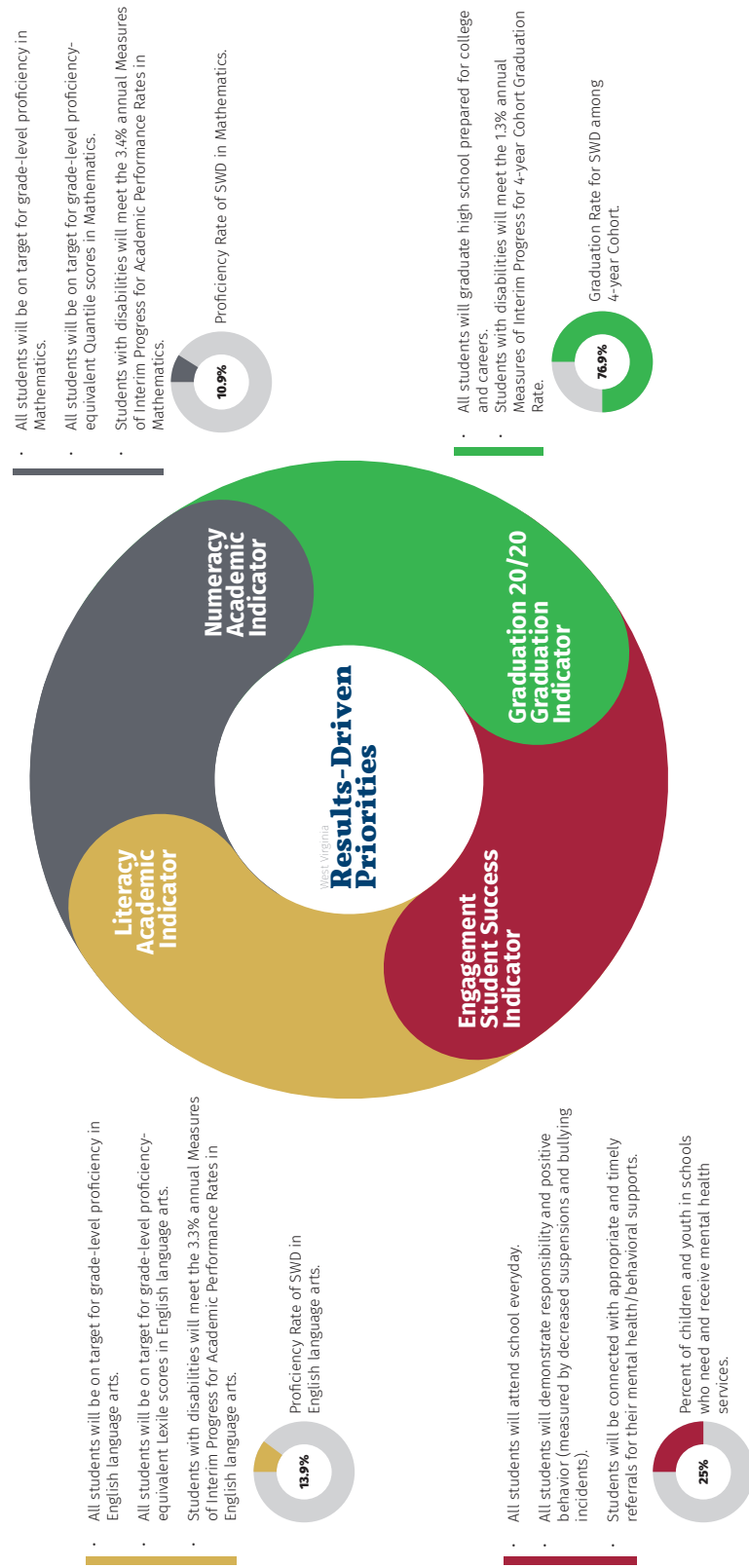
12. Review offered extracurricular activities for you school.
13. What percentage of your student body participates in at least one extracurricular activity?
14. Does your school participate in a school climate survey? If so, what percentage of students, parents and staff generally perceive school as a safe and welcoming place?

***Develop a Results-Driven Improvement Plan to address areas of concern with regard to attendance, out-of-school suspensions, bullying incidents and availability of school-based mental health service.**

Section 5: Results-Driven Improvement Plan

Supporting College and Career Readiness in West Virginia: Results-Driven Priorities

The mission of **Results-Driven Priorities** is to develop a comprehensive improvement plan focused on analyzing current systems and redesigning as necessary to improve results. Increasing student achievement and ensuring college- and career-readiness for all learners through the promotion of evidence-based instruction and interventions to prepare students for post-secondary opportunities is the core principle guiding this work.



Developing the West Virginia Results-Driven Priority Improvement Plan

The RDA Improvement Plan is the blueprint to improve student outcomes in specific areas:

- Assist in building capacity to increase the high school completion rate;
- Closing the achievement gap; and
- Improving attendance, behavior and access to school-based mental health services.

The Steering Committee works through a process of analyzing data to identify any areas of need that will be the focus of the Improvement Plan.

The RDA Improvement Plan details the evidence-based activities, strategies or interventions, responsibilities, timelines and evaluation method used to determine results. A current baseline in the priority area should be identified along with a means of collecting formative data to monitor progress. The Annual Desk Audit (ADA) Improvement Plan mirrors the RDA Improvement Plan.

Plan with measurable results at the school/district level. This RDA Improvement Plan should align with the District Strategic Plan and include strategies that are specific to the targeted group of students-students with disabilities.

Improvement Plan(s)

1. Using the West Virginia IDEA State Performance Plan (SPP) and West Virginia's Consolidated State Plan for the Every Student Succeeds Act (ESSA) identify the Results-Driven Priority Focus for your Improvement Plan. By analyzing the Self-Assessment Drill Down Questions and data collected and noting patterns, areas of the most risk and need are identified. Once the needs are established they can be addressed with effective evidence-based strategies.
2. The improvement plan may include one (1) to four (4) priority areas. Priority area examples include: academic performance, graduation, attendance, behavior/discipline, family and/or student engagement and school climate.
3. Establish current baseline data for the priority focus using the most recent data available.
4. For each focus area create a goal and an objective. The goal should be a big picture, general statement of intent for the area identified for your school/district. The objective for the focus area should be **SMART** (specific, measurable, attainable, realistic and time bound). Include the targeted student population, specify criteria, set a timeline and specify the degree of improvement expected for the targeted population.
5. Remember to keep the focus on alterable (those that can be changed) variables.
6. Develop the **strategies** that you will implement. Determine what needs to happen - what **activities** are necessary, who will be involved in making it happen (**person responsible**), when it will happen (**timeline**), and how the plan will be **evaluated**.

Remember - Considerations must be given to:

- » Contextual Fit - Will it work in my school with my designated students? Is it complementary to other practices already in place?
 - » Accessibility/ Efficiency - Is it affordable with our resources that are available?
 - » Level of Effectiveness - Is there research evidence that it addresses our area of need?
7. Identify the students or the target group that you will involve and monitor progress. Use the results from the initial data in making your student selections.
 8. Use the **evaluation method** to track your progress. Review, monitor and revise the Improvement Plan to ensure intervention strategies are effective at improving the performance in the target area identified in the plan.
 9. The Improvement Plan is a working document to be reviewed and revised as needed.

WV GRADUATION 20/20 PRIORITY IMPROVEMENT PLAN

If the LEA has schools that are documented participants in WV GRADUATION 20/20, the activities listed below are REQUIRED, if funds are accepted:

- Implementation of the WV GRADUATION 20/20 State Systemic Improvement Plan (SSIP) required professional learning (PL) provided through the WVDE Office of Special Education (OSE).
- Provide and monitor implementation of professional learning and coaching aligned with WVDE OSE goals and objectives for the WV GRADUATION 20/20 Priority.
- Ensure any data and/or information required for the WV GRADUATION 20/20 Priority evaluation and monitoring is collected and reported in a timely manner.
- Participate in monthly WV GRADUATION 20/20 School Leadership Team meetings and/or school visits.
- Monitor the implementation and the evaluation of the WV GRADUATION 20/20 School Action Plans.
- Designate a district WV GRADUATION 20/20 Point of Contact.

The LEA must select one of the following options below:

- The LEA has schools that are participants in WV GRADUATION 20/20, is going to accept it as a priority, and will abide by the conditions set forth above.**
- The LEA is volunteering to focus on WV GRADUATION 20/20 as a priority.**
- The LEA is NOT choosing WV GRADUATION 20/20 as a priority.**

SPP INDICATOR: 1: Graduation, 2: Drop Out, 13: Secondary Transition, 14: Post-School Outcomes	
GOAL:	The goal should be a big picture, general statement of intent for the area identified for the school/district.
OBJECTIVE(S):	The objective for the focus area should be SMART (specific, measurable, attainable, realistic and timely).
EXPLANATION OF TREND DATA:	Identify data that is meaningful to the priority. Analyze the data and hypothesize explanations of trends in the data.

ACTIVITIES:	Determine activities that will be implemented. Considerations must be given to: <ul style="list-style-type: none"> • Contextual Fit – Will it work in my school/district with my designated students? Is it complimentary to other practices already in place? • Accessibility/Efficiency – Is it affordable with the resources that are available? • Level of Effectiveness – Is there research/evidence that addresses our area of need?
TIMELINE:	When will the activities take place?
PERSON(S) RESPONSIBLE:	Who will be involved with the activities listed above?
EVALUATION METHOD:	How will the plan be evaluated? How will you measure the effectiveness of the activity?

LITERACY PRIORITY IMPROVEMENT PLAN

- The LEA will focus on literacy as a priority.
- The LEA will NOT focus on literacy as a priority.

SPP INDICATOR: 3C: Proficiency Reading Assessment	
GOAL:	The goal should be a big picture, general statement of intent for the area identified for the school/district.
OBJECTIVE(S):	The objective for the focus area should be SMART (specific, measurable, attainable, realistic and timely).
EXPLANATION OF TREND DATA:	Identify data that is meaningful to the priority. Analyze the data and hypothesize explanations of trends in the data.
ACTIVITIES:	Determine activities that will be implemented. Considerations must be given to: <ul style="list-style-type: none"> • Contextual Fit – Will it work in my school/district with my designated students? Is it complimentary to other practices already in place? • Accessibility/Efficiency – Is it affordable with the resources that are available? • Level of Effectiveness – Is there research/evidence that addresses our area of need?
TIMELINE:	When will the activities take place?
PERSON(S) RESPONSIBLE:	Who will be involved with the activities listed above?
EVALUATION METHOD:	How will the plan be evaluated? How will you measure the effectiveness of the activity?

NUMERACY PRIORITY IMPROVEMENT PLAN

- The LEA will focus on Numeracy as a priority.**
- The LEA will NOT focus on Numeracy as a priority.**

SPP INDICATOR: 3C: Proficiency Math Assessment	
GOAL:	The goal should be a big picture, general statement of intent for the area identified for the school/district.
OBJECTIVE(S):	The objective for the focus area should be SMART (specific, measurable, attainable, realistic and timely).
EXPLANATION OF TREND DATA:	Identify data that is meaningful to the priority. Analyze the data and hypothesize explanations of trends in the data.
ACTIVITIES:	Determine activities that will be implemented. Considerations must be given to: <ul style="list-style-type: none"> Contextual Fit – Will it work in my school/district with my designated students? Is it complimentary to other practices already in place? Accessibility/Efficiency – Is it affordable with the resources that are available? Level of Effectiveness – Is there research/evidence that addresses our area of need?
TIMELINE:	When will the activities take place?
PERSON(S) RESPONSIBLE:	Who will be involved with the activities listed above?
EVALUATION METHOD:	How will the plan be evaluated? How will you measure the effectiveness of the activity?

ENGAGEMENT PRIORITY IMPROVEMENT PLAN

If Project AWARE funds are accepted, the LEA is REQUIRED to support one or more of the following:

- Youth Mental Health First Aid (YMHFA)
- Adult Mental Health First Aid (AMHFA)
- Positive Behavioral Interventions and Supports – School-Age
- Positive Behavioral Interventions and Supports – Early Childhood
- Multi-Tiered System of Supports
- Handle with Care
- Trauma Sensitive Schools
- School-Based Mental Health Services
- Programs that support increasing awareness of school-based mental health services or providing mental health and behavioral supports.

Districts must use AWARE funds in specific ways and may use the additional funds to address mental health and behavioral supports.

The LEA must select one of the following options below:

- The LEA is going to accept Project AWARE funds and will abide by the conditions set forth above.**
- The LEA will NOT accept Project AWARE funds.**

SPP INDICATOR: 4A: Suspensions/Expulsions, 4B: Suspensions by Race/Ethnicity	
GOAL:	The goal should be a big picture, general statement of intent for the area identified for the school/district.
OBJECTIVE(S):	The objective for the focus area should be SMART (specific, measurable, attainable, realistic and timely).
EXPLANATION OF TREND DATA:	Identify data that is meaningful to the priority. Analyze the data and hypothesize explanations of trends in the data.

ACTIVITIES:	Determine activities that will be implemented. Considerations must be given to: <ul style="list-style-type: none"> Contextual Fit – Will it work in my school/district with my designated students? Is it complimentary to other practices already in place? Accessibility/Efficiency – Is it affordable with the resources that are available? Level of Effectiveness – Is there research/evidence that addresses our area of need?
TIMELINE:	When will the activities take place?
PERSON(S) RESPONSIBLE:	Who will be involved with the activities listed above?
EVALUATION METHOD:	How will the plan be evaluated? How will you measure the effectiveness of the activity?

Results-Driven Priorities

WV GRADUATION 20/20 Indicators 1: Graduation, 2: Drop Out, 13: Secondary Transition, 14: Post-School Outcomes

LITERACY Indicator 3C: Proficiency Reading Assessment

NUMERACY Indicator 3C: Proficiency Math Assessment

ENGAGEMENT Indicators 4A: Suspensions/Expulsions, 4B: Suspensions by Race/Ethnicity

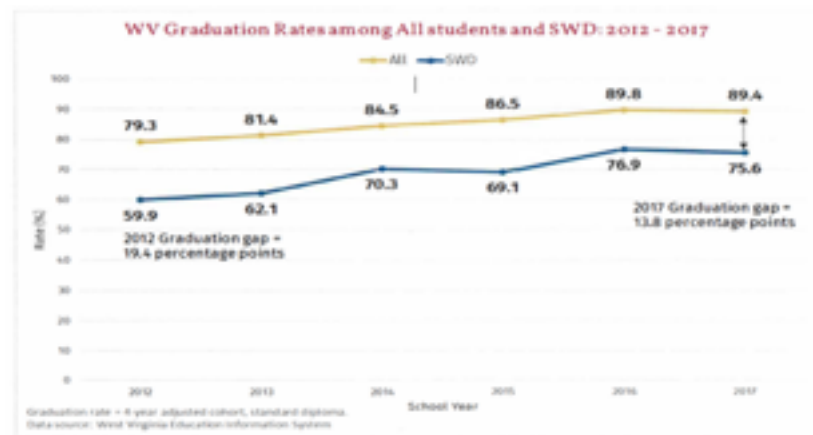
SPP INDICATOR: 1 Graduation	
GOAL:	The goal should be a big picture, general statement of intent for the area identified for the school/district. To annually increase the 4-year cohort graduation rate for students with disabilities by 1.30 interim annual percentage points with the long-term goal of 95% by 2029-2030.
OBJECTIVE(S):	The objective for the focus area should be SMART (specific, measurable, attainable, realistic and timely). The SWD graduation rate for West Virginia will increase by 4.2 percentage points with the goal of 80.8% by 2018-2019.

EXPLANATION OF TREND DATA:

Identify data that is meaningful to the priority. Analyze the data and hypothesize explanations of trends in the data.

Review of key data in the progress toward achieving WV's SiMR includes examination of the longitudinal graduation rate data at the state, county and school levels. The 4-year Adjusted Cohort Graduation Rates 2012-2017 indicate improvements to the graduation rates among all students as well as students with disabilities (SWD). Further, the graduation rate gap is closing between the two groups; decreasing by 5.6 percentage points over the span of six (6) years.

Progress toward achieving our SiMR (79.47% of youth with IEPs graduating from high school with a regular diploma by 2017-2018) is visible when looking at longitudinal graduation rates. Rates among students with disabilities are increasing and the gap between rates for the All group and the students with disabilities (SWD) group is shrinking. See graph below.



During the 2014-2015 pilot year data supported significant changes to the implementation as well as various improvement strategies. The WV GRADUATION 20/20 Implementation Manual was developed along with monitoring and tracking tools in the form of Logs, Contact Lists, Agenda/ Minutes, Core Data Tool and Action Plans.

A review of monthly logs provided demonstrated that the initiative is gaining momentum therefore; no changes will be made at this time. During 2017-2018 it was not necessary to make changes.

ACTIVITIES:

Determine activities that will be implemented. Considerations must be given to:

- Contextual Fit – Will it work in my school/district with my designated students? Is it complimentary to other practices already in place?
- Accessibility/Efficiency – Is it affordable with the resources that are available?
- Level of Effectiveness – Is there research/evidence that addresses our area of need?

1. Establish GRADUATION 20/20 as one of the four Results-Driven Priorities (RDP) which emphasize closing the achievement, engagement and graduation gaps.
2. Align RDP to support the West Virginia Board of Education's Strategic Plan, West Virginia's Consolidated State Plan for Every Student Succeeds Act and the West Virginia IDEA State Performance Plan.
3. Determine how funds previously supporting RESA programs would be allocated to 55 counties.
4. Develop an Implementation Manual to provide guidance for West Virginia Schools and Districts on West Virginia's Results-Driven Priorities.
5. Conduct required county meeting to discuss the WV-RDP and certain funding requirements.
6. Receive and review RDP applications.
7. Distribute funds.

TIMELINE:

When will the activities take place?

1. November 2017
2. December 2017
3. December 2017
4. December 2017 – February 2018
5. February 27 – 28, 2018
6. March 2018
7. March – April 2018

PERSON(S) RESPONSIBLE:

Who will be involved with the activities listed above?

1. Office of Special Education
2. Office of Special Education
3. Finance Coordinator, Office of Special Education
4. Office of Special Education
5. Office of Special Education
6. Finance Coordinator, Office of Special Education
7. Finance Coordinator, Office of Special Education

EVALUATION METHOD:

How will the plan be evaluated? How will you measure the effectiveness of the activity?

1. Approval secured from the West Virginia Department of Education.
2. Confirmation of alignment with Strategic Plan, ESSA and SPP.
3. Placement of Results-Driven Accountability: Literacy, Numeracy, Engagement, Graduation Funding Allocations by County in January 19, 2018 Superintendents Update.
4. Implementation Manual Results-Driven Priorities Guidance for West Virginia Schools and Districts February 2018 completed.
5. Number of districts representatives attending February 27-28, 2018 West Virginia Results-Driven Accountability Meeting tallied.
6. Number of WV-RDP funding applications received and reviewed by March 31, 2018, tallied.
7. Number of districts receiving WV-RDP funds by April 30, 2018, tallied.

Section 6: Additional Resources

WV Graduation 20/20 Priority

COLLEGE AND CAREER READINESS

College and Career Readiness means that students exit high school prepared for success in a wide range of high-quality post-secondary opportunities. Specifically, college and career readiness refers to the knowledge, skills, and dispositions needed to be successful in postsecondary education and/ or training that lead to gainful employment. Today's workplace requires that all workers be lifelong learners in order to advance in their careers. Therefore, it is necessary that there be a common set of knowledge and skills that all individuals acquire to successfully transition into postsecondary education or the workplace. As individuals select specific career paths, they will then have to focus on the amount and type of additional knowledge and skills they should acquire to be successful in their chosen field. A student's goals, desires, and interests influence the precise knowledge and skill profile necessary to be ready for success in their chosen postsecondary endeavors and the level of postsecondary education needed to accomplish a student's individual career aspirations. All students should exit high school with a full understanding of the career opportunities available to them, the education necessary to be successful in their chosen pathway and a plan to attain their goals.

COLLEGE READINESS

College readiness involves being prepared to enroll in and successfully complete entry-level, credit-bearing, academic collegiate programs at two- and four-year postsecondary schools without remedial work or assistance, as well as being equipped with the knowledge, skills, and dispositions to make that transition successfully. This entails having mastered rigorous content knowledge, demonstrated ability to apply knowledge through higher-order skills and the ability to navigate the pathways and systems that will gain access to positive postsecondary opportunities.

KNOWLEDGE AND SKILLS

A college-ready person is proficient in the core academic subjects, as well as in specialized topics in their selected areas of interests. This foundational knowledge base includes competence in a broad range of academic subjects grounded in rigorous internationally benchmarked standards. Prerequisite skills and capabilities include, but are not limited to, proficiency in reading a range and type of material, with an emphasis on informational texts; fluent writing in several modes, most notably expository, descriptive and argumentative; quantitative literacy through algebra and including geometry, combined with the ability to understand and interpret data; an understanding of the scientific method and some insight into the organization of knowledge in the sciences; an awareness of how social systems operate and how they are studied; basic proficiency in a second language and awareness that languages reflect cultures; and experiences in and appreciation of creative and expressive arts. While not every person needs exactly the same proficiency in each of these areas, as student's interests influence the precise knowledge and skill profile necessary for postsecondary studies.

DISPOSITIONS

While there may be specific dispositions necessary for individual careers, the basic dispositions for postsecondary success are essentially the same for both college and career readiness. Supported by research as strongly predictive of academic and lifelong success, these dispositions can be defined broadly as:

- » Self-efficacy
- » Initiative
- » Integrity
- » Intellectual Curiosity
- » Adaptability
- » Time and Goal Management
- » Leadership
- » Ethical Decision Making and Social Responsibility
- » Resilience
- » Collaboration
- » Working in Teams and Independently
- » Clear and Effective Communication
- » Problem Solving
- » Critical Thinking
- » Self-Awareness
- » Self-Control
- » Applied Knowledge
- » Social and Personal Responsibility

CAREER READINESS

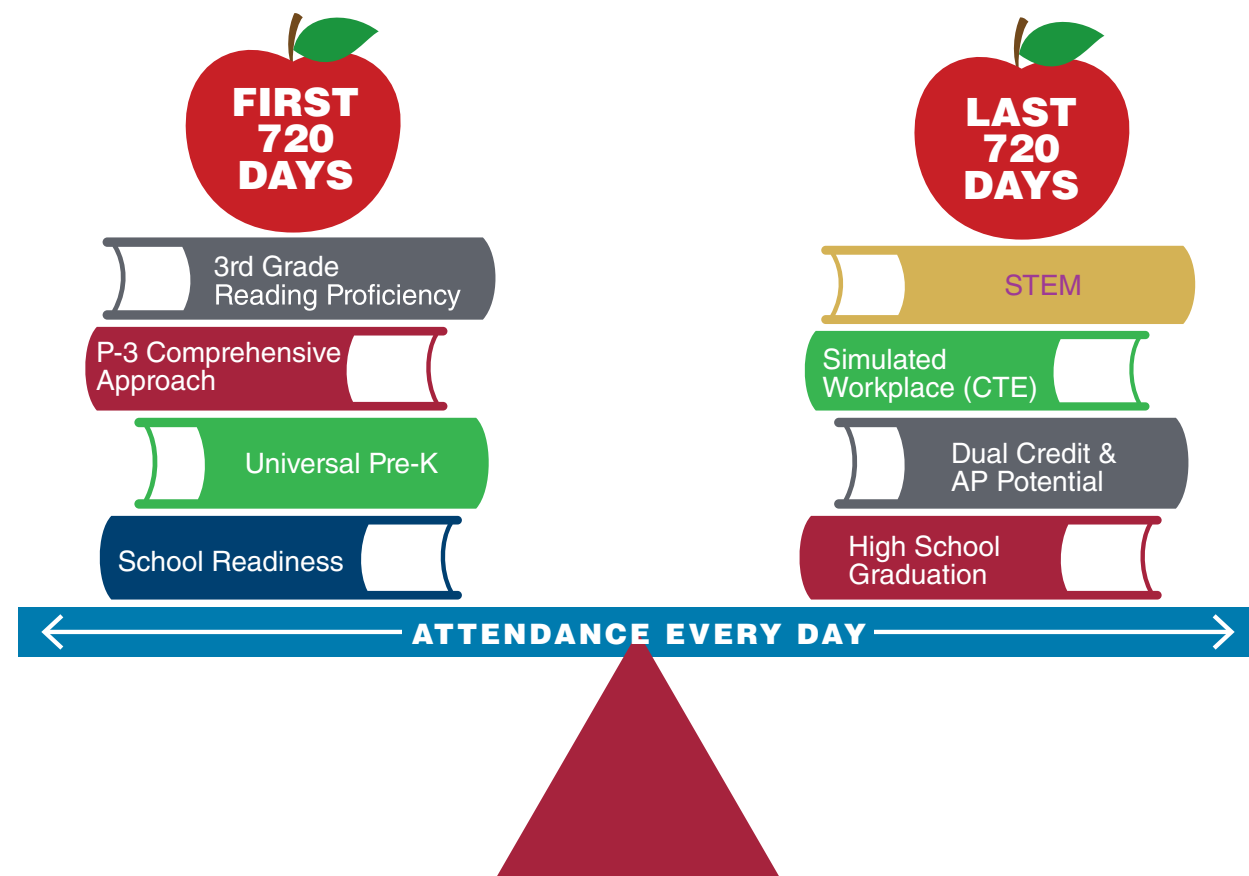
Career readiness involves three major areas: (a) *core academic skills* and the ability to apply those skills in concrete situations encountered in the workplace and routine daily activities; (b) *employability skills* – such as critical thinking and responsibility – that are essential in any career; and (c) *technical, job-specific skills* related to a particular career. These skills allow students to enter true career pathways that offer gainful employment and opportunities for advancement.

KNOWLEDGE AND SKILLS

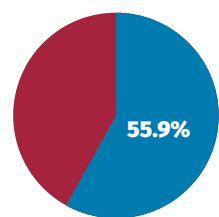
A career-ready graduate is proficient in both core academic subjects and technical topics. This foundational knowledge base includes competence in a broad range of rigorous, internationally benchmarked standards. It also includes technical proficiency aligned to the individual's chosen field and the ability to apply both academic and technical learning in the context of a career. The essential knowledge and skills for initial career readiness are defined in the following categories: (a) *academic foundations* (minimally, the state's graduation requirements); (b) *technical skills*; (c) *communications; problem solving and critical thinking*; (d) *information technology applications*; (e) *systems*; (f) *safety*; (g) *health and environmental*; (h) *leadership and teamwork*; (i) *ethics and legal responsibilities*; and (j) *employability and career development*. Not every person needs exactly the same proficiency in each of these areas, as students' individual interests will influence the precise knowledge and skills necessary for their career studies.



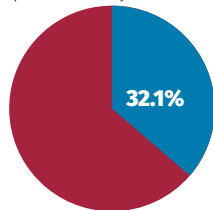
A BALANCED APPROACH TO COLLEGE AND CAREER READINESS IN WEST VIRGINIA



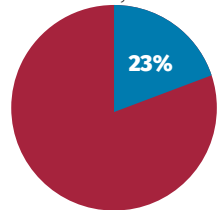
WV graduates going onto postsecondary education*



WV graduates who take remediation courses in postsecondary education



WV students who do not return to postsecondary education the second year**



*Includes both in-state and out-of-state, two-year/four-year institutions
**Includes only four-year institutions for 2012/2013 first-time freshmen

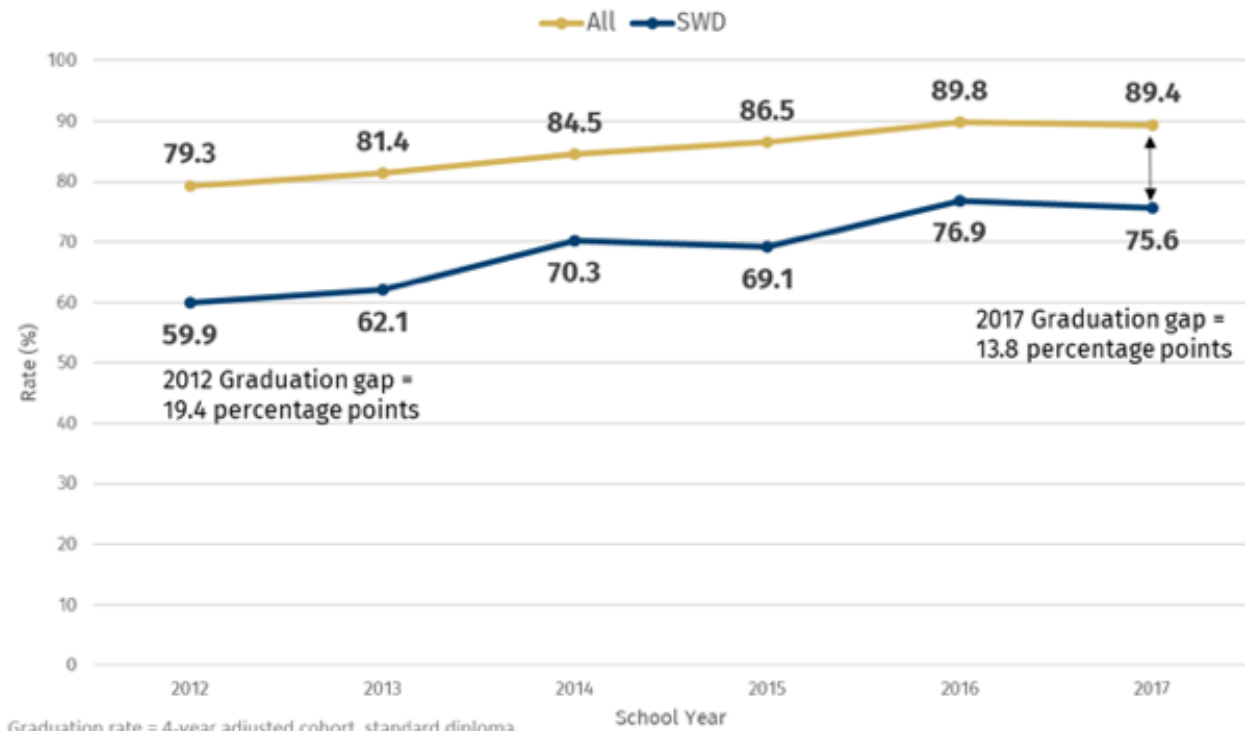
Source: West Virginia Department of Education and West Virginia Higher Education Policy Commission

B. Graduation Rates

Measures of Interim Progress for 4-year Cohort Graduation Rates

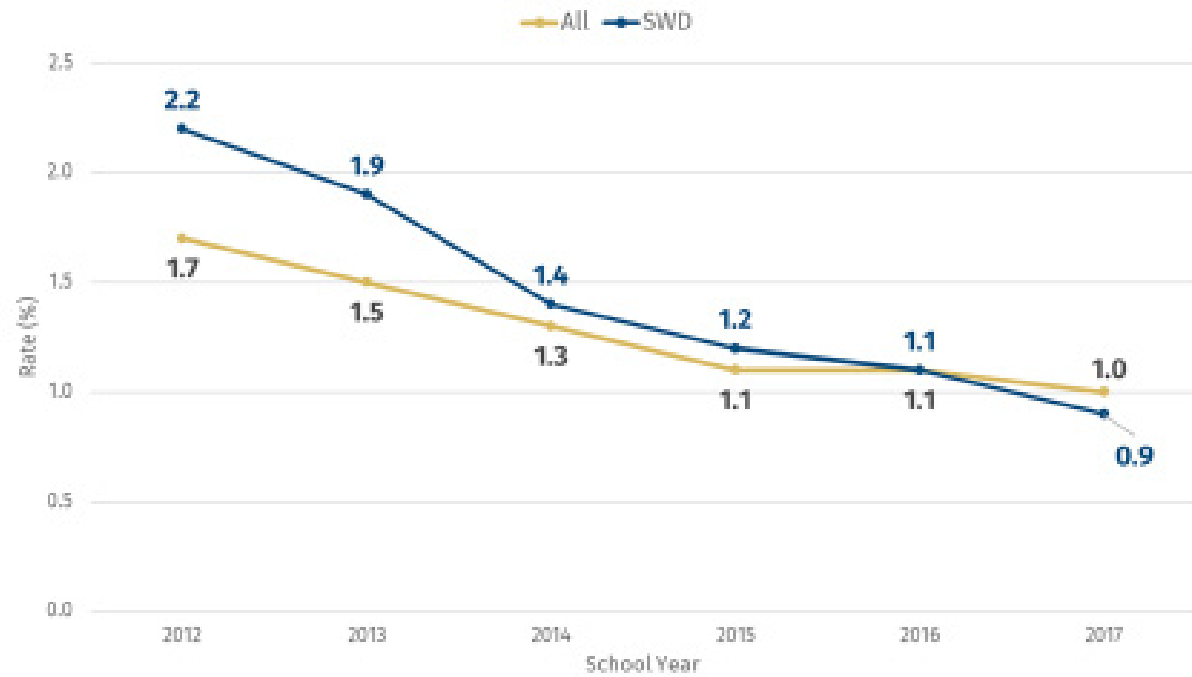
Subgroup	Long-Term Graduation Rate Gap											Interim Annual Progress					
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026		2027	2028	2029	2030	
Total	89.8%	90.2%	90.6%	90.9%	91.3%	91.7%	92.0%	92.4%	92.8%	93.1%	93.5%	93.9%	94.3%	94.6%	95.0%	5.2%	0.4%
White	89.9%	90.3%	90.7%	91.0%	91.4%	91.7%	92.1%	92.5%	92.8%	93.2%	93.5%	93.9%	94.3%	94.6%	95.0%	5.1%	0.4%
Black or African American	87.7%	88.3%	88.8%	89.3%	89.8%	90.3%	90.9%	91.4%	91.9%	92.4%	92.9%	93.5%	94.0%	94.5%	95.0%	7.3%	0.5%
Multi-Racial	84.2%	85.0%	85.8%	86.6%	87.3%	88.1%	88.9%	89.6%	90.4%	91.2%	91.9%	92.7%	93.5%	94.3%	95.0%	10.8%	0.8%
Hispanic or Latino	89.0%	89.5%	89.9%	90.3%	90.8%	91.2%	91.6%	92.1%	92.5%	92.9%	93.3%	93.8%	94.2%	94.6%	95.0%	6.0%	0.4%
Asian	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	0.0%	0.0%
American Indian/Alaskan	88.0%	88.5%	89.0%	89.5%	90.0%	90.5%	91.0%	91.5%	92.0%	92.5%	93.0%	93.5%	94.0%	94.5%	95.0%	7.0%	0.5%
Pacific Islander	100.0%	--	--	--	--	--	--	--	--	--	--	--	--	--	95.0%	--	--
Economically Disadvantaged	83.7%	84.5%	85.3%	86.1%	86.9%	87.7%	88.5%	89.3%	90.1%	90.9%	91.8%	92.6%	93.4%	94.2%	95.0%	11.4%	0.8%
Special Education	76.9%	78.2%	79.5%	80.8%	82.1%	83.4%	84.7%	86.0%	87.3%	88.6%	89.9%	91.2%	92.5%	93.8%	95.0%	18.1%	1.3%
English Language Learner	92.7%	92.8%	93.0%	93.2%	93.3%	93.5%	93.7%	93.9%	94.0%	94.2%	94.4%	94.5%	94.7%	94.9%	95.0%	2.3%	0.2%

WV Graduation Rates among All students and SWD: 2012 - 2017



Graduation rate = 4-year adjusted cohort, standard diploma.
Data source: West Virginia Education Information System

WV Dropout Rates among All Students and SWD: 2012 - 2017



Data source: West Virginia Education Information System

Graduation Rates by District and Subgroup: SY 2016 and SY 2017

■ or ■ = graduation rate increase from one school year to the next

District	2016 All Graduation Rate	2017 All Graduation Rate	2016 SWD Graduation Rate	2017 SWD Graduation Rate
Barbour	89.57	91.28	86.67	77.42
Berkeley	92.71	94.17	80.67	84.76
Boone	87.00	88.22	66.67	71.74
Braxton	86.71	90.07	54.17	73.08
Brooke	93.19	91.93	74.36	84.62
Cabell	83.33	81.97	72.32	68.85
Calhoun	94.81	93.65	100.00	90.00
Clay	90.77	89.31	72.73	78.57
Doddridge	94.25	96.00	100.00	83.33
Fayette	84.11	84.29	59.32	62.86
Mercer	90.39	89.45	82.02	77.03
Gilmer	90.14	95.59	83.33	88.24
Grant	95.38	95.12	82.61	78.57
Greenbrier	90.03	89.97	69.64	79.22
Hampshire	75.98	84.23	61.36	65.96
Hancock	91.22	89.97	76.60	79.59
Hardy	86.79	92.95	69.57	72.73
Harrison	88.46	87.95	72.50	72.07
Jackson	95.12	95.73	81.82	87.10
Jefferson	90.85	89.29	75.41	81.16
Kanawha	86.34	83.33	62.22	63.94
Lewis	88.77	87.91	78.13	64.29
Lincoln	87.44	92.89	84.44	79.49
Logan	91.59	90.59	81.40	79.07
Marion	94.91	92.57	89.66	84.38
Marshall	92.68	91.19	81.08	85.29
Mason	89.80	91.25	73.33	72.73
Mineral	96.70	96.87	93.33	89.80
Mingo	94.34	93.51	76.19	80.00
Monongalia	92.22	89.78	84.75	63.56
Monroe	95.83	97.10	85.71	88.89
Morgan	92.11	93.65	94.12	85.00
McDowell	88.26	83.19	81.40	65.85
Nicholas	92.36	93.36	83.05	82.46
Ohio	97.83	97.18	84.78	80.00
Pendleton	91.03	97.53	76.47	100.00
Pleasants	95.83	92.63	88.89	88.89
Pocahontas	79.45	88.24	40.00	73.33
Preston	86.62	82.62	79.71	70.00
Putnam	95.88	92.77	86.61	77.04
Raleigh	86.62	86.99	69.15	74.39
Randolph	87.81	90.12	76.92	77.78
Ritchie	92.52	85.11	83.33	68.42
Roane	91.91	90.18	81.25	73.91
Summers	71.15	85.71	60.00	66.67
Taylor	86.08	89.41	77.78	80.00
Tucker	92.94	96.39	80.00	83.33
Tyler	97.09	92.24	91.67	94.74
Upshur	90.58	91.02	73.33	71.05
Wayne	89.53	86.90	87.14	75.90
Webster	93.75	94.51	70.00	88.89
Wetzel	95.18	93.09	78.38	76.92
Wirt	93.06	88.16	77.78	85.71
Wood	88.98	89.58	72.73	80.81
Wyoming	88.93	88.75	81.13	77.78
WV	89.82	89.42	76.85	75.73

SY 2017 Dropout Rates by County		
County	Drop rate: All	Drop rate: SWD
Barbour	1.34	1.63
Berkeley	0.27	0.22
Boone	2.10	4.43
Braxton	1.38	2.56
Brooke	0.87	0.41
Cabell	2.03	2.32
Calhoun	0.46	0.00
Clay	0.24	0.00
Doddridge	0.60	2.90
Fayette	2.27	2.03
Gilmer	0.79	0.00
Grant	0.53	1.47
Greenbrier	0.44	0.25
Hampshire	2.23	3.34
Hancock	0.89	0.85
Hardy	0.50	0.65
Harrison	0.65	0.88
Jackson	0.39	0.58
Jefferson	0.77	0.82
Kanawha	2.09	0.91
Lewis	0.00	0.00
Lincoln	0.86	0.64
Logan	0.37	0.00
Marion	0.46	0.23
Marshall	0.66	0.00
Mason	0.45	0.00
Mercer	1.00	0.99
Mineral	0.16	0.00
Mingo	0.00	0.00
Monongalia	0.74	1.16
Monroe	0.00	0.00
Morgan	0.65	0.00
McDowell	1.47	0.72
Nicholas	0.25	0.00
Ohio	0.00	0.00
Pendleton	0.24	1.32
Pleasants	0.55	1.00
Pocahontas	1.88	2.20
Preston	1.83	1.73
Putnam	0.22	0.73
Raleigh	2.09	1.89
Randolph	0.46	0.37
Ritchie	0.62	0.88
Roane	0.39	1.63
Summers	1.73	0.00
Taylor	1.19	2.56
Tucker	0.43	1.27
Tyler	1.19	0.00
Upshur	1.29	1.03
Wayne	1.47	1.66
Webster	0.50	0.94
Wetzel	0.52	2.01
Wirt	1.18	2.22
Wood	0.98	1.01
Wyoming	0.64	0.00
WV	1.00	0.99

WEST VIRGINIA'S STATE SYSTEMIC IMPROVEMENT PLAN West Virginia Graduation 20/20



Goals: Ensure all students graduate from high school prepared for college and careers.
Improve the graduation rate annually with an ultimate goal of 95% for all students by 2030.

Why focus on Graduation 20/20?

- **Data Analysis** reveals in 2014 only 70.27% of students with a disability in West Virginia graduated from high school with a regular diploma. 84.46% of all students graduated from high school with a regular diploma.
- The West Virginia Board of Education (WVBE) has adopted goals from West Virginia's Elementary and Secondary Education Act (ESEA) Flexibility Request, approved in May of 2013, to guide accountability for schools, county school districts and the state. Policy 2510: *Assuring the Quality of Education: Regulations for Education Programs* Section Program Accountability states by 2020, at least 85% of all students will graduate from high school within four years of enrolling in grade 9 and at least 87.5% of all students will graduate from high school within five years of enrolling in grade 9.
- West Virginia has chosen as the **State-identified Measurable Result (SIMR) for Children with Disabilities** to focus on graduation and the target will be 79.5% of youth with Individualized Education Programs (IEPs) will graduate from high school with a regular diploma by 2017-2018. This increase in graduation rate is aligned with the State Performance Plan Indicator 1 and the ESEA accountability 2030 trajectory of 95% of all students will graduate from high school within four years of enrolling in grade 9.

What is the goal of Graduation 20/20?

- Increasing the graduation rate of students with disabilities is a complex problem with no single "best" solution. **Graduation 20/20's** first goal is to help schools build the capacity to identify what they need and to help them decide what strategies and practices will be the best contextual fit for them rather than to prescribe a specific solution.

What is Graduation 20/20?

- **Graduation 20/20** is a West Virginia initiative that uses a data driven intervention framework developed by the National Dropout Prevention Center for Students with Disabilities (NDPC-SD) to address issues that have negatively impacted school completion.
- **Graduation 20/20** utilizes the innovation configuration on evidence-based transition practices and predictors of post school success to guide professional learning which was published by the Collaboration for Effective Educator, Development, Accountability, and Reform (CEEDAR) Center.
- The program, using tools from NDPC-SD and CEEDAR, trains local school-based teams and team leaders to diagnose the causes of dropout and develop site-specific improvement plans and strategies.
- Beginning in 2014-2015 RESA 2 will pilot the **Graduation 20/20** initiative to inform the **Coherent Improvement Strategies** chosen and in turn make adjustments to the statewide implementation process. In 2017-2018, 74 high schools, 23 middle schools and 6 elementary schools in 41 counties bringing the total to 103 schools. This represents sixty-three (63) percent of West Virginia's high schools.
- Office of Special Education (OSE) funded RESA-based **Graduation 20/20** Specialists provide training, coaching, and resources to help school teams continuously monitor and support at-risk students to **Support Improvement and Build Capacity** in the local education agencies (LEAs).
- **Graduation 20/20** is funded through IDEA Part B Discretionary monies from the U.S. Department of Education's Office of Special Education Programs (OSEP).

How does Graduation 20/20 work?

- **Graduation 20/20** was designed under the NDPC-SD Dropout Prevention Intervention Framework (DPIF). The DPIF has five phases:
 1. Utilization of state and local leadership teams that can develop, sustain and expand efforts;
 2. Analyses of relevant school data to identify risk and protective factors within the school;
 3. Identification and consensus of priority areas of need identified through data analysis;
 4. Identification and selection of evidence-based interventions/practices to address needs; and
 5. Development and implementation of effective programs in dropout prevention.
- In developing the **Graduation 20/20** program, NDPC-SD and West Virginia staff worked together to apply this framework to the needs of West Virginia's LEAs and students.
- NDPC-SD has a two-level training plan to provide guided practices for state education agency (SEA) or LEA teams implementing the DPIF. Level One training is an evidence-based, differentiated course of study comprised of eight study modules delivered over six days of professional learning. Level One culminates in the development of an action plan to guide implementation during the first 6-9 months of the initiative.
- During Level Two, targeted support for implementation is provided to cohort schools via teleconferences, consultations, coaching and booster sessions. Continuous evaluation allows schools and their partner technical assistance providers to examine the efficacy of selected interventions, and to identify additional training needs on school sites.

NDPC-SD Dropout Prevention Intervention Framework (DPIF)

1. Utilize State and School Leadership Teams
2. Analyze Data
3. Identify Target Areas for Intervention
4. Develop Goal for School Strategic Plan
5. Implement, Monitor and Evaluate



CEEDAR Evidence-based Transition Practices and Predictors of Post School Success

1. Student-Focused Planning
2. Student Development
3. Family Involvement
4. Program Structure
5. Interagency Collaboration

Developing A Graduation 20/20 Goal For The Strategic Plan

What steps do school teams need to follow to increase graduation rates for students with disabilities?

Follow Key Components

Step 1. Utilize State and School Leadership Teams

- Establish leadership and design team
- Identify cohort districts/schools
- Identify core teams for training
- Train teams in framework and modules 1-8
- Train teams in rollout strategies

Step 2. Analyze Data

- District/school demographics
- District and school infrastructure
- Current initiatives and partnerships
- Student performance (attendance, graduation, dropout, course completion, discipline)
- Assessment, curriculum, and instructional systems
- Professional learning (dropout prevention/intervention recovery/re-entry)
- Relevant policies and procedures (attendance, discipline, promotion/retention, graduation)

Step 3. Identify Target Areas for Intervention

- School climate
- Attendance and truancy prevention
- Behavior (universal, classroom, targeted, tertiary management and support)
- Academic content and instruction (reading, writing, math, science)
- Family engagement
- Student engagement

Step 4. Develop Goal for School Strategic Plan

- Selected evidence-based practices (e.g., Check and Connect, Positive Behavior Interventions and Supports, CEEDAR Transition Practices and Predictors)
- Determine level of intensity (universal, selected, target)
- Contextualize to setting
- Establish timelines
- Draft action plan

Step 5. Implement, Monitor and Evaluate

- Conduct baseline measures
- Train additional staff for rollout
- Implement strategies on-site coaching, consultation and feedback, progress monitoring, fidelity checks
- Measure results
- Evaluate outcomes
- Celebrate success
- Disseminate

Choose Site-Specific Strategies

1. Student-Focused Planning

- Involve students in transition IEPs
- Teach transition planning skills
- Include a comprehensive and relevant program of study in IEP
- Include appropriate and measurable transition goals in IEP
- Include systematic age-appropriate transition assessment

2. Student Development

- Teach independent living skills
- Teach community participation skills
- Teach employment skills and provide employment experiences
- Teach academic skills

3. Family Involvement

- Facilitate parental involvement/support for school post outcomes
- Encourage parent involvement in transition planning
- Understand student perceptions of positive family support
- Promote positive parental expectations for school post employment and education
- Implement parental training in transition

4. Program Structure

- Promote opportunities for extended transition services (18-21 programs)
- Promote inclusion in general education
- Ensure effective transition programs/services are in place
- Promote student supports
- Promote completion of exit requirements/high school diploma status
- Implement drop-out prevention interventions for at-risk youth

5. Interagency Collaboration

- Connect students and families to outside agencies
- Understand critical elements of interagency collaboration
- Implement cross-disciplinary planning

For more information contact
Division of Teaching and Learning
Office of Special Education
 Debbie Harless (dlharless@k12.wv.us),
 Susan Beck (sbeck@k12.wv.us),
 Amber Stohr (astohr@k12.wv.us) or
 Pat Homborg (phomborg@k12.wv.us)
<http://wvde.us/osp/>

February 2018



West Virginia DEPARTMENT OF
EDUCATION



Section 6: Additional Resources

Literacy/Numeracy Achievement Priority

Appendix A: Measurements of interim progress

Instructions: Each SEA must include the measurements of interim progress toward meeting the long-term goals for academic achievement, graduation rates, and English language proficiency, set forth in the State's response to Title I, Part A question 4.iii, for all students and separately for each subgroup of students, including those listed in response to question 4.i.a. of this document. For academic achievement and graduation rates, the State's measurements of interim progress must take into account the improvement necessary on such measures to make significant progress in closing statewide proficiency and graduation rate gaps.

A. Academic Achievement

Measures of Interim Progress for Academic Performance Rates in English/Language Arts

Subgroup	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Long-Term	
															Annual Achievement	Annual Progress
All Students	47.5%	49.5%	51.6%	53.6%	55.6%	57.6%	59.6%	61.7%	63.7%	65.7%	67.7%	69.7%	71.8%	73.8%	26.2%	2.0%
White	48.2%	50.2%	52.2%	54.1%	56.1%	58.1%	60.1%	62.1%	64.1%	66.1%	68.1%	70.1%	72.1%	74.1%	25.9%	2.0%
Black or African American	33.4%	36.0%	38.6%	41.1%	43.7%	46.2%	48.8%	51.4%	53.9%	56.5%	59.0%	61.6%	64.2%	66.7%	33.3%	2.6%
Multiple Race	42.6%	44.8%	47.0%	49.2%	51.4%	53.6%	55.8%	58.1%	60.3%	62.5%	64.7%	66.9%	69.1%	71.3%	28.7%	2.2%
Hispanic or Latino	44.4%	46.5%	48.7%	50.8%	52.9%	55.1%	57.2%	59.4%	61.5%	63.6%	65.8%	67.9%	70.1%	72.2%	27.8%	2.1%
Asian	73.8%	74.8%	75.8%	76.8%	77.8%	78.8%	79.8%	80.9%	81.9%	82.9%	83.9%	84.9%	85.9%	86.9%	13.1%	1.0%
American Indian/Alaskan	44.4%	46.6%	48.7%	50.9%	53.0%	55.1%	57.3%	59.4%	61.6%	63.7%	65.8%	68.0%	70.1%	72.2%	27.8%	2.1%
Pacific Islander	61.7%	63.1%	64.6%	66.1%	67.6%	69.0%	70.5%	72.0%	73.4%	74.9%	76.4%	77.8%	79.3%	80.8%	19.2%	1.5%
Economically Disadvantaged	41.4%	43.7%	45.9%	48.2%	50.4%	52.7%	54.9%	57.2%	59.4%	61.7%	63.9%	66.2%	68.4%	70.7%	29.3%	2.3%
Students with disabilities	13.9%	17.2%	20.5%	23.8%	27.1%	30.5%	33.8%	37.1%	40.4%	43.7%	47.0%	50.3%	53.6%	57.0%	43.1%	3.3%
English Learner	40.1%	42.4%	44.7%	47.0%	49.3%	51.6%	53.9%	56.2%	58.5%	60.8%	63.1%	65.4%	67.7%	70.1%	30.0%	2.3%

C. Progress in Achieving English Language Proficiency

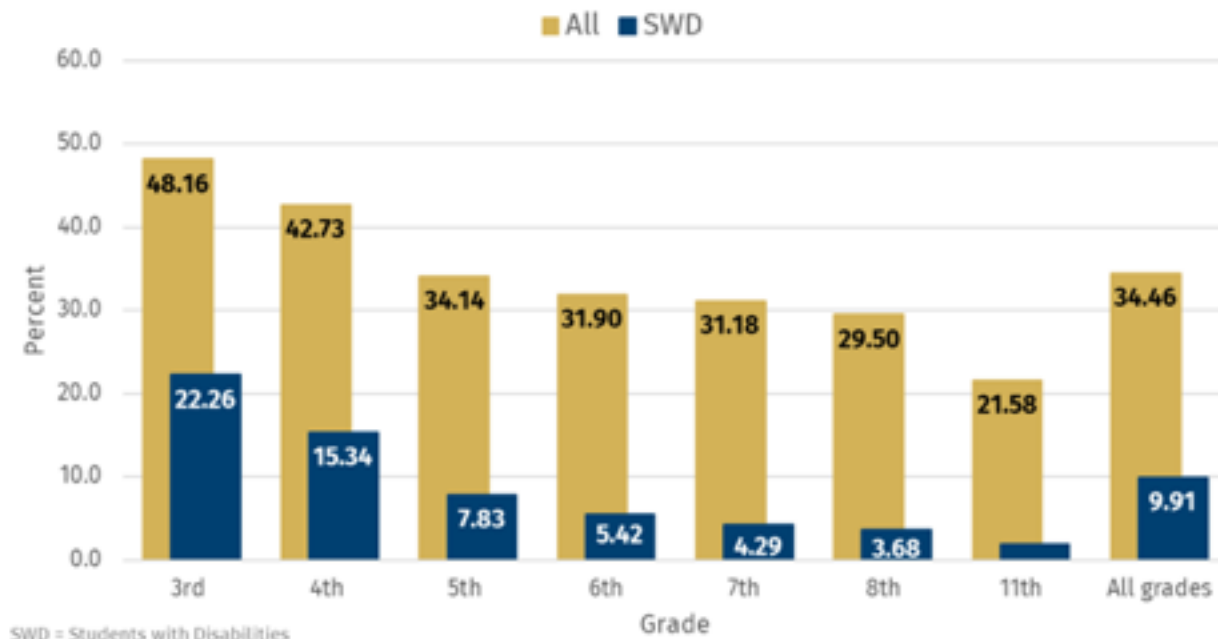
Measures of Interim Progress for Achieving English Language Proficiency

	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Long-Term	
															Graduation Rate	Annual Progress
	64.4%	66.0%	67.6%	69.2%	70.8%	72.4%	74.0%	75.6%	77.2%	78.8%	80.4%	82.0%	83.6%	85.2%	20.6%	1.6%

Measures of Interim Progress for Academic Performance Rates in Mathematics

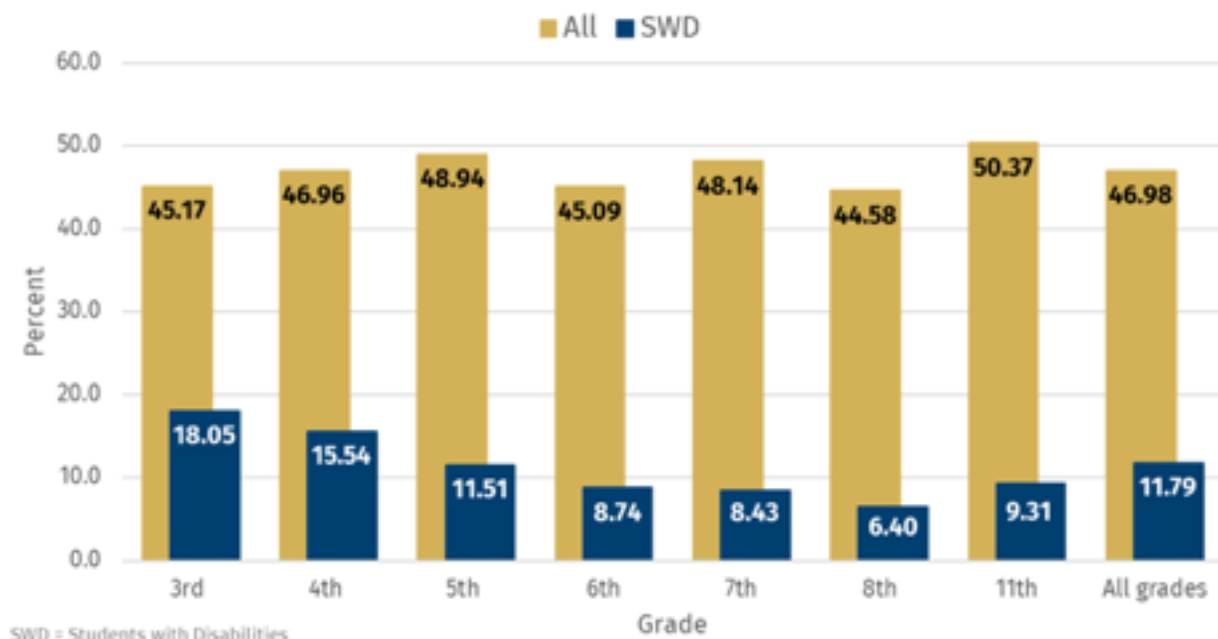
Subgroup	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Long-Term	
															Annual Achievement	Annual Progress
All Students	34.8%	37.3%	39.8%	42.3%	44.8%	47.4%	49.9%	52.4%	54.9%	57.4%	59.9%	62.4%	64.9%	67.4%	32.6%	2.5%
White	35.4%	37.9%	40.4%	42.8%	45.3%	47.8%	50.3%	52.8%	55.2%	57.7%	60.2%	62.7%	65.2%	67.7%	32.3%	2.5%
Black or African American	20.8%	23.9%	26.9%	30.0%	33.0%	36.1%	39.1%	42.2%	45.2%	48.3%	51.3%	54.4%	57.4%	60.4%	39.6%	3.0%
Multiple Race	31.0%	33.7%	36.3%	39.0%	41.6%	44.3%	46.9%	49.6%	52.2%	54.9%	57.5%	60.2%	62.8%	65.5%	34.5%	2.7%
Hispanic or Latino	28.8%	31.5%	34.3%	37.0%	39.8%	42.5%	45.2%	48.0%	50.7%	53.5%	56.2%	58.9%	61.7%	64.4%	35.6%	2.7%
Asian	69.8%	71.0%	72.1%	73.3%	74.4%	75.6%	76.8%	77.9%	79.1%	80.2%	81.4%	82.6%	83.7%	84.9%	15.1%	1.2%
American Indian/Alaskan	33.3%	35.9%	38.4%	41.0%	43.6%	46.2%	48.7%	51.3%	53.9%	56.4%	59.0%	61.6%	64.1%	66.7%	33.4%	2.6%
Pacific Islander	50.0%	51.9%	53.8%	55.8%	57.7%	59.6%	61.5%	63.4%	65.4%	67.3%	69.2%	71.1%	73.0%	75.0%	25.0%	1.9%
Economically Disadvantaged	29.4%	32.1%	34.8%	37.6%	40.3%	43.0%	45.7%	48.4%	51.2%	53.9%	56.6%	59.3%	62.0%	64.7%	35.3%	2.7%
Students with disabilities	10.9%	14.3%	17.8%	21.2%	24.6%	28.1%	31.5%	34.9%	38.3%	41.8%	45.2%	48.6%	52.1%	55.5%	44.6%	3.4%
English Learner	34.4%	36.9%	39.4%	42.0%	44.5%	47.0%	49.5%	52.0%	54.6%	57.1%	59.6%	62.1%	64.6%	67.2%	32.8%	2.5%

2017 General Summative Assessment (GSA) Math Proficiency Rates by Grade Level and Subgroup



SWD = Students with Disabilities
Data source: WVEIS RPTCARD17_307A

2017 General Summative Assessment (GSA) ELA Proficiency Rates by Grade Level and Subgroup



SWD = Students with Disabilities
Data source: WVEIS RPTCARD17_307A

2016-2017 SWD Math and ELA Proficiency Rates by District and Test Type

District	Math			ELA		
	GSA & ASA	GSA	ASA	GSA & ASA	GSA	ASA
Barbour	4.71	4.53	8.33	8.24	7.41	25.00
Berkeley	10.50	10.27	13.56	15.58	14.71	27.12
Boone	13.88	13.37	20.83	17.14	14.98	47.83
Braxton	5.85	5.59	11.11	10.05	8.89	33.33
Brooke	9.71	8.54	25.00	13.65	11.82	37.50
Cabell	11.09	11.39	6.94	13.82	13.33	20.83
Calhoun	7.53	6.82	20.00	4.30	4.55	0.00
Clay	10.49	7.94	29.41	16.78	13.49	41.18
Doddridge	12.63	13.04	0.00	12.63	13.04	0.00
Fayette	5.60	4.98	12.50	8.90	7.22	27.50
Gilmer	5.63	4.48	25.00	9.86	8.96	25.00
Grant	10.63	10.60	11.11	11.04	10.39	22.22
Greenbrier	9.01	7.26	22.64	15.70	11.89	45.28
Hampshire	16.92	13.17	38.00	18.13	13.21	45.10
Hancock	19.71	17.91	35.71	21.15	17.91	50.00
Hardy	4.61	1.55	30.43	12.44	5.15	73.91
Harrison	9.57	8.80	20.29	12.48	10.78	36.23
ODTP	0.00	0.00	NA	1.22	1.22	NA
Jackson	13.03	13.12	11.11	14.21	14.10	16.67
Jefferson	16.33	15.76	25.00	20.18	19.21	35.00
Kanawha	13.75	12.07	26.36	14.80	11.36	40.59
Lewis	5.19	5.39	0.00	5.21	5.37	0.00
Lincoln	5.46	5.24	10.53	10.65	9.98	26.32
Logan	8.46	8.99	0.00	10.64	10.86	7.14
Marion	12.88	13.10	10.26	16.44	14.26	43.59
Marshall	8.77	9.09	4.76	11.23	10.98	14.29
Mason	6.52	4.39	26.47	7.08	4.08	35.29
Mercer	7.37	7.07	9.88	9.77	7.51	28.40
Mineral	9.72	9.51	13.04	9.72	8.42	30.43
Mingo	22.82	23.22	20.00	28.93	25.47	53.33
Monongalia	7.65	7.97	2.13	10.37	10.10	14.89
Monroe	6.57	6.02	25.00	5.80	5.22	25.00
Morgan	5.43	5.42	5.56	11.96	10.24	27.78
McDowell	6.54	6.32	10.53	7.61	6.88	21.05
Nicholas	7.23	7.07	9.52	11.32	10.10	28.57
Ohio	24.38	18.07	45.33	27.47	20.08	52.00
Pendleton	13.16	11.59	28.57	17.33	14.71	42.86
Pleasants	6.72	6.90	0.00	11.02	10.43	33.33
Pocahontas	12.87	12.63	16.67	20.79	17.89	66.67
Preston	5.42	5.58	0.00	4.74	4.88	0.00
Putnam	15.64	14.53	26.25	20.33	18.00	42.50
Raleigh	10.61	8.93	28.92	13.35	10.49	44.58
Randolph	8.82	9.03	5.26	14.41	12.77	42.11
Ritchie	7.80	7.03	15.38	13.48	10.94	38.46
Roane	6.43	7.26	0.00	15.00	11.29	43.75
Summers	10.00	2.22	45.00	12.73	5.56	45.00
Taylor	13.54	14.08	6.25	13.60	12.26	31.25
Tucker	8.86	9.59	0.00	13.92	12.33	33.33
Tyler	6.50	5.26	22.22	8.94	7.02	33.33
Upshur	6.10	5.92	9.09	6.60	5.60	22.73
Wayne	12.96	12.25	21.05	14.79	13.17	33.33
Webster	8.63	9.45	0.00	10.79	11.02	8.33
Wetzel	8.33	7.42	27.27	10.00	7.86	54.55
Wirt	6.76	4.48	28.57	5.41	2.99	28.57
Wood	13.01	13.54	6.41	16.46	15.63	26.92
WVSDB	2.99	3.70	0.00	26.87	29.63	15.38
Wyoming	5.29	4.77	16.67	8.41	7.54	27.78
WV	10.64	9.91	19.12	13.62	11.79	34.92

West Virginia Standards for High Quality Special Education Programs

The WV Standards for High Quality Special Education Programs is designed to be completed by a district or school level team and serve as an informational source to assist with planning for the Results-Driven Improvement Plan, LEA Application and Annual Desk Audit Results Improvement Plan. It helps guide local education agencies and schools through the analysis portion of the problem-solving process. The tool represents a compilation of research identified indicators that should be present in high quality programs for exceptional students.

The tool includes a list of five standards and guiding questions:

1. Data Collection and Assessment System (DATA)
2. Individualized Education Program (IEP)
3. Service Delivery (DELIVERY)
4. Instructional Practices, Strategies and Materials (ACADEMICS)
5. Instructional Practices, Strategies and Materials (BEHAVIOR)

Directions:

1. Determine if you are going to focus on one standard, several or all.
2. Read the rows of quality indicators to get a sense of the scope of the standard.
3. Using existing data, work your way through the profile marking yes or no.
4. Which standards have the lowest present level implementation?
5. Which standards clearly need support?
6. Identify the top priorities after reviewing the results.

Adapted From: Granting All Students Access to the Promise of the Common Core State Standards: An Administrative Perspective - Orange County Public Schools, FL, October 26, 2012

GUIDING QUESTIONS	QUALITY INDICATORS - DATA	YES	NO
<ul style="list-style-type: none"> • Do instruments and procedures for assessing achievement measure essential skills, provide reliable and valid information about student performance and inform instruction in important, meaningful and maintainable ways? • Do instruments and procedures for assessing achievement measure essential skills, provide reliable and valid information about student performance and inform? 	Standard 1: Data Collection and Assessment System		
	1.1. Multiple sources of reliable, valid data are used to determine instructional needs.		
	1.2. Teachers of students with disabilities (SWD) use tools that are sensitive enough to inform their instruction of students in need of the most intensive supports.		
	1.3. Progress monitoring measures are administered to students with and without disabilities who receive TARGETED and INTENSIVE Instruction to document and monitor student performances and inform adjustments in the instruction.		
	1.4. All teachers of SWD have access to their students' assessment data including General Summative Assessment 3-8, 11, Alternate Assessment- Alternate Academic Achievement Standards and local assessments.		
	1.5. All teachers of SWD receive training and follow-up on the administration of all common and individualized assessments and analysis of the data.		
	1.6. A school-wide database of specific student accommodations ensures that all students receive accommodations on standardized assessments and informal tests necessary for the student to demonstrate true ability.		
	1.7. Special education teachers are involved in data meetings and participate in the problem-solving process with the instructional team for their SWD who are not responding to TARGETED and INTENSIVE instruction.		
	1.8. Teachers involve students in the collection and analysis of assessment data as well as goal setting and action planning to enhance the learner's sense of control and investment.		
	1.9. A school-wide fair grading policy has been established and communicated.		
	1.10. Teachers use data to analyze the efficacy of students' accommodations and the efficacy of support services.		
	TOTALS		
	High Quality Indicators #YES =		

GUIDING QUESTIONS	QUALITY INDICATORS - IEP	YES	NO
	Standard 2: Individualized Education Program		
• Do all faculty and staff members understand that IEPs are legally binding documents?	2.1. 2.1. All members of the IEP Team provide input in the development of the IEP. All teachers have copies of or access to their students' IEPs and understand their role in the implementation of the program.		
• Do teachers provide specially designed instruction, services and accommodations?	2.2. 2.2. All special education teachers have received professional development on writing quality IEPs aligned to the College- and Career-Readiness Standards, or Alternate Academic Achievement Standards.		
• Are these documented in the IEP to meet the individual unique needs of a student with a disability?	2.3. 2.3. Present Levels of Academic Achievement and Functional Performance statements are developed using multiple, reliable and valid data sources and are used to determine priority educational needs and services.		
• Do all faculty and staff members understand that IEPs are legally binding documents?	2.4. 2.4. The effects of the disability are well documented and knowledge of the students' cognitive strengths and weaknesses is used when writing goals to target priority educational needs and identify observable and measurable behaviors, conditions and criteria for success.		
• Do teachers provide specially designed instruction, services and accommodations?	2.5. 2.5. Evidence is used to document progress toward goal criteria with a set schedule for progress monitoring.		
• Are these documented in the IEP to meet the individual unique needs of a student with a disability?	2.6. 2.6. Transition Services designate a set of coordinated services that are student-centered and results oriented.		
	2.7. 2.7. The intensity of support necessary for student achievement is provided in the Least Restrictive Environment (LRE).		
	2.8. 2.8. The IEP Team considers the setting, environment, task and tools to select specific and personally relevant accommodations and modifications necessary for students with disabilities to access instruction and assessment.		
	2.9. 2.9. The IEP Team explores the need for strategies and support systems to address any behavior that may impede student learning and when necessary, develops a FBA/BIP.		
	2.10. 2.10 The IEP accurately reflects the services being provided.		
	TOTALS		
	High Quality Indicators #YES =		

GUIDING QUESTIONS	QUALITY INDICATORS - DELIVERY	YES	NO
	Standard 3: Service Delivery		
• Is a continuum of services provided to meet the needs of the full range of learners?	3.1. The full continuum of services necessary to support students effectively is available in our district/school.		
• Have those services provided greater access to, involvement in and progress with the College-and Career-Readiness Standards for all students?	3.2. The following special education service delivery models are used to support the vast majority of students with disabilities who are seeking standard diplomas: consultation, support services, a co-taught class or specific instruction in the resource room.		
	3.3. A special education classroom is reserved for students who require intense modifications to the curriculum which prevent them from accessing instruction in the general education setting.		
	3.4. The criteria for choosing service delivery model options that ensure students receive instruction in the Least Restrictive Environment (LRE) are clearly communicated and adhered to.		
• Is a continuum of services provided to meet the needs of the full range of learners?	3.5. The individual needs of students are considered when allocating resources (personnel, materials, technology).		
• Have those services provided greater access to, involvement in and progress with the Next Generation Content Standards and Objectives for all students?	3.6. Parents are provided with information about organizations that offer support for parents of students with disabilities (PERC, support groups). training).		
	3.7. Co-Teaching partners have received professional development in Co-Teaching. Co-Teaching partners honor their schedules and are present and actively engaged in student learning during their support or co-teaching sessions. The roles of general and special educators are evident.		
	3.8. All special education teachers are certified.		
	3.9. A data-based process is used to monitor effective implementation of service delivery.		
	3.10. Students receive their accommodations and modifications as outlined on their IEP from all teachers.		
	TOTALS		
	High Quality Indicators #YES =		

GUIDING QUESTIONS	QUALITY INDICATORS - ACADEMICS	YES	NO
<ul style="list-style-type: none"> Do instructional practices, strategies and materials in use have documented efficacy? Are they drawn from evidence-based findings and practices? Do they align with the College- and Career-Readiness Standards assessments and support the full range of learners? Do instructional practices, strategies and materials in use have documented efficacy? Are they drawn from evidence-based findings and practices? Do they align with the Next Generation Content Standards and Objectives, assessments and support the full range of learners? 	Standard 4: Instructional Practices, Strategies and Materials		
	4.1. The principles of Universal Design for Learning are evident in UNIVERSAL Instruction allowing ALL students to participate with proficiency in the learning goals being addressed.		
	4.2. All teachers of SWD have received professional learning and support in the instructional programs and practices they use.		
	4.3. General education and special education teachers receive the professional learning opportunities and materials necessary to differentiate instruction and provide content access according to their students' needs.		
	4.4. All special education teachers deliver systematic instruction that demonstrates understanding of the instructional design principles and teacher delivery methods of explicit instruction.		
	4.5. Special education teachers integrate strategies that support cognitive processing with academic instruction.		
	4.6. Special education teachers have participated in professional learning for College- and Career-Readiness Standards and/or Alternate Academic Achievement Standards.		
	4.7. A proactive, systematic approach is used to meet the predictable needs of students through established cut scores and decision rules that prescribe targeted, evidence-based practices.		
	4.8. Students response to TARGETED and INTENSIVE Instruction is precisely monitored and adjustments are made when data indicates the trend line will not meet the aim line.		
	4.9. Students demonstrate self-advocacy skills as evidence of having been explicitly taught what their accommodations are and how to access them.		
	4.10. Teachers involve students in evaluating the efficiency of their accommodations.		
TOTALS			
High Quality Indicators #YES =			

GUIDING QUESTIONS	QUALITY INDICATORS - BEHAVIOR	YES	NO
<ul style="list-style-type: none"> Do faculty and staff members use positive behavior management techniques that emphasize proactive educative and reinforcement- based practices to achieve meaningful and durable behavior outcomes? 	Standard 5: Instructional Practices, Strategies and Materials		
	5.1. School-wide expectations for student behavior address each setting and are explicitly taught.		
	5.2. A method to recognize and reinforce student progress is in place. More classroom time is spent on recognizing/rewarding students who are exhibiting expected behaviors than is spent on punishing those who do not.		
	5.3. Student engagement is promoted through the use of collaborative learning structure. Active participation is evidenced through accountable talk.		
	5.4. Behavior is documented in observable and measureable terms.		
	5.5. Teachers collect meaningful data and use it to inform their instruction/intervention.		
	5.6. Data is used to determine the function of the behavior (FBA), design interventions (BIP) and monitor progress.		
	5.7. All teachers have a copy of their students' Functional Behavior Assessment/Behavior Intervention Plans (FBA/BIP) and follow the plans precisely.		
	5.8. All teachers who are involved in restraint and seclusion procedures are CPI trained and document these occasions accurately.		
	5.9. Students demonstrate self-advocacy skills as evidence of having been explicitly taught what their accommodations are and how to access them.		
	5.10. Teachers involve students in evaluating the efficiency of their accommodations.		
TOTALS			
High Quality Indicators #YES =			

UNIVERSAL DESIGN FOR LEARNING (UDL)

Universal Design for Learning (UDL) is an educational framework based on research in the learning sciences, which guides development and management of flexible learning environments that can accommodate individual learning differences, for ALL learners. UDL takes into account the unique way individuals learn through application of three principles. In a UDL environment, educators implement a curriculum that provides:

- Principle 1 - Multiple means of representation to give learners various ways of acquiring information and knowledge
- Principle 2 - Multiple means of action and expression to provide learners alternatives for demonstrating their knowledge
- Principle 3 - Multiple means of engagement to motivate and challenge learners by tapping into their interests and learning styles

UDL helps address learner variability by supporting flexible designs from the start with customizable options that allow all learners to efficiently progress from where they are towards where they need to be in ways that connect for them, personally. UDL is a strong proponent of backwards design planning, and it expands the opportunity for all learners to benefit from the College- and Career-Readiness Standards without diminishing the rigor of the content. The UDL Guidelines support instructional processes in an equitable setting where students at all levels and stages, across a broad spectrum of needs can, at the same time, learn.

Universal Design for Learning evolved out of the architectural field's movement to efficiently and effectively create spaces and environments that are universally accessible. The Center for Applied Special Technology (CAST), a nonprofit educational research and development organization, is recognized as a leader in expanding implementation of UDL to educational environments. Through the CAST organization the UDL framework continues to undergo rigorous testing in classroom settings, and findings inform the development of guidance and tools disseminated through the CAST website <http://www.cast.org/udl/>. The extensive guidelines for UDL implementation developed by CAST and endorsed by others including the US Department of Education, the National Center on UDL and the IRIS Center are summarized in the chart to follow.

Universal Design for Learning Guidelines

Multiple Means of Representation	Multiple Means for Action and Expression	Multiple Means for Engagement
<ul style="list-style-type: none"> • Provide options for perception • Provide options for language, mathematical expressions and symbols • Provide options for comprehension 	<ul style="list-style-type: none"> • Provide options for physical action • Provide options for expression and comprehension • Provide options for executive function 	<ul style="list-style-type: none"> • Provide options for recruiting interest • Provides options for sustaining effort and persistence • Provide options for self-regulation

Each of these UDL principles translates into specific instructional strategies that teachers can use as they implement the West Virginia College- and Career- Readiness Standards and expand all learners' opportunities to take in content and express their learning.

For more information contact: Office of Special Education at 304.558.2696 or <http://wvde.us/osp>
 CAST <http://www.cast.org/udl> UDL Center <http://www.udlcenter.org>

Universal Design for Learning Guidelines

I. Representation

Use multiple means of representation

1. Provide options for perception

- Options that customize the display of information
- Options that provide alternatives for auditory information
- Options that provide alternatives for visual information

2. Provide options for language and symbols

- Options that define vocabulary and symbols
- Options that clarify syntax and structure
- Options for decoding text or mathematical notation
- Options that promote cross-linguistic understanding
- Options that illustrate key concepts non-linguistically

3. Provide options for comprehension

- Options that provide or activate background knowledge
- Options that highlight critical features, big ideas, and relationships
- Options that guide information processing
- Options that support memory and transfer

II. Expression

Use multiple means of expression

4. Provide options for physical action

- Options in the mode of physical response
- Options in the means of navigation
- Options for accessing tools and assistive technologies

5. Provide options for expressive skills and fluency

- Options in the media for communication
- Options in the tools for composition and problem solving
- Options in the scaffolds for practice and performance

6. Provide options for executive functions

- Options that guide effective goal-setting
- Options that support planning and strategy development
- Options that facilitate managing information and resources
- Options that enhance capacity for monitoring progress

III. Engagement

Use multiple means of engagement

7. Provide options for recruiting interest

- Options that increase individual choice and autonomy
- Options that enhance relevance, value, and authenticity
- Options that reduce threats and distractions

8. Provide options for sustaining effort and persistence

- Options that heighten salience of goals and objectives
- Options that vary levels of challenge and support
- Options that foster collaboration and communication
- Options that increase mastery-oriented feedback

9. Provide options for self-regulation

- Options that guide personal goal-setting and expectations
- Options that scaffold coping skills and strategies
- Options that develop self-assessment and reflection

SCAFFOLDING

Instructional scaffolding is tailored support given during the learning process. Scaffolding is a familiar concept. Parents naturally provide a scaffold of support for their children while they are in the initial stages of learning a new task. This support allows the child to connect to the whole experience even before he or she is entirely capable of managing all the demands. Typically, this type of support is tapered off, or withdrawn as the learner becomes increasingly capable of independently managing all aspects of the task.

In a classroom learning environment, scaffolding can be provided through a wide variety of supports in various contexts. For example, it is occurring each time a teacher begins a discussion with relatively easier questions, moving at the optimal moment, to questions prompting higher cognitive engagement as represented by Bloom’s Taxonomy. Scaffolding is also happening when a new skill or strategy is initially practiced in the context of content that is less complex; again with plans for expanding the demands of the task. Implementation of a gradual-release-of-responsibility lesson sequence is also a form of scaffolding. This type of scaffolding begins by providing exposure to models, moves onto guided and collaborative practice with quality feedback, and ultimately releases responsibility to the learner for independent use. Resources such as glossaries and sentence stems, templates and guides, collaborative analysis of product models, think alouds, coaching, advice, pre-teaching, structured talking time through think-pair-share, triad teams, and turn-and-talk can also all be used to scaffold a learner from where they are to where they need to be.

In these ways and many others, instructional scaffolding can be used to temporarily bridge the gap between what the learner is presently capable of and what he or she is expected to be capable of in the future. Scaffolding is applied in-lieu-of adjusting the learning goal. The end point is not compromised; rather the route and the timing are personalized. This process is consistent with Lev Vygotsky’s concept of an expert assisting a novice or apprentice. Vygotsky (1896-1934) was convinced that a child could be taught any subject by implementing social or interindividual support at the zone of proximal development (ZPD) or the point where independent action becomes insufficient.

Key elements of scaffolded instruction include: 1) shared ownership, or responsibility for a common goal (Rogoff, 1990), (2) ongoing diagnostic assessment and adaptive support (Wood et al., 1976), (3) dialogues and interactions, and (4) fading and transfer of responsibility. Scaffolding supports have been classified by Wood, Bruner and Ross’s 1976 study and include: (1) recruiting the learner’s interest, (2) reducing the degrees of freedom by temporarily simplifying the task, (3) maintaining direction, or focus, (4) highlighting the critical task features, (5) controlling frustration, and (6) demonstrating ideal solution paths. These six types represent scaffolding options, from which the supporter(s) can select most appropriate action based on the needs of the learner as the task proceeds. Scaffolds as temporary instructional supports are utilized in high functioning instructional settings on an as needed basis in whole group instruction as well as in more customized forms offered to meet the specific needs of English language learners (ELLs), students with disabilities (SWDs) and students who are struggling with the content. Increased understanding and implementation of scaffolding can be expected to result in students learning more efficiently and effectively while becoming more conscious of structures, tools and processes that are compatible with how they learn.

DIFFERENTIATED INSTRUCTION (DI)

Differentiated Instruction (DI) is a process grounded in strong relationships, high-quality learning goals, ongoing assessment used to inform instructional planning, flexible grouping, and multiple avenues for learning that respect and build on the diversity of students’ learning needs within their learning environment. DI occurs when teachers adjust curriculum, instructional approaches, resources, learning tasks, and student products to align with the needs of individual students and/or small groups of students. In a high functioning multi-level system of supports, students receive research-based instruction based on data and suited to their diverse readiness levels, interests, and learning styles in order to expand opportunities for growth (McLaughlin & Talbert, 1993) within the core curriculum. Aligning with the belief that: “Real learning – of the sort that enables students to retain, apply, and transfer content – has to happen in students, not to them.” (National Research Council, 2000; Wiggins & McTighe, 1998) and with the rigorous expectations of the CCRSs, effective learning experiences must entice learners to engage and connect to content at a deep level; in ways that will make sense to them, personally. The principles of DI scaffold teachers to design instruction that serves this purpose. A major focus of school accountability is to close the achievement gaps between different groups of students. When educators have a deeper understanding of DI, they will be able to infuse core lessons with learning options that are more relevant to their students and thereby, more effective. Differentiated Instruction is part of how we close the achievement gap.

DI, an approach that addresses student diversity in the teaching and learning process, incorporates three basic components to address individual learning needs:

- What will be taught? – planning and preparation
- How will it be taught? – implementation of instruction
- How will progress be measured? – assessing evidence of learning

Practical strategies for Di implementation

Planning the Curriculum	Instructional Strategies	Assessment
<ul style="list-style-type: none"> • Identify Core Concepts and Skills • Modify Scope and Sequence • Determine Evidence of Learning • Connect and Integrate • Plan Scope and Sequence 	<ul style="list-style-type: none"> • Varying Grouping Models • Employ Brain – Compatible Strategies • Use Multiple Intelligences (MI) • Incorporate Metacognitive Strategies • Adjust to Align with needs 	<ul style="list-style-type: none"> • Formal and Informal Assessment • Portfolios • Projects

DI is not a new idea in education; however, expanding online resources and technology tools make it progressively more realistic for educators to offer more options to students; thereby increasing student engagement and supporting students in developing the capacities necessary for managing their own lifelong learning as well as becoming prepared to make meaningful contributions outside of school. Teachers of students with disabilities and the academically gifted have long been familiar with the concept of DI; however, it is crucial for all teachers to understand that these research based practices must be implemented in all classrooms if we are to meet the needs of all students.

For more information contact: Office of Special Programs 304.558.2696: wvde.state.wv.us/osp/
Carol Ann Tomlinson's resources on Differentiated Instruction: www.caroltomlinson.com.
Free course on DI: <http://www.curriculumassociates.com/professional-development/topics/diffinstruction/index.htm>

West Virginia State Department of Education
Office of Special Education * 1-800-642-8541 * <http://wvde.state.wv.us/osp/>

Co-Teaching

Fact Sheet

Definition

Co-Teaching is defined as two or more adults simultaneously instructing a heterogeneous group of students in a coordinated fashion.

Why Co-Teaching

As co-teachers - a general and a special education teacher will plan lessons and teach content together to a class of special and general education students. Your co-teaching will support academic diversity in the general classroom and provide all students with access to the county and state curriculum. Co-teaching fosters the following:

- Provides specialized instruction
- Increased options for flexible grouping of students
- Enhanced collaboration opportunities for the teachers
- Another professional to help problem solve
- Flexibility to try things you could not achieve alone
- Collaboration in classroom and lesson preparation
- Sharing of classroom management
- Diversity and size of today's classrooms
 - Reduce student/teacher ratio
 - Increase instructional options for all students
 - Diversity of instructional styles
 - Greater student engagement time
 - Greater student participation levels

Preparing for Co-Teaching

Co-teaching can be a wonderful experience when on-going planning and communication are in place beginning on day one. Here are six helpful steps when preparing for a co-teaching experience.

1. Establish rapport.

The general classroom teacher and the special education teacher need to establish a relationship -- even before the students enter the building. Get to know each other on a personal level. After all you will be together the entire year. What things do you have in common?

When the two of you have a comfortable relationship and rapport with each other, the children feel more comfortable in the classroom. Students can sense tension as well as harmony within the learning environment. A positive relationship will help minimize misunderstandings and motivate you to resolve problems before they escalate.

2. Identify your teaching styles and use them to create a cohesive classroom.

Are you a hands-on teacher who loves doing experiments and using manipulatives? Does your co-teacher use the textbooks first and then supplement with experiments and manipulatives? How do you manage behaviors? What are your discipline styles?

Instructional and discipline styles are just two factors you need to examine so that you can combine the best of both teachers' styles to create a cohesive classroom. Find a balance that makes everyone comfortable.

When planning lessons together, you can use your two styles to complement one another and thus enhance the lessons and the delivery of instruction. Creating a cohesive classroom with consistent expectations occurs when both teachers are on the same page with instruction and discipline styles.

3. Discuss strengths and weaknesses.

How can you utilize each instructor's strengths and weaknesses? A good way to do this is to have each of you make a list of strengths, weaknesses, likes, and dislikes. Then take the lists, compare them and highlight the strengths that are dominant for one teacher and allow that person to be the lead teacher in

Co-Teaching

Fact Sheet

those areas. By using these strengths, you can differentiate your instruction to meet the needs of a larger group allowing for individualized instruction.

4. Discuss Individualized Education Program and regular education goals.

To create Individualized Education Program (IEPs), the special educator must involve the general educator in the special education process. Students in special education belong to both educators, so the general educator must be informed about the IEP for each child. Otherwise, the two teachers cannot effectively execute the plans. It's difficult to educate a child if you

are unaware of his or her special needs. It is important to discuss the modifications and accommodations as well as the goals and objectives to ensure student success in the classroom. The special and general education teacher can work together in meeting the student's goals and ensuring adequate progress.

In the same way, the general education teacher should discuss with the special education teacher his or her goals for the students, as the general education students belong to the special education teacher as well. Both educators should be addressing the goals, objectives, and mandatory curriculum for that grade level.

5. Formulate a plan of action and act as a unified team. You have to make decisions constantly throughout the year, so if you formulate a plan of action in the beginning of the year, disruptions will be minimal. Consider the following items in your plan of action:

- Scheduling
- Expected classroom behaviors
- Classroom procedures, such as class work, homework policies and turning in work
- Consequences of not following rules and procedures
- Grading

- Communication between home and school

Talk about what you will tolerate as well as how you will respond to actions that are not acceptable. Be consistent when dealing with parents, and meet as a team for conferences. Determine your roles in advance so that you do not contradict each other or foster misunderstandings during the meeting.

6. Take risks and grow.

A wonderful aspect of co-teaching is that it allows you to take risks, learn from each other, and grow as professionals. Co-teaching provides a safety net when you take risks in your instruction. When you try something new and it doesn't work, you have another teacher in the room who can step in with another technique or lesson that works, or point out the area of difficulty, or assist in redirecting the lesson. When you are the only teacher in the room and a lesson fails, you often have to stop and move on and then analyze later why the lesson fell apart -- without the assistance of someone else in the room observing the lesson.

What Co-Teaching is NOT:

- Simply dividing the tasks and responsibilities among two people.
- For example, co-teaching is NOT:
 - One person teaching one subject followed by another who teaches a different subject
 - One person teaching one subject while another person prepares instructional materials at the copier or corrects student papers in the teachers' lounge
 - One person teaching while the other sits and watches
 - When one person's ideas prevail regarding what will be taught and how it will be taught
 - Someone is simply assigned to act as a tutor or assistant

Co-Teaching

Fact Sheet

Co-Teaching is a way:

- To build stronger connections between teachers and students
- To provide both support and professional development for cooperating teachers
- To better meet PreK-12 student needs
- For teachers to enhance their communication and collaboration skills
- For teachers to build strong relationships

Types of Co-Teaching Lead and Support

One teacher leads and another offers assistance and support to individuals or small groups. In this role, planning must occur by both teachers, but typically one teacher plans for the lesson content, while the other does specific planning for students' individual learning or behavioral needs.

Adapting Model

Teacher A leads, while Teacher B wanders the room, providing adaptations as needed.

Station Teaching

Students are divided into heterogeneous groups and work at classroom stations with each teacher. Then, in the middle of the period or the next day, the students switch to the other station. In this model, both teachers individually develop the content of their stations.

Parallel Teaching

Teachers jointly plan instruction, but each may deliver it to half the class or small groups. This type of model typically requires joint planning time to ensure that as teachers work in their separate groups, they are delivering content in the same way.

Alternative Teaching/Complementary Instruction

One teacher works with a small group of students to pre-teach, re-teach, supplement, or enrich instruction, while the other teacher instructs the large group. In this type of co-teaching, more planning time is needed

to ensure that the logistics of pre-teaching or re-teaching can be completed; also, the teachers must have similar content knowledge for one teacher to take a group and re-teach or pre-teach.

Team Teaching/Duet

Both teachers share the planning and instruction of students in a coordinated fashion. In this type of joint planning time, equal knowledge of the content, a shared philosophy, and commitment to all students in the class are critical. Many times teams may not start with this type of format, but over time they can effectively move to this type of co-teaching, if they have continuity in working together.

Speak and Add/Chart

Teacher A leads and Teacher B adds visually or verbally.

Learning Style

Teachers plan lessons and divide responsibilities by learning modalities. Teacher A might plan a visual and auditory component, while Teacher B plans tactile/kinesthetic component.

Skills Group

Teachers divide students into more homogeneous subgroups and provide leveled instruction.

Documentation of Co-Teaching

Co-teaching services are documented on the IEP as special education services (Direct) in the general education environment (GEE) for a specified amount of time. The time is the length of the class period or the length of time the special education teacher is in the co-taught class.

Co-Teaching

Fact Sheet

B. Special Education Services	Direct/ Indirect (D or I)	Location of Services Gen. Ed =GEE Sp. Ed. =SEE	Extent Frequency per	Initiation Date m/d/y	Duration
ELA (Co-taught)	D	GEE	200 minutes per week	1/26/17	1/18
Reading Comprehension (Soc. St.)	D	SEE	200 minutes per week	1/26/17	1/18

The information developed from the following resources:

- University of Kansas
<http://www.specialconnections.ku.edu/?q=collaboration/co-operative-teaching/teacher-tools/types-of-co-teaching>
- St. Cloud State University
<http://www.stcloudstate.edu/soe/tqe/coteaching/>
- Anne M. Beninghof
www.ideasforeducators.com
anne@ideasforeducators.com
- WVDE Office of Special Programs
<http://static.k12.wv.us/teachiep/documents/Services%209/FAQ%20-%20Services.pdf>

WEST VIRGINIA'S STANDARDS-BASED IEPs



Goal: Ensure all students graduate from high school prepared for college and careers.

- Improve Grade 3 reading proficiency rate, supported by a statewide PreK-3 comprehensive literacy initiative.
- Increase the percentage of students in Grades 3-8 who are proficient in English Language Arts/Literacy and Mathematics.
- Increase the rate of student success in rigorous courses leading to college credit or industry-recognized credential while in high school.

Steps for Developing Standards-Based IEPs

Step 1: Determine general education curriculum expectations.

Step 2: Identify current skills, knowledge and area (s) of instructional need.

Step 3: Develop Present Levels of Academic Achievement and Functional Performance.

Step 4: Conduct data/gap analysis.

Step 5: Choose standard(s).

Step 6: Write measurable goals and objectives.

The Individuals with Disabilities Education Act (IDEA) of 2004 ensures students with disabilities have access to the general education curriculum and receive a free appropriate public education (FAPE) in the least restrictive environment. Special education in WVBE Policy 2419: Regulations for the Education of Students with Exceptionalities is defined as specially designed instruction, at no cost to the parent, based on peer-reviewed research to the extent practicable, to meet the unique needs of a student with a disability or giftedness including instruction in the classroom, the home, hospitals, institutions and other settings. The definition of special education also includes instruction in physical education, speech/language therapy, transition services, travel training, assistive technology services and vocational education. Specially designed instruction means adapting the content, methodology or delivery instruction to:

- Address the unique needs of the student that result from his or her disability or giftedness; and
- Ensure access to the general education curriculum so that the student can meet the education standards that apply to all students.

The IEP is a product of collaboration between a parent or adult student and educators who, through full and equal participation, identify the unique needs of a student with a disability or giftedness and plan the special education and related services to meet those needs. It sets forth in writing a commitment of resources necessary to enable the student to receive needed special education and related services. In addition, the IEP is a management tool that is used to ensure that each eligible student is provided special

education and related services appropriate to the student's special learning needs. It serves as an evaluation device for use in determining the extent of the student's progress toward meeting the projected outcomes.

The IEP is a compliance/monitoring document that may be used by authorized monitoring personnel from each governmental level to determine whether an eligible student is actually receiving the free appropriate public education agreed to by the parents and the school.

The standards-based IEP began in the 1997 reauthorization of the Individuals with Disabilities Education Act. Access to the general curriculum was a mandated goal for students with disabilities, though the law did not say that access had to be at the student's enrolled grade level.

The Every Student Succeeds Act (ESSA), signed into law in 2015, and the 2004 reauthorization of the IDEA provided reinforcement that children with disabilities should be exposed to the general education curriculum on their grade level to the greatest extent possible.

The Office of Special Education (OSE) has developed the:

- Standards-Based IEP online learning and training modules, which are designed for learning about the IEP process. <http://wvde.state.wv.us/osp/>
- Supports for Standards-Based IEPs, ELA and Math, which provide scaffolds for the West Virginia College- and Career-Readiness and the Alternate Academic Achievement Standards. <http://wvde.state.wv.us/osp/>

**"The IEP is the cornerstone of a quality education for each child with a disability."
- OSEP 2000**

Developing Standards-Based IEPs

What steps do IEP Teams need to follow to develop effective standards-based IEPs?

Step 1. Determine general education curriculum expectations

- WV College- and Career-Readiness Standards
- WV Alternate Academic Achievement Standards
- Early Learning Standards Framework
- Support for Standards-Based Individualized Education Programs: English Language Arts K-12
- Support for Standards-Based Individualized Education Programs: Mathematics K-12
- Career Technical Education for Students with Disabilities
- College- and Career-Readiness Standards for Technology and Computer Science
- Community Readiness
- Learning Progressions
- Process for unwrapping content standards
- Academic Vocabulary
- Digital Literacy
- Learning Style (UDL)
- Project-Based Learning
- English Language Proficiency (ELP) Standards
- Expanded Core Curriculum for VI
- Expanded Core Curriculum for D/HH

Step 2. Identify current skills, knowledge and area (s) of instructional need

Develop student data profile which is an overview of student's functioning in all areas relevant to the IEP.

The profile should include general information regarding:

- Strengths
- Needs
- How the exceptionality affects involvement/progress in the general education curriculum including Career Technical Education
- Assessment/Evaluation
- Status of prior IEP goals
- Teacher/Parent/Student input
- Transition needs (at least by age 16, July 2018 age 15, July 2019 age 14)
- Learning Style (UDL)

Step 3. Develop Present Levels of Academic Achievement and Functional Performance

The present level provides a summary of baseline information that indicates the student's academic achievement on specific standards or skills. The Present Level must be data-based. Components of Present Levels:

- Grade-level expectations
- Strengths
- Needs
- Impact Statement: How the student's exceptionality affects involvement/progress in the general education curriculum (for preschool children, how the disability affects the child's participation in age-appropriate activities).

DO NOT use only the student's eligibility to explain how the exceptionality affects involvement/progress in the general education curriculum!

Remember: the present levels of academic achievement and functional performance set the stage for developing IEP goals!

Step 4. Conduct data/gap analysis

- Review student data profile
- Review grade-level standard(s)
- Determine gap between current skills/knowledge and grade-level expectations
- Determine where student is and where student needs to go

Step 5. Choose standard(s)

- Determine which WV College- and Career-Readiness Standards are most important for each student (based on progress in the general education curriculum)
- Compare standard(s) with student's areas of need and the impact of the exceptionality
- Use data to determine the areas the student will find difficult without additional supports
- Backward/forward map using learning progressions

Step 6. Write measurable goals and objectives

Annual goals describe what a student can reasonably expect to accomplish in one school year.

Components of Annual Goals:

- Timeframe
- Conditions
- Who/Behavior
- Evaluation/Criterion
- Procedure

If a large number of needs are identified, the IEP Team must consider how each need impacts the student's progress in the general education curriculum. Select the needs that have the greatest impact on progress and develop goals to address those needs.

Utilize Support for Standards-Based Individualized Education Programs: English Language Arts K-12, Mathematics K-12:

- Accommodations/Modifications/Specially Designed Instruction
- Scaffolding

For more information contact
Division of Teaching and Learning
Office of Special Education
 Mike Knighton (mknighton@k12.wv.us) or
 Pat Homberg (phomberg@k12.wv.us)
<http://wvde.state.wv.us/osp/>

February 2018



West Virginia DEPARTMENT OF
EDUCATION

Developing a Student Assistance Team Implementation Plan

Follow Key Components

Step 1. Establish Student Assistance Team (SAT)

- School administrator or designee, chairperson
- Current teacher (s)
- Parent/Guardian
- Other Appropriate professional staff

Step 2. Collect Data on Activities of SAT

- Dates of meetings
- Members in attendance
- Recommendations of team
- Dates of review meetings
- Results of team recommendations

Step 3. Provide Training

- Multi-tiered System of Supports (MTSS)
- Alternative Education placement
- Disciplinary Procedures
- School-based mental health access
- Referral for multidisciplinary evaluation
- Other school processes for ensuring student progress and maintenance of a safe school environment

Step 4. Review Individual Student

- Conduct problem-solving process
- Design and monitor implementation of interventions
- Review interventions designed by other school teams
- Receive and process written referrals from outside sources suspecting a student may need special education
- Receive referrals for initial multi-disciplinary evaluations made by parents
- Initiate initial evaluation for special education and related services or Section 504
- Services, when warranted based on the outcome of interventions.

Step 5. Involve Family

- Allow parents to review recommendations made by team
- Parents provide feedback to team about recommendations

Developing a Section 504 Implementation Plan

Follow Key Components

Step 1. Complete District Responsibilities

- Designate district Section 504 Coordinator
- Provide Notice of Non-Discrimination
- Establish Section 504 Grievance Procedures
- Provide Notice of Rights Under Section 504
- Establish Child Find Process

Step 2. Establish School-based Section 504 Team

- School administrator or designee, chairperson
- Current teacher(s)
- Parent/Guardian
- Other appropriate professional staff

Step 3. Collect Data on Activities of Section 504 Team

- Dates of meetings
- Members in attendance
- Recommendations of team
- Dates of review meetings
- Results of team recommendations

Step 4. Provide Training

- Identification process
- Evaluation/re-evaluation
- Eligibility for Section 504
- Accessibility in academic and nonacademic settings and facilities
- Section 504 Plan and other disability rights law (IDEA, ADA Title II)

Step 5. Determine Eligibility for Section 504 Services

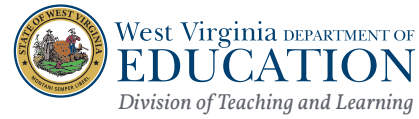
- Receive referrals made by parents and outside sources suspecting a student may be eligible for Section 504
- Review prior accommodations provided
- Initiate initial evaluation for Section 504 services
- Secure detailed and comprehensive information from various sources
- Determine eligibility for Section 504 services

Step 6. Develop and Implement Section 504 Accommodation Plan

- Academics
- Athletics
- Extracurricular

- Medical
- Nutrition
- Facility accessibility
- General Summative Assessment
- Re-evaluation

Personalized Learning



Personalized Learning is differentiated education tailored to students' needs, skills and interests, and is based on personal, standards-based learning plans designed by students with their teachers. This type of learning is supported by teachers who provide guidance, structure, scaffolding, instruction, and unique learning opportunities to all students.

Personalized Learning empowers students to take charge of their education, helps students who learn in different ways and at different speeds, and, according to research, leads to higher levels of mastery.

Why do we personalize learning?

Learning should be personalized to meet the needs of ALL students, ranging from those exceeding state-approved grade-level standards to those not meeting grade-level standards. Personalized Learning supports collaborative decision-making as a process for meeting individual student needs, professional learning environments that embrace a culture of inquiry and innovation, cross- or interdisciplinary-teaching, shared accountability for student learning, student reflection and self-assessment, and constructive peer assessment by providing a full configuration of support.

Foundations of Personalized Learning



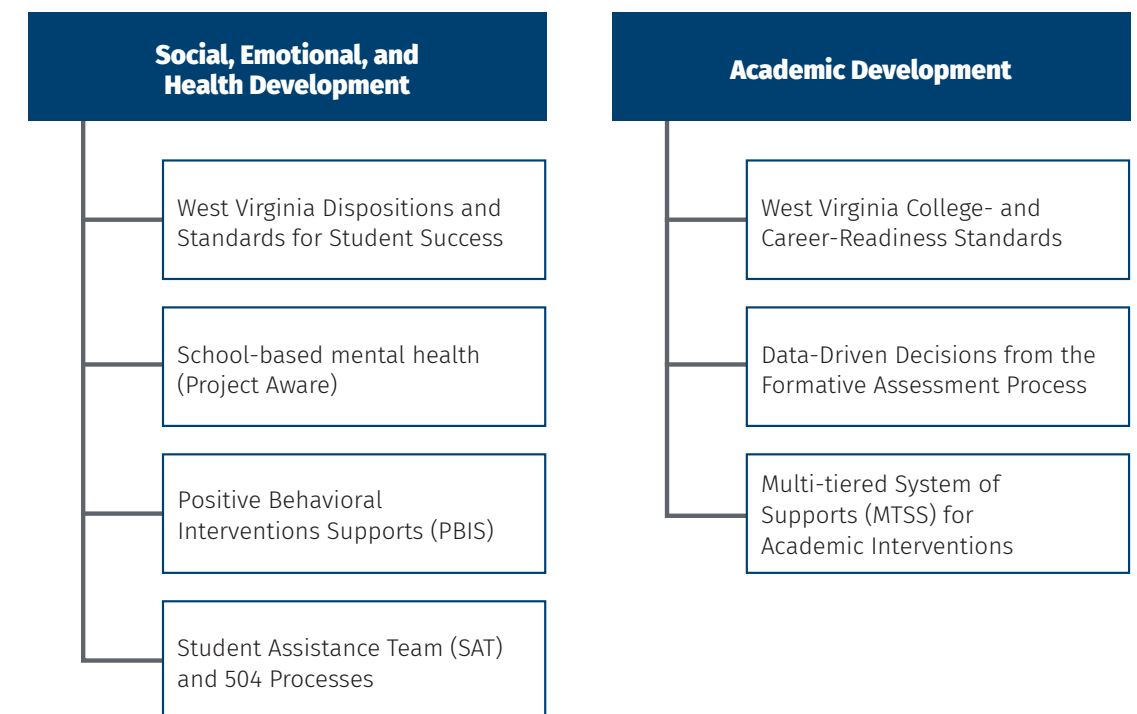
These six Foundations work in tandem to ensure a learning environment responsive to individual students' needs. Educators, students, families and communities are equally important players in a personalized learning environment.

Personalized Learning

How do we personalize learning?

There are numerous ways educators can personalize learning. However, below are a few of the research-based practices, tools, and models that, when utilized comprehensively, can positively impact student achievement.

Ensuring a Whole-Child Focus for All Learners: Selected practices, tools, and models to personalize learning



Section 6: Additional Resources

Engagement Priority



Bullying and Suicidal Behaviors

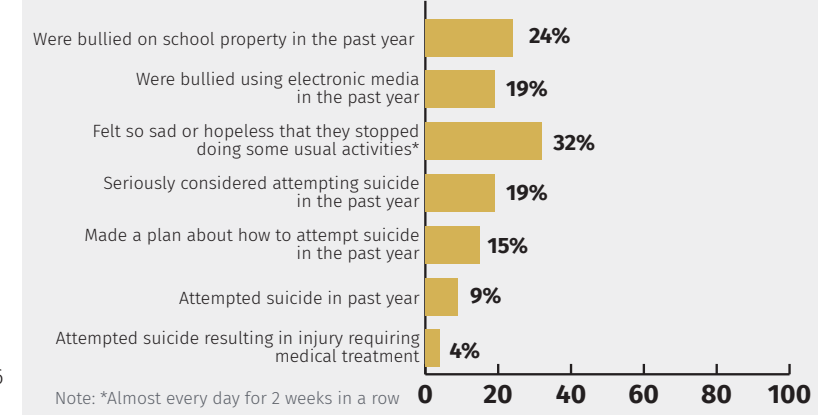
How large is the problem?

The 2017 West Virginia Youth Risk Behavior Survey revealed the following rates of bullying and suicidal behaviors were reported by WV high school students (right).

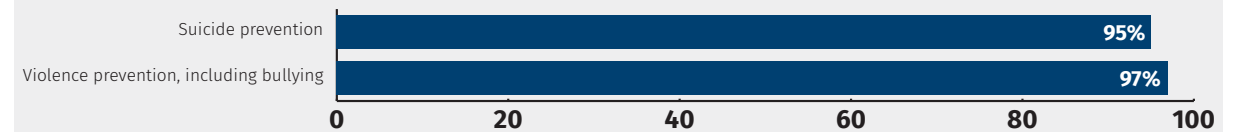
What is being done to address the problem?

Solutions focus on improving health education, increasing family and community involvement, and creating healthier school environments. The 2016 West Virginia School Health Profiles indicated the percentage of WV high schools that required courses for students in the following topics (below).

Percentage of students reported bullying or suicidal behavior

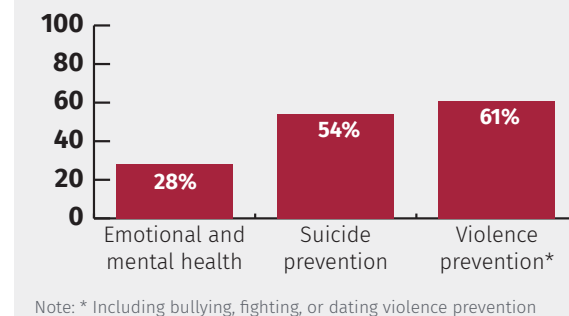


Percentage of schools with required courses in...



Lead health education teachers reported receiving professional development in the past 2 years related to the following topics (below).

Percentage of lead health teachers receiving training in the past 2 years in...



Regarding family and community involvement, 62% of schools provided parents and families with information about prevention of student bullying and sexual harassment including electronic aggression; and 29% participated in a program in which family or community members mentor or serve as role models to students.

Percentage of schools with the following supports in the school environment

- 68% had a club that gives students opportunities to learn about people different from themselves, such as students with disabilities, homeless youth, or people from different cultures
- 87% had staff who have received professional development on preventing, identifying, and responding to student bullying and sexual harassment
- 93% had a designated staff member to whom students can confidentially report student bullying and sexual harassment
- 93% used electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment
- 38% prevented bullying and sexual harassment, including electronic aggression, among all students

Data Sources: West Virginia Department of Education, 2017 Youth Risk Behavior Survey, 2016 School Health Profiles

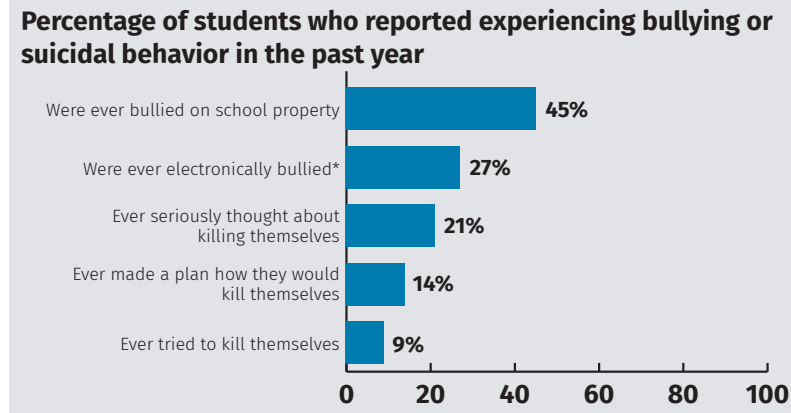
This publication was supported by Cooperative Agreement Number 1U87PS004130 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



Bullying and Suicidal Behaviors

How large is the problem?

The 2017 West Virginia Youth Risk Behavior Survey revealed the following rates of bullying and suicidal behaviors reported by WV middle school students (right).

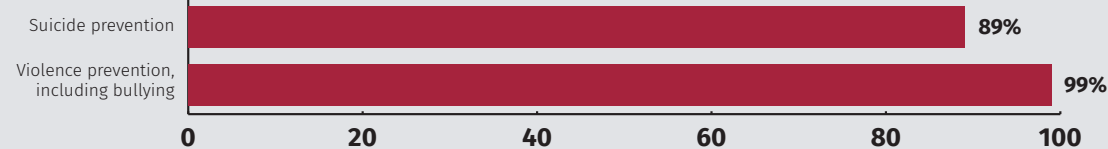


Note: *Through e-mail, chat rooms, instant messaging, web sites, or texting

What is being done to address the problem?

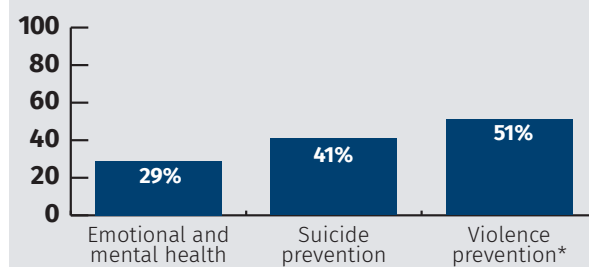
Solutions focus on improving health education, increasing family and community involvement, and creating healthier school environments. The 2016 West Virginia School Health Profiles indicated the percentages of WV middle schools that implemented the following policies and practices (below).

Percentage of schools with required courses in...



Regarding family and community involvement, 68% of schools provided parents and families with information on prevention of student bullying and sexual harassment including electronic aggression; 40% participated in a program in which family or community members serve as role models to students or mentor students.

Percentage of lead health teachers receiving professional development in...



Note: *Including bullying, fighting, or dating violence prevention

Percentage of schools with the following supports in the school environment

- 54% had prevention programs to address bullying and sexual harassment, including electronic aggression, among all students
- 94% had staff who received professional development on preventing, identifying, and responding to student bullying and sexual harassment that takes place in person or via electronic media
- 98% had a designated staff member to whom students can confidentially report student bullying and sexual harassment, including by use of electronic media
- 95% used electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including by use of electronic media
- 56% had a club that gives students opportunities to learn about people different from themselves, such as students with disabilities, homeless youth, or people from different cultures

Data Sources: West Virginia Department of Education, 2017 Youth Risk Behavior Survey, 2016 School Health Profiles

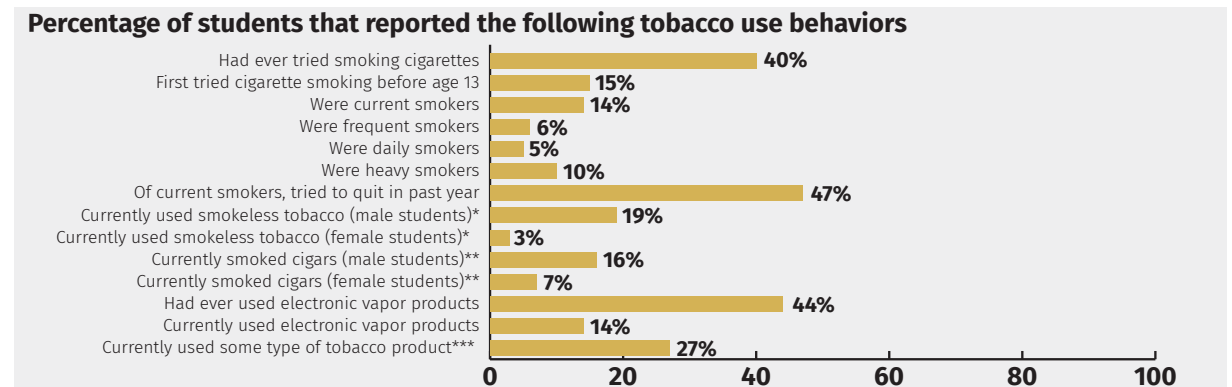
This publication was supported by Cooperative Agreement Number 1U87PS004130 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



Tobacco Use

How large is the problem?

The 2017 West Virginia Youth Risk Behavior Survey revealed the rates of tobacco use reported by WV high school students (below).

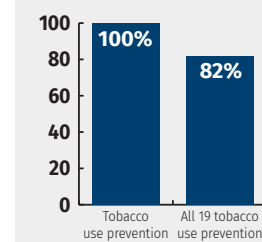


Notes: *Chewing tobacco, snuff, or dip; **Cigars, cigarillos, or little cigars; ***Cigarettes, smokeless tobacco, cigars, or electronic vapor product

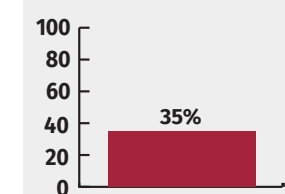
What is being done to address the problem?

Solutions focus on better tobacco education, more tobacco cessation opportunities, and healthier school environments. The 2016 West Virginia School Health Profiles indicated the percentage of WV high schools that implemented the policies and practices shown in the graphs below.

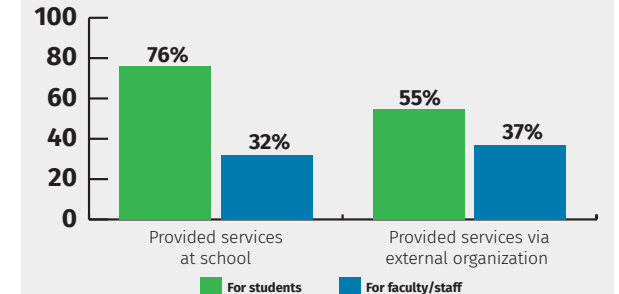
Percentage of schools with required courses on...



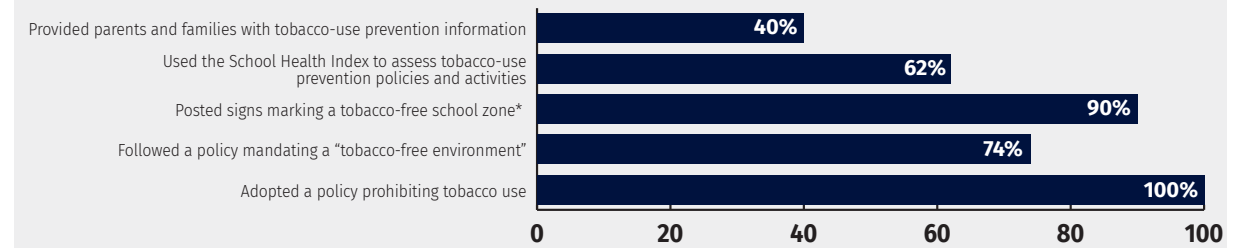
Percentage of lead health teachers receiving training the past 2 years on tobacco use prevention



Percentage of schools that provided tobacco cessation services



Percentage of schools with the following supports



Note: *That is, a specified distance from school grounds where tobacco use is not allowed

Data Sources: West Virginia Department of Education, 2017 Youth Risk Behavior Survey, 2016 School Health Profiles

This publication was supported by Cooperative Agreement Number 1U87PS004130 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

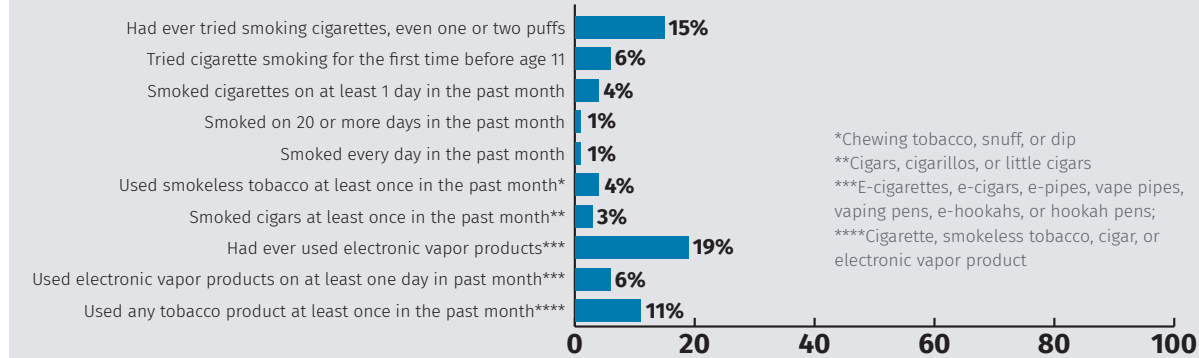


Tobacco Use Behaviors

How large is the problem?

The 2017 West Virginia Youth Risk Behavior Survey revealed the following rates of tobacco use behaviors reported by WV middle school students (below).

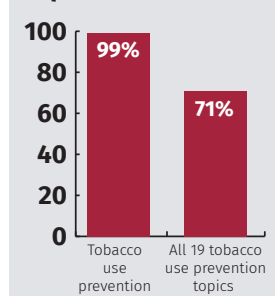
Percentage of students that reported the following tobacco use behaviors



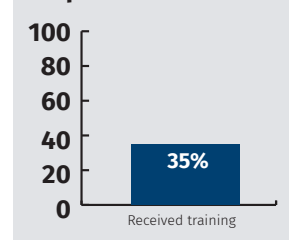
What is being done to address the problem?

Solutions focus on improving tobacco education, increasing tobacco cessation classes, and creating healthier school environments. The 2016 West Virginia School Health Profiles indicated the percentages of WV middle schools that implemented the following policies and practices (below).

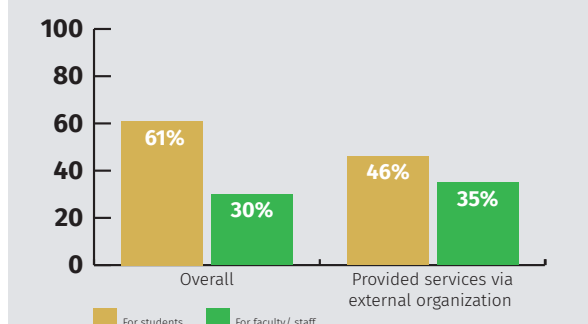
Percentage of schools with required courses on...



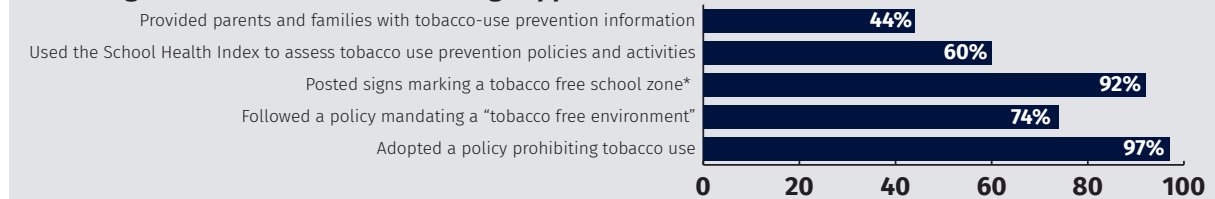
Percentage of lead health teachers receiving training the past 2 years on tobacco use prevention



Percentage of schools that provided tobacco cessation services



Percentage of schools with the following supports



*That is, a specified distance from school grounds where tobacco use is not allowed

Data Sources: West Virginia Department of Education, 2017 Youth Risk Behavior Survey, 2016 School Health Profiles

This publication was supported by Cooperative Agreement Number 1U87PS004130 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

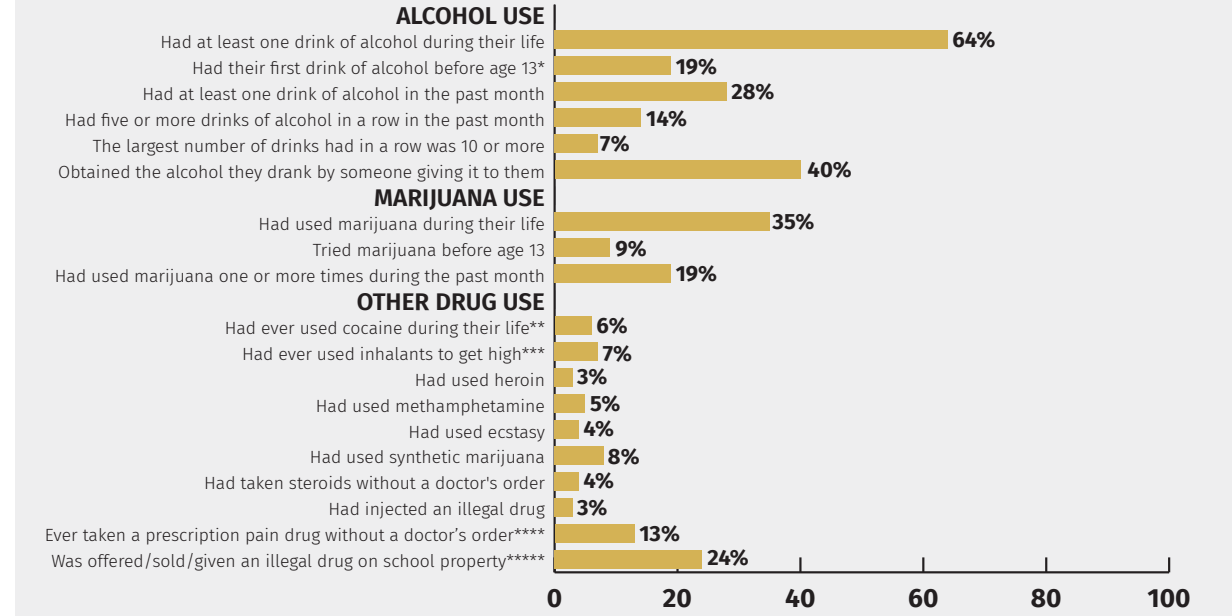


Alcohol and Drug Use

How large is the problem?

The 2017 West Virginia Youth Risk Behavior Survey revealed the following rates of alcohol and drug use behavior reported by WV high school students (below).

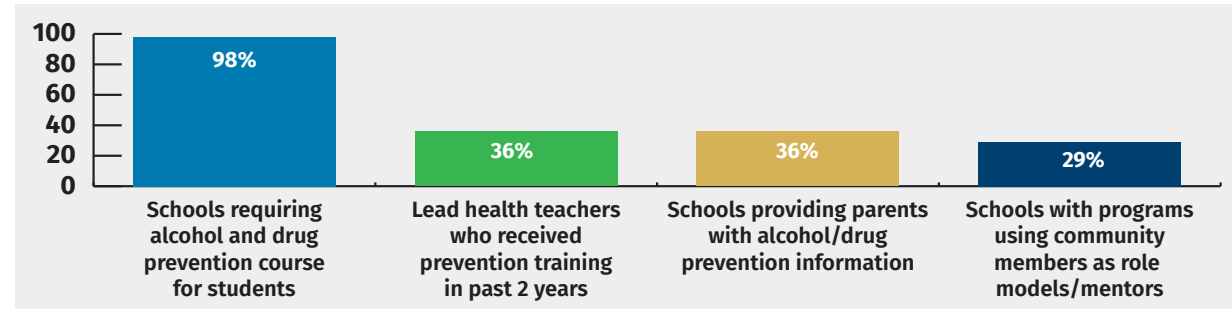
Percentage of students who had used alcohol or drugs



Notes: *Other than a few sips; **Including powder, crack, or freebase cocaine; ***Sniffed glue, breathed the contents of aerosol spray cans, or inhaled paints or sprays; ****Such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax; *****In the past year

What is being done to address the problem?

Solutions focus on improving alcohol and drug prevention education and creating healthier school environments. The 2016 West Virginia School Health Profiles indicated the percentages of WV high schools that implemented the following policies and practices (below).



Data Sources: West Virginia Department of Education, 2017 Youth Risk Behavior Survey, 2016 School Health Profiles

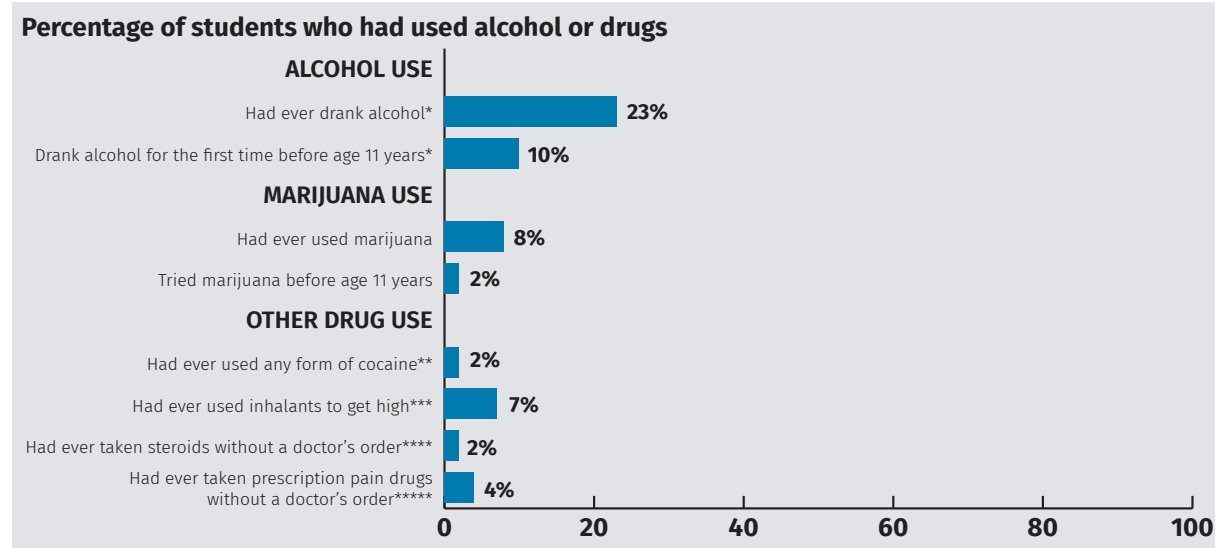
This publication was supported by Cooperative Agreement Number 1U87PS004130 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



Alcohol and Drug Use

How large is the problem?

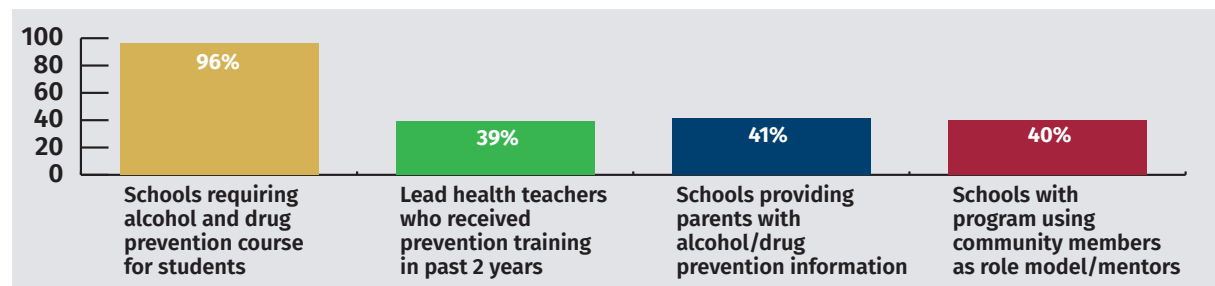
The 2017 West Virginia Youth Risk Behavior Survey revealed the following rates of alcohol and drug use behaviors reported by WV middle school students (below).



Notes: *Other than a few sips; **Such as powder, crack, or freebase; ***Sniffed glue, breathed the contents of aerosol spray cans, or inhaled paints or sprays; ****Pills or shots; *****Such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax

What is being done to address the problem?

Solutions focus on improving alcohol and drug prevention education and creating healthier school environments. The 2016 West Virginia School Health Profiles indicated the percentages of WV middle schools that implemented the following policies and practices (below).



Data Sources: West Virginia Department of Education, 2017 Youth Risk Behavior Survey, 2016 School Health Profiles

This publication was supported by Cooperative Agreement Number 1U87PS004130 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

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

February 2018

Goal: Improve safe and supportive school environments which meet the physical, social, emotional and academic needs of every child.
 Decrease the total number of aggressive conduct incidences.
 Decrease the number of bullying incidences annually.
 Improve the attendance rate with the ultimate goal of 95% for all students by 2030.



Why focus on Mental Health Services?

- **Data** reveals WV young people face a variety of primary and secondary traumatic experiences, often at higher rates, when compared with other youth in the nation. About 19% of the state's children have experienced abuse or neglect, nearly double the nationwide rate of just over 10%.
- According to the 2013 Youth Risk Behavior Surveillance System (YRBSS), one in every four WV high school students reported that they felt sad or hopeless almost every day for 2 or more weeks in a row, so much so that they stopped doing some usual activities at least once over the course of the previous year.
- Referrals for bullying/intimidation have increased 41% in 6 years; discipline referrals for harassment based on race, religion, ethnicity and sexual orientation have increased 20% over a 6-year period and battery against school employees increased 96%.
- WV has faced a significant problem with prescription drugs, with a 300% increase in prescription drug overdose deaths since 2001, to 656 deaths in 2011. More specifically, the state's young adults (ages 18-25) have the highest rates of reported prescription drug abuse at 12.4% (above the national rate of 10%).
- There is also an increase in Neonatal Abstinence Syndrome (NAS) among children born to drug addicted mothers.
- **West Virginia was one of 20 states to receive the Now is the Time (NITT) Project AWARE grant, hereafter known as WV-AWARE. The grant is part of a major national initiative to support students, teachers, schools and communities in recognizing and responding to mental health concerns among WV youth.**

What are the goals of the WV-AWARE grant program?

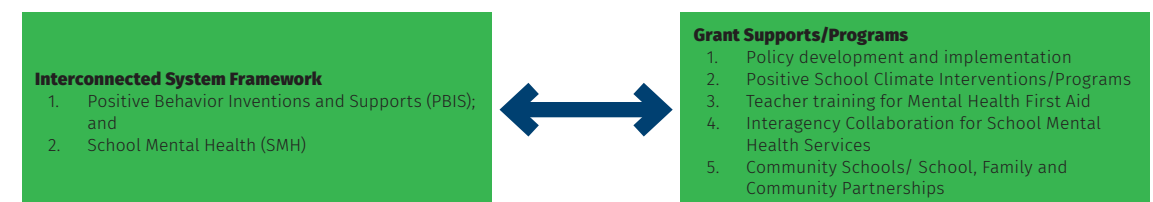
- Address the mental health needs of children, youth, families and caregivers; and
- Assist communities with the implementation of Mental Health First Aid (MHFA) and Youth Mental Health First Aid programs.

What does WV-AWARE mean to WV Public Schools?

- **The WV-AWARE** grant's purpose is to increase awareness of the mental health issues throughout the state by training school personnel and other adults who interact with school-aged youth on how to detect, respond and connect children and families who may have mental health issues with the appropriate services.

How does WV-AWARE work?

- **The WV-AWARE** grant focuses on students in Pre-K through grade 12, ages 3 to 21 years, in West Virginia public schools. Three counties will serve as the demonstration sites to guide the development of a statewide sustainable systems' approach to improve mental health services. The three county school systems are Berkeley, McDowell and Wood.
- **The WV-AWARE** grant was designed from the Interconnected System Framework (ISF) by Mark D. Weist, et. al. The ISF is a proposed and developing interconnection of Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH) systems to improve educational outcomes for all children and youth, especially those with or at risk of developing mental health challenges.
- The funding provided by the grant will assist with schools beginning the process of developing an interconnected systems framework linking the school climate policy, positive behavioral interventions and supports, the "WV Handle with Care" program, comprehensive school counseling programs, student advisory programs, mental health first aid and mental health services in order to leverage individual program strengths within a community schools model. Outside of the three demonstration counties receiving 75% of the grant funding, funding and supports will also be provided to state level partners to coordinate an array of programs and policy training supports as requested and needed by county schools to start developing Interconnected System Frameworks.



Project AWARE

What steps do schools need to increase mental health supports and develop positive and supportive school climates for all students including students with disabilities?

Follow Key Components

Step 1. Utilize State and School Leadership Teams

- Establish leadership and school team
- Identify cohort schools
- Identify core teams for training

Step 2. Data/WVBE Policies

- Data:
 - District/school demographics
 - District and school infrastructure
 - Current initiatives, collaborations and partnerships
 - Student performance (attendance, graduation, dropout, course completion, discipline)
 - Student Supports (SAT, Section 504, IEP, MTSS, etc.)
 - Professional learning (dropout prevention/intervention, recovery/re-entry)
- Policies:
 - Policy 4373: Safe and Supportive Schools
 - Policy 2315: Comprehensive School Counseling Programs
 - Policy 2423: Health Promotion (well child visits)
 - Policy 2419: Regulations for the Education of Students with Exceptionalities
 - Policy 2510: Assuring Quality of Education: Regulations for Education Programs
 - Policy 2520.19 West Virginia College- and Career-Readiness Dispositions and Standards for Student Success for Grades K-12

Step 3. Identify Target Areas for Student Support

- School climate
- School counseling
- Attendance and truancy prevention
- Behavior (multi-tiered services and supports: universal, classroom, targeted and tertiary)
- Referrals for mental health services/supports
- Student and family engagement
- School and community partnerships

Step 4. Develop Goal and Build Capacity

- Selected evidence-based practices (e.g., Positive Behavioral Interventions and Supports, Evidence-based School Climate Interventions and Programs, Handle with Care, annual well child exams for early identification, etc.)
- Select early identification and referral training for students and parents (Mental Health First Aid training for youth and adults)
- Develop linkage and school-based mental health services for students
- Establish timelines
- Draft action plan

Step 5. Implement, Monitor and Evaluate

- Conduct baseline measures
- Train additional staff for rollout
- Implement strategies on-site coaching, consultation and feedback, progress monitoring, fidelity checks
- Measure results
- Evaluate outcomes
- Celebrate success
- Disseminate

Choose Site-Specific Strategies

1. Student-Focused Planning

- Involve students in school climate surveys
- Hold SAT meetings with students

2. Student Development

- Teach communication skills
- Teach character education
- Teach community participation skills

3. Family Involvement

- Involve parents in school climate surveys
- Parental involvement/support for school post outcomes
- Encourage parent involvement in SAT, 504 and IEP meetings
- Understand student perceptions of positive school and family support
- Promote positive parental expectations for school and health and wellness of student
- Implement parental supports and outreach

4. Program Structure

- Promote the provision of a full continuum of mental health services for all students
- Promote completion of well child exams at entry and progression points (Grades 2, 7 and 12)
- Implement drop-out prevention interventions for at-risk youth
- Promote school-based mental health services
- Promote opportunities for community outreach, supports and partnerships (Community Schools Model)

5. Interagency Collaboration

- Connect students and families to community services/agencies
- Understand critical elements of school, family and community interagency collaboration
- Develop relationships and Memorandums of Understanding (MOUs) with mental health agencies and community supports for youth
- Work with parents and the students' medical homes to ensure early diagnosis and treatment of mental health needs
- Implement cross-disciplinary planning



February 2018

Division of Teaching and Learning
Office of Special Education
and MU-Autism Training Center

For more information, contact
Jackie Payne at payne225@marshall.edu
Rebecca King at rjking@k12.wv.us, or
Pat Homberg at phomberg@k12.wv.us

West Virginia's Positive Behavioral Interventions and Supports (PBIS): Capacity-building Efforts to Provide Safe and Supportive School Environments

Goal: Improve safe and supportive school environments which meet the physical, social, emotional and academic needs of every child.
Decrease the total number of aggressive conduct incidence.
Decrease the number of bullying incidences.
Decrease the number of out-of-school suspensions.



Why focus on Positive Behavioral Interventions and Supports?

- Data analysis reveals in 2014-2015 there were 22,648 aggressive conduct incidences in West Virginia schools. Aggressive conduct behaviors include the following: physical fights without injury; battery against a student or school employee; hazing; sexual misconduct; threats of injury or assault against a student or employee; harassment, intimidation or bullying; and verbal assaults against students or school employees.
- Data analysis reveals in 2014-2015 there were 3,512 bullying incidences in West Virginia schools. Harassment, intimidation or bullying means any intentional gesture or electronic, written or verbal or physical act, communication, transmission or threat that (a) has the effect of physically harming a student or student's property, or of placing a student in reasonable fear of harm to his or her person or property; (b) is sufficiently severe, persistent or persuasive that it creates an intimidating, threatening or emotionally abusive educational environment for a student; or (c) disrupts or interferes with the orderly operation of the school.

What is the goal of Positive Behavioral Interventions and Supports?

- The goal of PBIS is to make schools effective and efficient and provide equitable learning environments for all students. Decreasing aggressive conduct and bullying can occur through improving culture and climate, building relationships with students and staff, changing academic outcomes and increasing prosocial behaviors.

What is Positive Behavioral Interventions and Supports?

- Positive Behavioral Interventions and Support (PBIS) language comes from the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA). PBIS is used interchangeably with SWPBIS (School-Wide Positive Behavioral Interventions and Supports) and ECPBIS (Early Childhood Positive Behavioral Interventions and Supports).
- Positive Behavioral Interventions and Supports is based on principles of applied behavior analysis, the prevention approach and the values of positive behavioral support. PBIS refers to a systems change process for an entire school or district. The underlying theme is teaching behavior expectations in the same manner as any core curriculum subject.
- The process, using tools from the OSEP Center on Positive Behavioral Interventions and Supports, trains local school-based teams and team leaders to organize evidence-based practices, improve schools' implementation of those practices and maximize academic and social behavior outcomes for students. Teams develop site-specific action plans and strategies.
- Beginning in 2017-2018, 152 (75 elementary, 47 middle, 24 high, 2 Pk-8, 1 Pk-12, and 3 ALC) self-selected school-teams have participated in the School-Wide Positive Behavioral Interventions and Supports training emphasizing an instructional approach to behavior management.
- In 2017-2018 the initiative will expand to provide support to early childhood education programs, institutional education programs and Project AWARE sites.

How does Positive Behavioral Interventions and Supports work?

- Positive Behavioral Interventions and Supports follows the School Improvement Framework and has 5 phases:
 - Utilization of state and local leadership teams that can develop, sustain and expand efforts;
 - Analyses of relevant school and student data to identify school-wide, classroom-wide, nonclassroom settings, individual student and family engagement behavioral interventions and practices;
 - Identification and consensus of priority areas of patterns and possible causes of inappropriate behaviors identified through data analysis;
 - Identification and selection of evidence-based practices, interventions and strategies to address needs; and
 - Development and implementation of effective programs in a Multi-Tiered System of Supports (MTSS) framework.
- In developing the Positive Behavioral Interventions and Support Initiatives, the OSEP Center on PBIS, the WVATC and West Virginia staff worked together to apply this framework to the needs of West Virginia's local education agencies (LEAs) and students.
- A two-level training plan provides the core school team with three days of professional learning focusing on the PBIS Framework and the Core (Universal) tier. Level One culminates in the development of an action plan to guide implementation during the first 6-9 months of the initiative.
- During Level Two, targeted support for implementation is provided to cohort schools via teleconferences, consultations, coaching and booster sessions. Targeted and Intensive prevention tiers will be the focus of trainings. The three tiered prevention logic organizes systems along a continuum of increasing intensity to prevent the development of chronic problem behaviors for students with high risk backgrounds and learning histories and identifying (screening) and providing more specialized and individualized behavioral supports for students with high intensity, difficult-to-change problem behaviors.

Positive Behavioral Interventions and Supports Framework

- Utilize State and School Leadership Teams
- Analyze Data
- Identify Target Area for Intervention
- Develop Goal for School Strategic Plan
- Implement, Monitor and Evaluate

Evidence-Based Practices, Interventions and Strategies

- Behavioral Foundation Skills
- Layered Continuum of Supports
- Assessment Practices
- Evidence-Based Interventions
- Progress Monitoring



Developing A PBIS Goal For The Strategic Plan

What steps do school teams need to follow to improve safe and supportive school environments?

Follow Key Components

Step 1. Utilize State and School Leadership Teams

- Establish leadership and design team
- Identify cohort districts/schools
- Identify core teams for training
- Train teams in framework/universal (core)
- Train teams in rollout strategies

Step 2. Analyze Data

- District/school demographics
- District and school infrastructure
- Current interventions, supports and programs available
- Early Warning System
- Office disciplinary referrals
- Student performance (English language arts, mathematics)
- Relevant policies and procedures (attendance, promotion/retention)

Step 3. Identify Target Areas for Instruction

- School climate
- Effective classroom management
- Continuum of consequences for violations of behavioral expectations
- Active supervision
- School-wide behavioral expectations and behaviors

Step 4. Develop Goal for School Strategic Plan

- Selected evidence-based practices
- Determine level of intensity (CORE, TARGETED, INTENSIVE)
- Contextualize to setting
- Establish timelines
- Draft action plan

Step 5. Implement, Monitor and Evaluate

- Conduct baseline measures
- Train additional staff for rollout
- Implement strategies on-site coaching, consultation and feedback, progress monitoring, fidelity checks
- Measure results
- Evaluate outcomes
- Celebrate success
- Disseminate

Choose Site-Specific Strategies

1. Behavioral Foundation Skills

- Implement Policy 4373: Expected Behavior in Safe and Supportive Schools
- Implement Policy 2315: Comprehensive School Counseling Programs
- Implement Policy 2510: Assuring Quality Education: Regulations for Education Programs (Student Assistance Team)
- Implement Policy 2520.19: West Virginia College- and Career-Readiness Dispositions and Standards for Student Success for Grades K-12
- Utilize Early Warning System

2. Layered Continuum of Supports

- Core (universal)
 - » School-wide practices and systems for all students and staff, implemented across all settings
 - » Classroom-wide setting in which delivery of instruction is emphasized
 - » Non-classroom settings, active supervision by all staff
- Targeted
 - » Intensive and specialized practices and systems for students whose behaviors are not responsive to universal practices
 - » Provided in standardized manner in small group settings
- Intensive
 - » Intensive and specialized practices and systems for students whose behaviors are not responsive to universal and targeted interventions»
 - » Highly individualized to specific needs and strengths of individual students

3. Assessment Practices

- Universal Screening
- Diagnostic
- Functional Behavioral Analysis (FBA)

4. Evidence-Based Intervention

- Core
 - » Teach and encourage positive school-wide behavioral expectations
 - » Proactive school-wide discipline
 - » Effective academic instruction/curriculum
 - » Parent engagement
 - » Active supervision
- Targeted
 - » Check in/check out
 - » Targeted social skills training
 - » Peer-based tutoring
 - » Social skills training
 - » Behavioral contracting
- Intensive
 - » Function-based support
 - » Wraparound/person-centered support
 - » Crisis prevention and intervention

5. Progress Monitoring

- Progress monitoring tools
 - » Commercial progress monitoring tools
 - » Curriculum-based Measurement (CBM) procedure
- Frequency of Progress Monitoring
- Documentation
- Use of progress monitoring for appropriate instruction and placement



February 2018

Division of Teaching and Learning
Office of Special Education and
Autism Training Center, Marshall University

For more information, contact
Amy Kelly at kelly9@marshall.edu,
Amy Carlson at amy.carlson@marshall.edu, or
Pat Homberg at phomberg@k12.wv.us



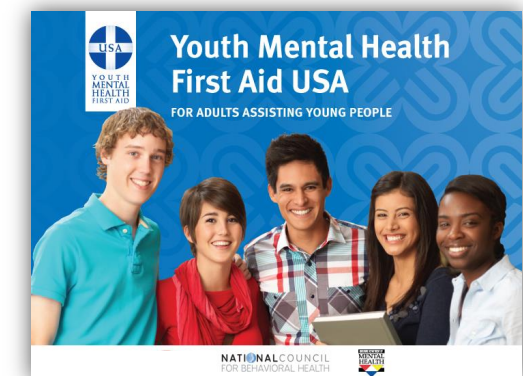
Youth Mental Health First Aid

Youth Mental Health First Aid USA is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

WHAT WILL PARTICIPANTS LEARN?

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants **do not** learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies



The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18.

WHO SHOULD TAKE THE COURSE?

The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.), but is being tested for appropriateness within older adolescent groups (16 and older) so as to encourage youth peer to peer interaction. In January 2013, President Obama recommended training for teachers in Mental Health First Aid. Since 2008, the core Mental Health First Aid course has been successfully offered to hundreds of thousands of people across the USA, including hospital staff, employers and business leaders, faith communities, law enforcement, and the general public.

WHO CREATED THE COURSE?

The National Council for Behavioral Health was instrumental in bringing Mental Health First Aid to the U.S. Mental Health First Aid USA worked with experts at the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development to develop the youth program.

WHERE CAN I LEARN MORE?

To learn more about the Mental Health First Aid USA, or to find a course or contact an instructor in your area, visit www.MentalHealthFirstAid.org.

SAVE THE DATE!

2018 WV Center for Children's Justice
Handle with Care Conference

October 17-19, 2018 | Charleston Civic Center



WEST VIRGINIA CENTER FOR CHILDREN'S JUSTICE
PROTECT • HEAL • THRIVE

(index.php)

Handle With Care

OVERVIEW:

A recent national survey of the incidence and prevalence of children's exposure to violence and trauma revealed that 60% of American children have been exposed to violence, crime or abuse. Forty percent were direct victims of two or more violent acts. Prolonged exposure to violence and trauma can seriously undermine children's ability to focus, behave appropriately, and learn. It often leads to school failure, truancy, suspension or expulsion, dropping out, or involvement in the juvenile justice system.

The West Virginia Defending Childhood Initiative, commonly referred to as "Handle With Care," is tailored to reflect the needs and issues affecting children in West Virginia. The Initiative, a result of a collaborative effort of key stakeholders and partners, builds upon the success of proven programs throughout the country. The goal of the Initiative is to prevent children's exposure to trauma and violence, mitigate negative affects experienced by children's exposure to trauma, and to increase knowledge and awareness of this issue.

Model Handle With Care ("HWC") programs promote safe and supportive homes, schools and communities that *protect* children, and help traumatized children *heal* and *thrive*. HWC promotes school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured. The ultimate goal of HWC is to help students to succeed in school. Regardless of the source of trauma, the common thread for effective intervention is the school or child care agency. Research now shows that trauma can undermine children's ability to learn, form relationships, and function appropriately in the classroom. HWC programs support children exposed to trauma and violence through improved communication and collaboration between law enforcement, schools/child care agencies and mental health providers, and connects families, schools and communities to mental health services.

PILOT:

"Handle with Care" was an initiative piloted at Mary C. Snow West Side Elementary School in Charleston, WV in 2013. The school, located in an urban area of the city plagued by drug and violent crime, housed approximately 500 students. Ninety-Three percent of the students came from low-income families. The

school ranked 398 out of 404 elementary schools in West Virginia for poor performance. In conjunction with "Handle With Care," the United States Attorney's Office launched a Drug Market Intervention in the area to address high level drug and street crime.

LAW ENFORCEMENT:

"Handle with Care" provides the school or child care agency with a "heads up" when a child has been identified at the scene of a traumatic event. It could be a meth lab explosion, a domestic violence situation, a shooting in the neighborhood, witnessing a malicious wounding, a drug raid at the home, etc. Police are trained to identify children at the scene, find out where they go to school or daycare and send the school/agency a confidential email or fax that simply says . . . "Handle Johnny with care". That's it. No other details.

In addition to providing notice, officers also build positive relationships with students by interacting on a regular basis. They visit classrooms, stop by for lunch, and simply chat with students to help promote positive relationships and perceptions of officers.

SCHOOLS:

Teachers have been trained on the impact of trauma on learning, and are incorporating many interventions to mitigate the negative impact of trauma for identified students, including: sending students to the clinic to rest (when a HWC has been received and the child is having trouble staying awake or focusing); re-teaching lessons; postponing testing; small group counseling by school counselors; and referrals to counseling, social service or advocacy programs. The school has also implemented many school-wide interventions to help create a trauma sensitive school (Greeters; pairing students with an adult mentor in the school; utilization of a therapy dog; and "thumbs up/thumbs down" to indicate if a student is having a good day or a bad day).

COUNSELING:

When identified students exhibit continued behavioral or emotional problems in the classroom, the counselor or principal refers the parent to a counseling agency which provides trauma-focused therapy. Currently, there are two partnering agencies providing trauma focused therapy on site at the school in a room provided by the Family Care Health Center housed within the school. Once the counseling agency has received a referral and parental consent, students can receive on-site counseling.

The counseling is provided to children and families at times which are least disruptive for the student. The counselors also participate in MDT, SAT and other meetings deemed necessary by school personnel, and as authorized by the child's parent or guardian. Counselors provide assessments of the child's need, psychological testing, treatment recommendations, accommodation recommendations, and status updates to key school personnel as authorized by the child's parent or guardian.

ACKNOWLEDGEMENTS:

Components of this program were developed with guidance and technical assistance from the Massachusetts Advocates for Children: Trauma and Learning Policy Initiative, in collaboration with Harvard Law School and the Task Force on Children Affected by Domestic Violence. Special thanks to Joe Ristuccia, Ed.M., co-author of *Helping Traumatized Children Learn*, Edward Jacobs with the Plymouth County District Attorney's Office in Brockton, MA, and Huntington, WV community activist and volunteer Leon White.

The "Handle With Care" Model:

If a law enforcement officer encounters a child during a call, that child's name and three words, **HANDLE WITH CARE**, are forwarded to the school/child care agency before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are "Handled With Care". If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

Why We Need Trauma-Sensitive Schools

Click here to view.
(<https://traumasensitiveschools.org/why/>)

All children need safe and supportive environments in order to learn.

WV Center for Children's Justice

WV State Police Academy, PDC
123 Academy Drive
Dunbar, WV 25064
(304) 766-5881

Why We Need Trauma-Sensitive Schools

The Adverse Childhood Experiences (ACE) study demonstrates that nearly *every* school has students who have been exposed to overwhelming experiences, such as witnessing violence at home, being direct targets of abuse, homelessness or having a parent with substance abuse or mental health issues.

For some children these experiences result in a trauma response that can lead to a cascade of social, emotional and academic difficulties that can interfere with a child's ability to learn at school. Recent neurobiological research has shown that the trauma response can diminish concentration, memory and the organizational and language abilities students need to



(<https://www.youtube.com/watch?v=GGE3LBVYOeE>)

succeed in school, potentially leading to problems with academic performance, challenging behavior in the classroom, and difficulty forming relationships.

Trauma-sensitive schools help all students feel safe to learn.

Trauma-sensitive schools help ALL children to feel safe to learn.

There are a growing number of schools throughout Massachusetts and the United States engaged in the work of creating trauma-sensitive schools.

This video features one such school, the Baker School in Brockton, MA. The Baker is one of several schools in Brockton that are becoming trauma-sensitive through a concerted, well supported district-wide effort. This video highlights the importance of leadership—superintendents, assistant superintendents-principals, and educators—in creating the understanding and infrastructure that can support the team work among staff needed for all children to be successful. As one school staff member explains “Every child belongs to everyone and when kids feel that, the kids and teachers are happy.” **Watch the video**

(<https://www.youtube.com/watch?v=GGE3LBVYOeE>)

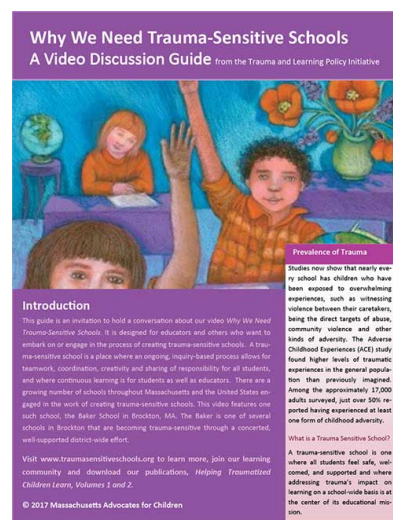


(<https://www.youtube.com/watch?v=GGE3LBVYOeE>)

Trauma-sensitive schools focus on what the adults do and how the adults can support students.

A Video Discussion Guide: Why We Need Trauma-Sensitive Schools

(<https://traumasensitiveschools.org/why-video-discussion-guide/>) This guide is an invitation to hold a conversation about our video Why We Need Trauma-Sensitive Schools. It is designed for educators and others who want to embark on or engage in the process of creating trauma-sensitive schools. A trauma-sensitive school is a place where an ongoing, inquiry-based process allows for teamwork, coordination, creativity and sharing of responsibility for all students, and where continuous learning is for students as well as educators. There are a growing number of schools throughout Massachusetts and the United States engaged in the work of creating trauma-sensitive schools.



More about the Video Discussion Guide (<https://traumasensitiveschools.org/why-video-discussion-guide/>)

Trauma and Learning Policy Initiative (TLPI)

A collaboration of Massachusetts Advocates for Children and Harvard Law School

617-998-0106 (tel:617-998-0106)

Contact Us (http://salsa3.salsalabs.com/o/50824/p/salsa/web/common/public/signup?signup_page_KEY=7635)

2/16/2018

What is TF-CBT?



What is TF-CBT?

What is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)?

- TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events.
- It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.
- Children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related traumatic life events; and enhance safety, growth, parenting skills, and family communication.

Who is TF-CBT for?

- TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events.
- This treatment can be used with children and adolescents who have experienced a single trauma or multiple traumas in their life.
- Children or adolescents experiencing traumatic grief can also benefit from this treatment.
- TF-CBT can be used with children and adolescents residing in many types of settings, including parental homes, foster care, kinship care, group homes, or residential programs.

How long does TF-CBT typically last?

- TF-CBT is designed to be a relatively short-term treatment, typically lasting 12 to 16 sessions. Over 80 percent of traumatized children who receive TF-CBT experience significant improvement after 12 to 16 weeks of treatment.
- Treatment may be provided for longer periods depending upon individual child and family needs.
- TF-CBT can be used as part of a larger treatment plan for children with complex difficulties.

Is TF-CBT flexible and can it be adapted for diverse and special populations?

- TF-CBT is best delivered by creative, resourceful therapists who have developed close therapeutic alliances with their clients.
- This treatment is designed to be provided in a flexible and developmentally appropriate manner to address the unique needs of each child and family.

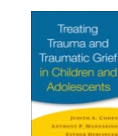
Does TF-CBT work?

- Trauma-Focused Cognitive-Behavioral therapy is the most well-supported and effective treatment for children who have been abused and traumatized. Multiple clinical research studies consistently have found it to help children with PTSD and other trauma-related problems, and it has been rated a **Model Program** and **Best Practice** for use with abused and traumatized children. TF-CBT currently is being used successfully in community service agencies across the country.
- TF-CBT has proven to be effective in addressing posttraumatic stress disorder, depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust. The parental component increases the positive effects for children by reducing parents' own levels of depression and emotional distress about their children's abuse and improving parenting practices and support of their child.
- TF-CBT was rated a "1-Well-supported, efficacious treatment", the highest level of empirical support in the U.S. Department of Justice sponsored report *Child Physical and Sexual Abuse: Guidelines for Treatment*. Similarly,
- The California Evidence-Based Clearinghouse for Child Welfare rated TF-CBT a "1-Well-supported, effective practice" its highest score for Scientific Rating and its highest score for Relevance to Child Welfare Rating.
- TF-CBT was selected as a "Best Practice" for cases of child abuse in the *Kaufman Best Practices Task Force Final Report* sponsored by the National Child Traumatic Stress Network.

Who can deliver TF-CBT?

This treatment can be used by a variety of mental health professionals including clinical social workers, professional counselors, psychologists, psychiatrists, or clinical counselors.

Treatment Manual



Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. New York: The Guilford Press.

Where can I get more information about TF-CBT and child trauma?

- Description of TF-CBT and ratings of its level of empirical research support and relevance to child welfare populations by the *California Evidence-Based Clearinghouse for Child Welfare*.

<https://academicdepartments.musc.edu/projectbest/tfcbt/tfcbt.htm>

What is TF-CBT?

- It has been evaluated with Caucasian and African American children, and it has been adapted for Latino and hearing-impaired/deaf populations. It is currently being adapted for Native American children and for children in many other countries (e.g., Zambia, Uganda, South Africa, Pakistan, the Netherlands, Norway, Sweden, Germany, and Cambodia).
- **TF-CBT Fact Sheet from the NCTSN:** Brief description of TF-CBT developed by the NCTSN.
- **Review of TF-CBT from the Child Welfare Information Gateway:** Description of TF-CBT and its use with sexually abused children.
- **NREPP description of TF-CBT**
- **The Center for Traumatic Stress in Children and Adolescents**
- **CARES Institute**
- **Online Training Resources Brochure**

What is TF-CBTWeb?

TF-CBTWeb is a web-based course for learning Trauma-Focused Cognitive-Behavioral Therapy. It covers all of the procedures of TF-CBT, and includes streaming video demonstrations and many other learning resources. TF-CBTWeb is designed to allow you to learn at your own pace, and use the learning experiences when it is convenient for you. Once you have completed TF-CBTWeb, you can return as often as you like to "brush up" on techniques, watch demonstrations, or download the resources.



Expanded School Mental Health West Virginia

<https://www.wvesmh.org>

February 2018

ESMH Framework and Model

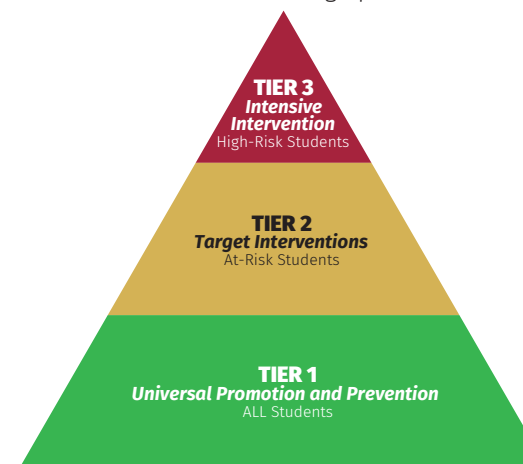
Tool Kit #1

Expanded school mental health (ESMH) is a multi-tiered system of supports where schools and strategic community partners work together to enhance student mental health in schools. It is a framework that:

- serves all students;
- builds upon core programs/services being provided by schools
- includes the full continuum of prevention, early intervention & intensive intervention/treatment;
- recognizes the critical link between academic success & social and emotional well-being
- emphasizes shared responsibility between schools, mental health providers and other community partners

– WV ESMH Steering Team, 2017

The WV ESMH three-tier model provides a framework to assist schools and community mental health providers in developing a comprehensive approach to address school mental health that is consistent with current WVDE policies and behavioral health standards utilizing evidence-based/best practices. Addressing the mental health needs of all students requires tiers of intervention outlined in this graphic.



An effective multi-tiered system of supports compliments services already in place to promote student success and well-being, including: school counseling programs, positive behavioral interventions and supports, social-emotional learning standards¹, positive school climate and culture, student advisory programs, student assistance teams, and other supports provided by local schools, or mandated by school policies.

Various terms used to describe this model or framework are: “interconnected systems”, “a comprehensive system of student supports” and the “three-tiered model”. Each is composed of a continuum of services representing systems of prevention, early intervention, and intensive intervention with resources from the school and community combined to produce integrated programs at all three levels.²

Schools and communities work together to provide a collaborative, coordinated and comprehensive approach to ensure services and systems support students at each tier. The agency/school relationship is a critical component of the school culture. The community provider becomes an integral part of the school and is not seen as an outsider.

“The most promising prevention and intervention practices extend beyond the school house door; they include administrators, teachers, families, students, support staff and community agencies. Research on safe schools demonstrates that a comprehensive three-level approach to prevention is the most efficient and cost-effective way to reduce the risk of violence.”³

REFERENCES

- ¹ www.casel.org Frequently Asked Questions about Social and Emotional Learning (SEL). <http://www.casel.org/faqs/>. Accessed 1.6.16
- ² Kutash and Duchnowski, 2007. The Role of Mental Health Services in Promoting Safe and Secure Schools.
- ³ USDE. Safeguarding Our Children: An Action Guide. 2000. p.1-2. https://www2.ed.gov/admins/lead/safety/actguide/action_guide.pdf. Accessed 1.6.16.

The West Virginia ESMH Steering Team agrees that the following tiers and components make up the ESMH Model.

TIER 1 – Universal Promotion and Prevention (All Students)

Tier 1 services are intended to support the success of all students, reducing the need for Tier 2 & 3 services and includes:

- a caring, trusting, respectful school environment;
- systemic approach to foster healthy student/teacher relationships characterized by warmth and encouraging feedback;
- mental health promotion and prevention approaches used to support social/emotional/behavioral standards for all students;
- developmentally and culturally appropriate curriculum, services and supports for social-emotional learning;
- positive behavioral interventions and supports;
- systematic and sequential programming from preschool through high school;
- proactive schoolwide approach;
- teaching expected behaviors and problem-solving skills;
- systems to support student connectedness;
- safe space;
- coordinated, collaborative support services delivered by both school and community agency staff;
- use of data to determine priority needs to address at each grade level;
- intentional, ongoing strategies to teach students and their families skills, knowledge, and attitudes for success across settings;
- evidence-based and promising practices;
- teaching expected behaviors and problem-solving skills;
- effective academic personalized instruction
- universal screening and early warning tools to identify students at-risk for academic failure, **dropping out**, substance misuse, suicide, depression, and other needs;
- review of WV HealthCheck screening referrals inclusive of social-emotional, developmental and mental health screenings for new enterers in PreK or Kindergarten and Grades 2, 7 and 12;
- formal policies and practices to assess and strengthen family and youth involvement;
- attendance promotion and supports;

- School crisis and response plan is a living document is understood and supported by all staff; and
- on-going monitoring and evaluation of implementation for continuous improvement.

When these Tier 1 strategies are applied systemically in the everyday learning environment, 80 – 90 % of students will be successful and have no need for Tier 2 or 3 services.

TIER 2 – Targeted Interventions (Identified At-Risk Students)

Tier 2 does not replace Tier 1 services but should be complementary to universal prevention strategies and includes:

- students identified with behavioral, academic, attendance, and emotional needs;
- systemic referral system with which students, staff and families are familiar;
- effective Student Assistance Team meetings for at-risk students, not just those being considered for special education;
- implementation of multi-tiered system of mental health supports;
- eligibility referrals to Individualized Education Program (IEP) & Section 504 Teams for educational supports & accommodations to students with chronic mental health;
- timely and intentional interventions for at-risk students identified by school officials, families or screenings **such as WV HealthCheck** and early warning systems;
 - » consultations on behalf of individual students
 - » small group skill building/counseling
 - » Check and Connect systems
 - » behavioral support plans
 - » co- and extra-curricular activities
 - » mentoring/buddy systems
 - » community activities/supports
 - » academic provisions and supports (tutoring, credit recovery options)
 - » peer support programs (Conflict Mediators/ Natural Helpers, Bus Buddies)
 - » trauma-informed practices;
- strategies for parent outreach and engagement;
- teacher and family training to address at-risk behaviors and individual student needs;
- systemic follow-up for each referred student;
- crisis response plan and best practice implementation;
- school staff and provider attendance at MSDT meetings;

- community schools approach to connect student and schools with services; and
- on-going monitoring and evaluation of implementation for continuous improvement.

When Tier 1 services are well-coordinated and comprehensive, only 5 – 15% of students will require Tier 2 services.

TIER 3 – Intensive Interventions (Referred High-Risk Students)

Tier 3 services do not replace Tier 2 Services but are a continuation and expansion to further address individual needs and includes:

- services for high-risk students with severe, chronic or pervasive issues that usually meet diagnostic criteria (DSM-5);
- Individualized Education Program (IEP) or Section 504 Plan if eligible;
- referral to and consultations with appropriate community agencies and resources (i.e. multi-disciplinary teams, DHHR, juvenile justice, WIC, health care, shelters, DRS and other child serving agencies);
- MOA/MOU (memorandum of agreement/ understanding) including record sharing, billing practices and logistics between school and agency;
- formalized professional mental health services;
 - » intake and further assessments
 - » school-based mental health provider
 - » treatment planning
 - » individual (i.e. **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**), group and family therapy
 - » transition planning
 - » crisis response and recovery
 - » family engagement and supports
 - » case management
 - » juvenile justices programs and supports
- crisis recovery plan and interventions for traumatically impacted students;
- agency provider/ therapist becomes part of the school teams (SAT/IEP/504) and participates in regular meetings with these teams for updates, reporting, etc.; and
- on-going monitoring and evaluation of implementation for continuous improvement.

When Tier 1 and Tier 2 services are well-coordinated and comprehensive only 1 – 5% of students will require Tier 3 services.

Templates and Resources to Support Implementation of the WV ESMH Framework

Call to Action Video: Collaborating to Support Student Mental Health in WV - This video reviews WV Data and the need for mental health services in schools, calling schools to join the **ESMH** movement in WV.

ESMH Start-up Guide
https://livewell.marshall.edu/mutac/Docs/ESMH_SUG_Final63013.pdf

At-a-glance School Mental Health Model- 3 Tier System Components - Chart

Sample Components within a ESMH Cross-Systems Student Support Model

Three-Tier Student Support Systems Model School Reflection Tool

WV ESMH Resource Guide
<https://livewell.marshall.edu/mutac/Docs/2016ESMHResourcePacket.pdf>

Crisis Prevention and Response Guide and Template Addressing Mental Health in School Crisis Prevention and Response: A Resource guide for WV Schools

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

LINKS Student Advisement
<http://wvde.state.wv.us/counselors/links/about.html>

WV Autism Training Center/Positive Behavioral Interventions & Supports
www.WVPBIS.org

Prevent Suicide WV
www.preventsuicidewv.org

Individualized Education Program
<https://wvde.state.wv.us/osp/forms.html>

IEP and Section 504 Resource Guide
<http://wvde.state.wv.us/osp/504support.htm>

Graduation 20/20
<http://wvde.state.wv.us/osp/graduation.html>

WV Early Warning System
<http://wvde.state.wv.us/schoolimprovement/EWS2015.html>

ZoomWV Educational Data
<https://wvde.state.wv.us/zoomwv/>

West Virginia Policy Resources

Policy 2200: Parent, Family and Community Involvement in Education
<http://wvde.state.wv.us/policies/p2200.pdf>

Policy 2315: Comprehensive School Counseling Programs
<http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=25659&Format=PDF>

Policy 2419: Clarifies roles, procedures and timeframes for Student Assistance Teams (SATs) <http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=26168&Format=PDF>

Policy 2520.19: WV Student Success Standards
<http://wvde.state.wv.us/policies/>

Policy 2423: Health Promotion and Disease Prevention for school health requirements including WV HealthChck inclusive of mental health screenings
<http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=27078&Format=PDF>

Policy 2425: Community Schools: Promoting Health, Safety, Well-Being and Academic Success of Students
<http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=25989&Format=PDF>

Policy 2510: Addresses role and composition of Student Assistance Teams (SATs) page 41
<http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=27474&Format=PDF>

Policy 4373: Expected Behaviors for Safe and Supportive Schools
<http://wvde.state.wv.us/policies/p4373-new.pdf>

The purpose of the ESMH toolkits is to provide a common framework and recommendations to assist schools and community mental health providers to more effectively develop a comprehensive, coordinated approach to school mental health that is consistent with current West Virginia Department of Education policies and best practices.

These recommendations and resources have been reviewed and approved by West Virginia's Expanded School Mental Health Steering Team.

For more information, visit, <https://www.wvesmh.org>

General Resources

- Now Is The Time TA Center/SAMHSA: School Mental Health Referral Pathways Toolkit: <http://www.k12.wa.us/SecondaryEducation/pubdocs/SchoolMentalHealthToolKit-ReferralPathways.pdf>
- Tools for Schools to Assess Mental Health Infrastructure: Mental Health Planning and Evaluation Template (MHPET), National Assembly on School Based Health Care
- American School Counselor Association <http://schoolcounselor.org/>
- Center for School Mental Health, University of Maryland: <http://csmh.umaryland.edu/>
- Marshall University School Health Technical Assistance Center https://livewell.marshall.edu/mutac/?page_id=660
- National Association of School Psychologist <http://www.nasponline.org/>
- National Child Traumatic Stress Network: Tools for Educators <http://www.nctsn.org/resources/audiences/school-personnel>
- National Registry of Evidence Best Practices and Programs www.samhsa.gov/nrepp
- National Association of School Based Health Centers: <http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/MHPET.pdf>
- What Works Clearinghouse <http://ies.ed.gov/ncee/wwc/FWW/esults?filters=,Behavior>
- National PBIS: www.PBIS.org
- WV School Psychologists' Association <http://wvspa.org/>
- WV Division of Rehabilitation Services <http://www.wvdrs.org/>
- USDHHR National Guideline Clearinghouse www.guideline.gov
- USDE-Office of Civil Rights: Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools (2017) <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>

Leadership for the West Virginia School Mental Health initiative is a shared commitment. This toolkit was prepared by:

WEST VIRGINIA
SCHOOL HEALTH
TECHNICAL ASSISTANCE CENTER

Marshall University—Joan C. Edwards School of
Medicine
Robert C. Byrd Center for Rural Health



Drug Awareness Resources and Supports for Schools

As each school and county struggles with understanding and finding the resources to support students and their families, the West Virginia Board of Education and Department of Education (WVDE) are teaming up with Dr. Rahul Gupta and his experts at the West Virginia Department of Health and Human Resources (WVDHHR) to support schools and local communities. Dr. Gupta presented *Opioids: A Crisis in Evolution* to the State Board on August 9, 2017. A new law (*House Bill 2620*) has established the Office of Drug Control Policy within WVDHHR. The office will support school-based K-12 comprehensive drug awareness and prevention programs which are required by *House Bill 2195* to start in public schools no later than 2018-19 school year.

The WVDE and WVDHHR continue to partner to support WV public schools by developing a list of **comprehensive drug awareness resources** to assist schools. Please see the available resources below while noting this is not an all-inclusive list.

- 2017 Virtual Field Trip on Demand, the *On the Frontlines of the Opioid Epidemic: A Community Fighting Back* visited Huntington, West Virginia — a typical American community that has been greatly impacted by the opioid epidemic — to hear the powerful personal stories from the bravest teens and change makers in the city. Students will learn how opioids have affected their lives, how they are using their experiences to improve the city, and ways your students could make a positive impact on their own communities.
- The *1-844-Help4WV toll free number* and *website* for linkage to local resources. The WVDE will work with WVDHHR to offer this information in posters and paper format for schools to share with students and parents.
- Free *Mental Health First Aid training* for staff including funding to cover the cost of substitutes. This is part of the WVDE-Project AWARE grant which Marshall University-Autism Training Center provides direct management and oversight. Contact Diana Bailey-Miller to schedule a class at baileymiller@marshall.edu or call (304) 695-1155.
- The *WVDHHR-Office of Children, Youth and Families website* to find resources and supports including *Partnership for Success contacts*. The Partnership for Success is a multi-year project to reduce underage drinking and the misuse of prescription drugs among youth in 12 West Virginia counties.
- The *National Institute on Drug Abuse* has information on drug abuse including fact sheets and educational information on opiates, the opioid crisis, naloxone, etc.
- *National Institute on Drug Abuse* has many *resources* related to drug abuse.
- *High Intensity Drug Trafficking Areas* (HIDTA) program is a federal program administered by the White House Office of National Drug Control Policy, designed to provide resources to federal, state, local, and tribal agencies to coordinate activities to address drug trafficking in specifically designated areas of the country. Chad Napier is the West Virginia representative in the Washington/Baltimore HIDTA area.

February 2018

- **The Substance Abuse and Mental Health Services Administration (SAMHSA)** is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The website has many resources.
- The **DEA 360 Strategy website** offers free resources and community education presentations to address heroin and other opioid.
- The **Partnership for Drug-Free Kids** also provides support and resources to families with children who are substance users.
- The Federal Bureau of Investigation, United States Drug Enforcement Administration (DEA) documentary called **Chasing the Dragon**.
- **Principles of Addiction** is a free digital course for high school students from EVERFI.
- **Operation Prevention** provides free classroom resources for elementary, middle and high schools from the DEA and Discovery Education.
- **Prevention Lead Organizations (PLOs).** WVDHHR **Bureau for Behavioral Health and Health Facilities** (BBHFF) funds six regional prevention leaders who, with local coalitions, do prevention planning and programming. Please find the list of **WVDHHR regional evidence-based prevention programs** (EBPs) with a description of each in the **NREPP Substance Use Legendary** which are currently offered to WV public schools, as well as a list of more EBPs listed on the National Registry of Evidence-based Programs and Practices (**NREPP**).

The six Prevention Lead Organizations are:

- » **Region 1 (Brooke, Hancock, Marshall, Ohio, Wetzel)**-- Lori Bumba, Youth Services System, (304) 233-2045 or lori.impactov@gmail.com
- » **Region 2 (Berkeley, Grant, Hampshire, Hardy, Jefferson, Morgan, Mineral, Pendleton)**-- Paige Mathias, Potomac Highlands Guild, paigem@potomachighlandsguild.com
- » **Region 3 (Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, Wood)**-- Shelly Mize, Westbrook Health Services, smize@westbrookhealth.com
- » **Region 4 (Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, Upshur)**-- Elizabeth Shahan, Harrison County Family Resource Network, (304) 423-5049 or harrisoncountyfrn@gmail.com
- » **Region 5 (Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Mingo, Putnam, Wayne)**-- Tim White, Pretera Center, (304) 751-6251 or Tim.White@pretera.org
- » **Region 6 (Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, Wyoming)**-- Greg Puckett, Community Connections, (304) 913-4956 or drugfree@strongcommunities.org.

February 2018

- **WVU-ICE Collaborative Substance Use Prevention.** The Integrated Community Engagement (ICE) Collaborative is an evidence-based substance use prevention approach for middle and high school-aged adolescents, their families and local communities, rooted in the Icelandic model. Since 1998, Iceland has witnessed a greater reduction in youth substance use than any other European Country, evident by the Pan-European ESPAD studies (see www.espad.org). The objective of the ICE Collaborative is to strengthen local level protective factors and decrease rates of risk factors for substance use initiation and progression in youth. Contact Dr. Kristjansson (alkristjansson@hsc.wvu.edu) or 304.293.3129 or Dr. Mann (mjmann@hsc.wvu.edu) or 304.293.3560.
- **Expanded School Mental Health (ESMH) sites.** Currently, WVDHHR-BBHHF supports 40 ESMH schools in 20 counties. There is a state **ESMH Steering Team** that includes BBHFF's ESMH sites and Project AWARE. ESMH uses a three-tier model with a full continuum of prevention, early intervention, and treatment services for students. They use EBPs, including some prevention programs (Tiers 1 and 2).
- **Regional Youth Service Centers (RYSCs).** The Regional Youth Service Centers are designed to serve adolescents and young adults aged 12-24. They are centers of excellence that coordinate a spectrum of community-based services to provide meaningful partnerships with families and youth with the goal of improving a youth's functioning in the home, school, and community. These centers provide an array of services and supports to include engagement through community-based and outpatient treatment and recovery. They also hold quarterly stakeholder meetings to increase community and system collaboration in each region. They provide community and workforce education and awareness on mental health and substance use issues. There are six Regional Youth Service Centers, one per each WVDHHR-BBHHF region:
 - Region 1—**Youth Services System**
 - Region 2—**Potomac Highlands Guild**
 - Region 3—**Westbrook Health Services**
 - Region 4—**United Summit Center**
 - Region 5—**Pretera Center**
 - Region 6—**FMRS**.
- **Regional Suicide Intervention Specialists.** Affiliated with each Regional Youth Service Center is a Youth Suicide Intervention Specialist. Barri Faucett of **Prevent Suicide WV** coordinates the specialists.
- **Children's Clinical Outreach Services Liaisons.** There is a masters-level Children's Liaison at each of 13 comprehensive behavioral health centers across the state. Most of their time is spent doing outreach, collaboration, and clinical consultation in their communities.
- WVDHHR-BBHHF also provides support to **Trauma Informed Elementary Schools (T.I.E.S.)** through Crittenton Services in 11 elementary schools in Hancock, Ohio, Tyler, and Wood Counties.
- The **West Virginia Bureau for Behavioral Health and Health Facilities**, Office of Children, Youth and Families administers programs to promote the behavioral health of children and youths in West Virginia communities through universal prevention and individualized services for mental health, substance use, and intellectual and developmental disabilities.

February 2018



Steven L. Paine, Ed.D.
West Virginia Superintendent of Schools