

## SWB Working Group Short Term Recs 6/26/2018

### Bridget Peterson

1. Individual school safety teams shall provide information to school personnel, pupils enrolled in the school and parents and legal guardians of pupils enrolled in the school on methods to address bullying and cyberbullying, conducting an assessment of at risk behaviors for violence, depression and signs of suicide. Training will also include next steps after conducting the at risk assessment. \*Revise existing NRS
  - i. NRS 388.1344 3(d) should include this additional training. These school safety teams are already meeting and this additional training and assessment piece should not be too hard to implement. Could flow very nicely into the curriculum. \*\*However, the assessment and curriculum needs to come from the NDE or Office of Safe and Respectful Learning so that assessment and training is standardized across the state. See this recommendation...
  
2. Recommend that the State Dept of Ed and work with the office of Safe and Respectful Learning to create a Mobile Crisis Team for rural counties.
  - i. CCSD and WCSD have crisis teams on staff. The rural districts are not able to fund or staff these types of individuals. When the individual school safety teams, or staff, conduct the **basic** at risk assessment, provided by the state, and have a student or students that raise a red flag they can call on this mobile crisis team to come in and provide interventions. This allows the student(s) to get the help and resources they need for mental health. Oftentimes very small rural schools do not have these types of wrap around services available in their community.
  
3. Recommend development of new NRS. Require individual schools to develop emergency plans. These plans are to be developed and shared with the same individuals listed under 388.241-388.247 Also include the time line of submission to be December 31st.
  - i. Currently there is only NRS for the DISTRICTS to submit emergency plans to the state and local emergency community. INDIVIDUAL schools also need to have plans that they prepare, share, and update annually. \*Charters and Private schools too

## Bridget Peterson, continued...

4. Recommend School Improvement Plans or SPP's for individual schools to include
  - a. goal to increase positive school climate
  - b. goal to improve parent/family involvement SPP = school performance plan
    - i. As far as I understand the SIP requirement comes from the NDE. Most likely from a regulation handed down to the districts. Currently, the SIP's mostly focus on academics, which is important. However, it would be easy for SIP's to have 2 more holistic goals. Most SIP's already include some kind of climate improvement or family engagement. This just solidifies it and requires ALL to comply.
5. *Recommendation to include the submission date of December 31st for DISTRICT EOP's to be turned in to all those listed in NRS 388.245 3(g) \*including Charters and Private Schools*
  - i. Caleb Cage from ND Emergency Management said in his presentation to the entire task force that he would recommend stating a due date for DISTRICT Emergency plans. They have had some non-compliance with private schools not submitting their plans. The December date was chosen because the Districts School Performance/ Improvement Plans are also due at this time. Should not be an undue burden on schools to meet this deadline.
6. Individual school safety teams add an additional member in the form of:
  - 1) Law enforcement representative
  - 2) school counselor AND/OR mental health professional. \*Revise existing NRS
    - i. NRS 388.1344 does not include these individuals who will be able to add important perspective and insight to safety and recovery.
7. Recommend that the Office of Safe and Respectful Learning be funded another FTE to meet the growing needs and support of this important office.
  - i. The **basic** at risk assessment tool needed by school districts to assess at risk behaviors needs to be standard across the state. The Office of Safe and Respectful Learning needs to work with the state Mental Health Associations to create or adopt a basic assessment that begins the "triage" or "tiered" approach to addressing violence and that begins the "triage" or "tiered" approach to addressing violence and mental illness in students. The Office of Safe and Respectful Learning also needs this person to Learning also needs this person to analyze data regarding school climate surveys taken across the state.

## Caryn Swobe

1. To provide students and school staff with the prevention skills needed to be successful and safe in school. Proactively integrate Social Emotional Learning (SEL) into the fabric of all Nevada schools to help teachers and students remain motivated to develop skills to navigate and succeed within their 21<sup>st</sup> learning communities and to serve as responsible, contributing, and safe members of society.

Social and Emotional Learning is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions. <http://www.wcsddata.net/data-topics/sel/> Most SEL skills are not innate, but learned and can provide students with the self-awareness to recognize when they need to reach out for help; and the empathy and confidence to seek support for someone who may be struggling emotionally. In a world where technology is invading the realm of face-to-face interactions, SEL is needed more than ever as a proactive means to keep students safe in and outside of schools.

The Collaborative for Academic, Social and Emotional Learning (CASEL) has worked closely with the Washoe County School District (WCSD) through its six-year grant program. The results of the collaboration have been so promising that the Nevada Department of Education (NDE) is working to integrate CASEL principles in the state's classrooms. Following are the steps involved in building a successful SEL program:

Cultivate commitment and organization support among stakeholders such as: administration, teachers, staff, students, parents and external community individuals and organizations.

<https://drc.casel.org/vision/> Assess resources and needs by reviewing possible existing efforts and stakeholder awareness and training. <https://drc.casel.org/needs-assessment/>

Support classroom, individual school and community SEL programs through intensive training, parent education, student involvement and develop awareness throughout every Nevada school district. (<https://drc.casel.org/professional-development/>)

Establish a system for continuous improvement by devising an evaluation process to identify strengths, opportunities and challenges to inform implementation for subsequent years. (<https://drc.casel.org/continuous-improvement/>)

### SEL Pre-Service Training, Endorsement, Professional Development

The initial budget for SEL implementation and maintenance will be reduced over time as SEL trained new teachers enter districts with pre-service SEL training at the college and university levels.

To require for pre-service training, a one-class would be required for teacher licensure.

To create an SEL Endorsement, where 12 credits would be required. These veteran teachers would serve as district coaches to maintain professional development standards upon completion of their training.

To integrate SEL into the Cultural Competency requirement for teacher's license renewal.

## Caryn Swobe, continued...

- i. 215,000 students experienced gun violence in schools between Columbine and Stoneman Douglass. 141 students, educators and people have been killed, 287 injured. Through May 25, 2018, 17 school shootings occurred, the highest number since 1999. (Washington Post, 2018)49.5% of U.S. college-bound youth will have had a diagnosable mental illness by the time they are 18. (Child Mind Institute-Speak Up for Kids Report, 2015)Trauma in schools has increased from 1 in 5 students 20 years ago (ACE's Study) to over 50% (Clifford Beers).Reported bullying has increased 21%, since tracking began in 2003. 77% of students are bullied mentally, physically and verbally. 160,000 kids stay home from school each day for fear of being bullied. 1 in 10 students drop out because of bullying. (National Center for Educational Statistics)Suicides replaced homicides as the second leading cause of death among 15-19 year olds. (Population Reference Bureau)Approximately 50% of teens have misused drugs (prescription or illicit) at least once in their life. (U.S. Department of Health and Human Services (2016), Teen Drug and Alcohol Statistics and Information, ProjectKnow.com) Durlak and colleagues (2011) found that when evidence-based social and emotional learning is programmed properly, both academics and the well-being of students improve. Specifically, their meta-analysis of 213 studies involving more than 270,000 students demonstrated that those who participated in evidence-based social-emotional learning programs showed an 11-percentile point gain in academic achievement compared with those who did not. Students also demonstrated improved attitudes and positive classroom behavior. Reduced risks for failure were also evidenced by a decrease in conduct problems and emotional distress. A further study found that social and emotional learning programs, implemented with fidelity, can return \$11 for every \$1 invested (Belfield, Bowden, Klapp, Shand, & Zander, 2015); therefore, empowering educational leaders to utilize more funds on academic programs and services.

## Katherine Dockweiler

1. Require statewide social-emotional-behavioral (SEB) programming as part of a multi-tiered system of support framework that requires each school to implement an integrated SEB program with screenings, interventions, and progress monitoring. Establish administrator accountability standards to ensure that the framework is implemented with fidelity on every campus.
  - i. A universal, comprehensive framework that is customizable and replicable and that can be implemented statewide will equitably benefit all students. Identifying students in need of social-emotional-behavioral support, providing interventions, and tracking their progress can help remediate negative and violent student behavior before it escalates into more severe behavior and the student harms themselves or others.
  
2. Implement a statewide system to track and support students with known mental health issues as they move between education settings and as they transition out of high school.
  - i. Students who move between educational settings (districts, charters, private, homeschool, transition) do not remain within the mental health transition system with the public schools. These students have significant mental health needs that often go unaddressed, or under addressed, due to trauma in their home life, among other factors, and do not receive the care they need. With a statewide, comprehensive tracking system, these students can receive the care they need regardless of their educational or home setting.
  
3. Require higher education institutes to offer preservice teachers instruction on social-emotional-behavioral (SEB) curricular programming and the SEB multi-tiered systems of support framework.
  - i. Understanding and managing student behavioral is largely absent from preservice training programs and many current teachers report feeling underprepared to deal with student social-emotional-behavioral issues even after having decades of teaching experience.

## Katherine Dockweiler, continued...

4. Create school-based mental health pipeline and incentivize students to enter into the fields of school psychology and school counseling through loan forgiveness programs. Expand existing higher education training programs for school psychology and school counseling. For social work and nursing programs, include specialized coursework in education systems (general and special education). Create stacked degree programs for school-based mental health professions.
  - i. Nevada has existing teacher pipelines in place. Using existing models, school-based mental health professional pipelines could also be established.

5. Establish statewide recommended ratios for all school-based mental health providers (school counselors, school psychologists, and school social workers) that align with their respective national association recommended ratios, and require each school district to establish a school-based mental health ratio improvement plan for each of the three professions to achieve this ratio within 15 years. Include definition of each profession and supervision structure as part of the improvement plan. Consider also including school nurses in this initiative.

- i. Without adequate numbers of school-based mental health professionals the initiatives sought to pass and implement successfully will falter. Every other licensed professional domain on a school campus has a professional to student ratio except these four.

All school-based mental health professions are 4-5 times over their nationally recommended ratios.

National Recommended Ratios and Estimated Current Ratios:

School Counselors 1:250, 1:1000

School Social Workers: 1:250, 1:1500

School Psychologists: 1:500, 1:2500

School Nurses: 1:750, 1:2500

6. Include school nurses, school counselors, and school psychologists in the NDE Integrated System of Funding for Medicaid.
  - i. In doing so, the work that these professionals do could generate revenue for their respective school districts.

## Jill Tolles

1. Conduct a survey of all schools including input from parents, staff, and students on school climate, safety, programs currently available and utilized, and a SWOT analysis (strengths, weaknesses, opportunities and threats).
  - i. Information collection was "the most important phase of the project and is the cornerstone for all recommendations or actions going forward. It was imperative to be as thorough in all information-gathering efforts so that as many stakeholders as possible were involved in the process". (WCSD Safe and Healthy Schools Executive Summary, p. 8)

## Katherine Loudin

1. Use and fund equitable instructional practices to promote inclusion and school climate
  - i. Inclusive practices and school climate promote student safety by supporting ALL students and including the voice of All students
  
2. Use Social Emotional Learning to promote school safety across the state
  - i. Social and Emotional Learning provides core prevention and intervention and is directly related to school safety. Social and emotional learning (SEL) programs, which previously have shown immediate improvements in mental health, social skills, and academic achievement, continue to benefit students for months and even years to come, according to a 2017 meta-analysis from CASEL, the University of Illinois at Chicago, Loyola University, and the University of British Columbia.

## Katherine Loudin, continued...

3. Promote trauma informed and responsive schools training across Nevada public schools
  - i. Trauma is a common experience for many students, and the impact on learning and behavior at school can be significant. Reactions to trauma can manifest as avoidance of schoolwork, anxiety, irritability, defiance, and/or aggressive conduct. When educators are not trauma informed, they can easily misinterpret these concerning behaviors and intervene with strategies that are ineffective and that can exacerbate trauma symptoms.
  
4. Build capacity for substance abuse prevention planning and evidence-based program implementation
  - i. Students who abuse alcohol, marijuana, and other drugs often experience significant problems with school attendance, behavior, and academic performance. Schools that are trained to effectively assess substance abuse patterns, plan and implement evidence-based interventions, and evaluate the impact of their interventions are able to engage in successful prevention and intervention strategies.
  
5. Support, fund and refine use of research based early warning systems by Districts
  - i. An early warning system (EWS) is a systematic process of identification and intervention to help students get on track to meeting educational and other milestones. It can better prepare schools to support student needs thus promoting safer schools.



## Leon Ravin, MD

1. Mandate that the licensing boards for physicians, physician assistances, advance practice registered nurses and all other professionals authorized to practice medicine in the state of Nevada implemented regulations requiring professionals currently licensed by their respective boards to complete at least 2 hours of continues medical education on gun safety and self-harm and harm-to-others risk reduction during the next licensing period.
  - i. The presence of handgun in the home has been shown to double the risk of adolescent suicide (Brent DA, Perper JA, Allman CJ, et al: The presence and accessibility of firearms in the homes of adolescent suicides: a case control study. JAMA 266:2989-2995, 1991); Three quarters of youth who shoot themselves do so with a gun they or a relative own (Grossman et al.: Self-inflicted and unintentional firearm injuries among children and adolescents: the source of the firearm. Arch Pediatr Adolesc Med 153:875-878, 1999); In majority of cases (70%) threats issued by youth were classified as transient and could be resolved quickly (Cornell et al. 2004), also referenced at Student Threat Assessment as a Standard School Safety Practice: Results From a Statewide Implementation Study, <https://www.apa.org/pubs/journals/features/spq-spq0000220.pdf> ;  
There are multiple examples that the society clearly fails to consistently ensure safe gun storage, [https://www.washingtonpost.com/news/wonk/wp/2016/05/01/toddlers-have-shot-at-least-23-people-this-year/?utm\\_term=.ad57576757e0](https://www.washingtonpost.com/news/wonk/wp/2016/05/01/toddlers-have-shot-at-least-23-people-this-year/?utm_term=.ad57576757e0) ;  
  
<https://everytownresearch.org/notanaccident/>;  
<https://www.snopes.com/fact-check/toddlers-killed-americans-terrorists/> ;  
  
11<sup>th</sup> U.S. Circuit Court of Appeals upheld the constitutionality of physicians inquiring about gun ownership and safekeeping as part of their routine medical screening, ruling 10-1, finding the state of Florida had not shown any valid reason for restricting doctors' speech through Firearm Owners' Privacy Act (often abbreviated FOPA) passed by the Florida Legislature in 2011.  
<https://www.reuters.com/article/us-usa-florida-guns-idUSKBN15V2YX>

## Leon Ravin, MD, continued...

2. Mandate that the licensing boards for physicians, physician assistances, advance practice registered nurses and all other professionals authorized to practice medicine in the state of Nevada implemented regulations requiring professionals initially licensed by their respective boards to complete at least 2 hours of continues medical education on gun safety and self-harm and harm-to-others risk reduction during their first two years from initially being licensed.

- i. **The presence of handgun in the home has been shown to double the risk of adolescent suicide** (Brent DA, Perper JA, Allman CJ, et al: The presence and accessibility of firearms in the homes of adolescent suicides: a case control study. JAMA 266:2989-2995, 1991);

**Three quarters of youth who shoot themselves do so with a gun they or a relative own** (Grossman et al.: Self-inflicted and unintentional firearm injuries among children and adolescents: the source of the firearm. Arch Pediatr Adolesc Med 153:875-878, 1999);

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**examples that the society clearly fails to consistently ensure safe gun storage,** [https://www.washingtonpost.com/news/wonk/wp/2016/05/01/toddlers-have-shot-at-least-23-people-this-year/?utm\\_term=.ad57576757e0](https://www.washingtonpost.com/news/wonk/wp/2016/05/01/toddlers-have-shot-at-least-23-people-this-year/?utm_term=.ad57576757e0) ;

<https://everytownresearch.org/notanaccident/>;

<https://www.snopes.com/fact-check/toddlers-killed-americans-terrorists/> ;**11th U.S.**

**Circuit**

**Court of Appeals upheld the constitutionality of physicians inquiring about gun ownership and safekeeping as part of their routine medical screening, ruling 10-1, finding the state of Florida had not shown any valid reason for restricting doctors' speech through Firearm Owners' Privacy Act (often abbreviated FOPA) passed by the Florida Legislature in 2011.**

<https://www.reuters.com/article/us-usa-florida-guns-idUSKBN15V2YX>

3. Provide incentives for “smart gun” sales and ownership through tax incentives and insurance rate reductions.

- i. There are no clear evidence of school shootings using “smart gun” technology firearms;

## OSRLE-Christy McGill

1. Expand district capacity for Medicaid billing for behavioral health services such as social workers and support w/ 1 FTE at NDE.
  - i. A 2017, a survey by the School Superintendents Association found that 68 percent of superintendents said Medicaid dollars funded school nurses, counselors and other health staff members. More than half of superintendents said they have worked to expand the number of students enrolled in Medicaid, which can increase revenue to the school districts.
  
2. 1 FTE to create school climate and equity framework at state level that contributes to school improvement planning.
  - i. It will be important to balance equity with school safety and this FTE would look at all school safety and health initiatives at the NDE through the lens of equity and reducing disparities--supporting strategies like restorative justice and trauma informed schools
  
3. To bring Nevada's laws regarding exclusionary discipline practices in schools up to date with current research on suspension and expulsion. Concept: Revise NRS 392.4655-4675 to
  - a. prohibit the suspension of any student in grades K-2,
  - b. prohibit long-term suspensions (10 or more days) for any reason,
  - c. prohibit expulsion for any reason,
  - d. includes a requirement that every office discipline referral that meets a certain threshold triggers a referral to a Specialized Instructional Support Personnel (SISP; i.e. school social worker, school counselor, school psychologist) and the administration of a brief screener to support the development of a behavior support plan,
  - e. a requirement that a behavior support plan be put in place for every student that is suspended, for both in- and out-of-school suspensions.
    - i. Research consistently demonstrates that zero tolerance, exclusionary school discipline practices have an adverse negative effect on the academic and behavioral health outcomes of students, with one study finding that a single suspension increases a student's likelihood of dropping out by 20% (\_\_\_\_, 2017). Many states have acknowledged this by adopting policies that prohibit such practices, especially for younger students (typically K-2).

## OSRLE-Christy McGill, continued...

4. Create a shared school based behavioral health plan.
  - i. The School Mental Health plan could outline how multiple partners come together to support the emotional health and academic growth of all students through:
    - A comprehensive array of effective and efficient services and supports which is integrated throughout the levels of student supports;
    - Incorporates a three-tiered approach when assessing school mental health needs through prevention, intervention, and targeted interventions
    - Accessibility to behavioral and mental health services and programs;
    - Utilization of school and community personnel to provide necessary supports and services; and
    - Collaborative relationships that engage school, family and community.

## Pat Hickey & Bridget Peterson

1. Under the Governor’s Statewide School Safety Task Force’s charge to address Student Well-being under the Chairman’s category of “supporting the role of the family;” we propose the Task Force produce a statement [working title], “Our Kids, Our Schools, Our Duty to Help Protect.” This school safety document could be distributed by the DOE (or the Office of Safe and Respectful Learning) to all district, charter, and private schools in Nevada before the start of the 2019 school year.
  - i. “Parents and educators need to make time to speak with the young people in their lives to reinforce feelings of safety and belonging and to respond authentically to a young person’s fears and concerns.”  
Christy McGill, Director of the Office for a Safe and Respectful Learning Environment
  
2. This optional document could be used by school leaders, principals and staff—to help communicate with parents, students and caregivers:
  - a. What state-wide safety precautions are in place in their school.
  - b. Provide crucial tips on responding to children’s emotional needs during times of crisis.
  - c. Provide examples of early warning signs in children, etc.
    - i. Parents happen to be the most important catalysts in promoting good mental health [or not] in their children. Depression, anxiety, learning disabilities, and attention-deficit hyperactivity disorder (ADHD) are some of the common mental health problems in American kids. The occurrence of mental health issues can be prevented, as well as treated, with parents implementing a purposeful approach toward parenting. Right from meeting a child’s basic and physical needs to making sure his or her psychological needs are also getting fulfilled, parents carry a huge responsibility of raising their ward to be a healthy being. A proactive parent will come to know when a child has a mental health problem.”  
Role in a Child’s Mental Health” Mental Health Helpline: “Parents’ Role in a Child’s Mental Health”

## Pat Hickey & Bridget Peterson, continued...

### ii. **Warning signs that your child might have a mental health condition include:**

**Mood changes.** Look for feelings of sadness or withdrawal that last at least two weeks or severe mood swings that cause problems in relationships at home or school. **Intense feelings.** Be aware of feelings of overwhelming fear for no reason — sometimes with a racing heart or fast breathing — or worries or fears intense enough to interfere with daily activities.

**Behavior changes.** These include drastic changes in behavior or personality, as well as dangerous or out-of-control behavior. Fighting frequently, using weapons and expressing a desire to badly hurt others also are warning signs.

**Difficulty concentrating.** Look for signs of trouble focusing or sitting still, both of which might lead to poor performance in school.

**Unexplained weight loss.** A sudden loss of appetite, frequent vomiting or use of laxatives might indicate an eating disorder.

**Physical symptoms.** Compared with adults, children with a mental health condition might develop headaches and stomachaches rather than sadness or anxiety.

**Physical harm.** Sometimes a mental health condition leads to self-injury, also called self-harm. This is the act of deliberately harming your own body, such as cutting or burning yourself. Children with a mental health condition also might develop suicidal thoughts or attempt suicide.

**Substance abuse.** Some kids use drugs or alcohol to try to cope with their feelings.

*Mayo Clinic: "Mental Illness in Children: Know the Signs"*

## Zac Robbins

1. Encourage/incent the use of restorative practices in schools as an alternative to out of school consequences for behavioral infractions and the accompanying frustration that sometimes leads students to engage in antisocial or other behaviors that threaten the safety and/or learning of others.
  - i. Restorative practices in schools reduce suspensions and expulsions rates and serve as a therapeutic approach to prevent and reduce the behaviors that often lead to out of school behavioral consequences.
  
2. Encourage/incent Districts throughout the Nevada to institutionalize restorative practices as a preventative measure for antisocial behavior on campuses. What Fairfax County Public Schools (in Virginia) has done might be a model.
  - i. A Districtwide, institutional, preventative approach to restorative practices may prove to be effective as a means to reduce suspension, expulsions, and the accompanying frustration that sometimes leads students to engage in antisocial or other behaviors that threaten the safety and/or learning of others.