

Anne Arundel Mental Health Task Force

Summary Report October 2020



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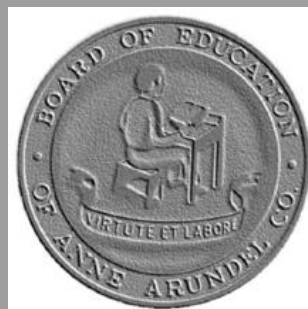


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Anne Arundel Mental Health Task Force

Executive Summary

In May 2019, the Board of Education of Anne Arundel County endorsed a motion to have Dr. George Arlotto, Superintendent of Anne Arundel County Public Schools, create a task force to address the mental health needs of children and adolescents in Anne Arundel County. Recognizing that the issues surrounding the mental health of children and the work to be done to combat those issues is bigger than any one agency, Dr. Arlotto collaborated with County Executive Steuart Pittman on this effort. They decided that this joint task force should be co-chaired by Ryan Voegtlin, Director of Student Services, Anne Arundel County Public Schools, and Adrienne Mickler, Executive Director, Anne Arundel County Mental Health Agency.

On July 10, 2019, Mr. Voegtlin and Ms. Mickler presented a task force proposal to the Board. The goals of the task force were to (1) identify factors contributing to increased mental health needs of our children; (2) better coordinate services and communication among the school system, county government, and providers; (3) identify proactive measures and best practices for improving child mental health; and (4) make recommendations for improved service delivery to children and families.

With these four goals in mind, a task force that represented the diverse composition of the county was created. The task force included leadership representation from all health and human service departments of Anne Arundel County, Anne Arundel County Public Schools, the Anne Arundel County Police Department, and the Annapolis City Police Department. It also included providers of behavioral health services, family members, student representatives, and concerned citizens.

During the following months, the full task force met three times. At the first meeting, priority areas were established, and individuals were asked to align themselves to work in one of eight priority areas in which they had the most interest. Work within these areas was encouraged between meetings of the full task force and was evidenced by interim reports. A summary of those reports was presented at the second meeting, with another interim goal of preparing recommendations to present at the third full meeting.

There were many recommendations on the table for final approval when the COVID-19 pandemic impacted the United States and Anne Arundel County. As we all know, the county and the school system had to abruptly shift to a new and constantly changing learning environment. At that point, the co-chairs requested and received an extension for the final report to be delivered not by the May 2020 deadline established by the Board, but in October 2020.

In July 2020, the subcommittee chairs of the eight previously identified priority areas met to discuss the relevance of the recommendations at that time. After considerable discussion, it was determined that the recommendations remained salient, but that other recommendations brought on by the impact of the pandemic would be likely be needed in addition to those already suggested. A final meeting of the full Task Force was held virtually on September 24, 2020, with the intent of prioritizing the recommendations that had been proposed during the January 24, 2020, meeting of the Task Force. Due to the logistics mandated by the pandemic, the prioritization was

challenging, and the work was completed individually rather than through committee discussions. The following is a list of the priority areas and the recommendations from each that surfaced as most prominent. The remaining recommendations are included in the body of the full report and should be considered. The priority areas are in bold and are not ranked. They are listed in alphabetical order as each area was considered a vital factor for consideration regarding the well-being of children:

- **Discrimination, Bias, and Cultural Barriers**
 - Provide Training on Diversity (LGBTQ+, race, ethnicity, cultural) and the Impact of Racism and Discrimination on Student Well-Being
- **Lack of Access to Resources and Mental Health Providers**
 - Conduct an Assessment and Audit of Student and Family Access to School-Based Mental Health Services, Evaluate Provider Performance, and Determine Whether School-Based Mental Health Provider Agencies Should be Expanded
- **Mental Health Stigma**
 - Provide Training on Mental Health Education and Professional Development by Using Mental Health First Aid Training for Parents, Teachers, Adults and Teens; and Provide Training on Suicide Prevention
- **Parental Substance Use Disorders**
 - Expand Support and Increase Capacity for Treatment and Case Management for Families and Students with Substance Use Disorders
- **Poverty**
 - Provide Training on Trauma Informed Care and the Impact of Adverse Childhood Experiences on Learning and Development
- **Social Media**
 - Expand Advertised Suicide/Mental Health Hotlines to Include Use of Text Lines
- **Stress and Pressure**
 - Provide Training for Parents and School Staff on Stress and Anxiety in Children and Adolescents, and Their Impact on Student Success
- **Trauma**
 - Expand Number of Mobile Crisis and Crisis Intervention Teams Available to Schools During the School Day

As noted above, the progress of the Anne Arundel Mental Health Task Force was disrupted due to the COVID-19 pandemic, as it was unable to hold the final meeting until September 24, 2020. The mental health needs of children and adolescents in the county have been affected significantly by COVID-19, and these recommendations were made prior to that impact. New mental health challenges are currently being experienced by students and parents at home, especially around access to resources, social isolation, and technology.

For this reason, the co-chairs of this Task Force advise publishing these additional recommendations, which are included in the full report, as an important

resource for valued interventions that may be useful now or in the future, as circumstances change. The Task Force recommends further study of the post-COVID-19 impact in order to achieve a better understanding of the mental health needs of teachers, school staff, parents, children and adolescents in Anne Arundel County.

In its September 24, 2020 meeting, the Task Force noted that recent events have illuminated areas of great concern moving forward, especially with respect to COVID-19/social isolation and social unrest/racism. The Task Force acknowledges the disproportionate impact of COVID-19 on people in poverty and of color; the traumatic effect of some actions taken related to the impact of police responses to people of color; the struggles parents are facing with children at home during the school day; loss of jobs and reduced income; increases in substance use, mental health concerns and suicidal ideology -- and many other post-COVID impacts. Ideas suggested by Task Force members that need further exploration and discussion are included in the body of the report. Most of the suggestions apply to the priority areas listed above, but the Task Force acknowledges they involve a perspective that was unthinkable prior to the COVID-19 pandemic.

What the additional recommendations confirm is that the impact of our environment on mental health and well-being is the unspoken key factor in this report. System improvements evolve as we continue to analyze data and make recommendations based on current demands and needs. However, as time goes on, it is likely additional needs and insights will arise, such as the need to modify and add recommendations based on the COVID-19 pandemic.

The Task Force notes that some of the recommendations, both from the original and new lists, are in the process of implementation as part of the usual and customary work of the AACPS and the Mental Health Agency. These will be noted in the body of the report.

The Task Force is grateful to the Board for its intense interest in the behavioral health needs and wellness of its students, parents, teachers and the larger community and looks forward to continued community discussion and improvements in this area. Collaborations and partnerships throughout the community at all levels will be needed moving forward to maximize results.

Introduction

In May 2019, the Anne Arundel County Board of Education requested that Dr. George Arlotto, Superintendent of Anne Arundel County Public Schools, create a task force to address the mental health needs of children and adolescents in Anne Arundel County Public Schools. The Board requested that a proposal be presented at the July 10, 2019 Board of Education meeting.

Dr. Arlotto collaborated with County Executive Steuart Pittman on this effort and they decided that this joint task force should be co-chaired by Ryan Voegtlin, Director of Student Services, Anne Arundel County Public Schools, and Adrienne Mickler, Executive Director, Anne Arundel Mental Health Agency.

On July 10, 2019, Mr. Voegtlin and Ms. Mickler presented a task force proposal to the Anne Arundel County Board of Education. The goals of the task force were to (1) identify factors contributing to increased mental health needs of public school students;

(2) better coordinate services and communication among the school system, county government, and providers; (3) identify proactive measures and best practices for improving child mental health; and (4) make recommendations for improved service delivery to children and families.

The structure of the task force was to be four bi-monthly meetings held in September 2019, November 2019, January 2020, and March 2020, with a final report provided to the Anne Arundel County Board of Education, the Superintendent of Anne Arundel County Public Schools, and the County Executive of Anne Arundel County. During these meetings, the task force would develop an overview of services provided through Anne Arundel County Public Schools and Anne Arundel County government agencies, conduct a gap analysis, establish subcommittees, and provide recommendations for next steps to support the mental health needs of children and adolescents in Anne Arundel County public schools.

Based on this proposal, Mr. Voegtlin and Ms. Mickler created a comprehensive list of agencies to include on the task force, listed in Appendix A, and scheduled dates for the task force meetings. As is evident from the appendix, the task force membership was inclusive of every Health and Human Service department in the county, law enforcement, the vast network of providers of behavioral health services, the AACPS staff and leadership, student representation, families, advocates and political representatives. Representation on the task force was open to the public for a specified amount of time, at which time the task force was established. The full task force members were invited to all four meetings. The first meeting was open to members of the general public as well.

The Task Force held three of the originally planned meetings before COVID-19 led to cancellation of the fourth meeting. The energy and discussions at the meetings were robust and provided great insight into the factors affecting the mental health of our students. The continued participation and hard work of the task force members underscores the importance that our community has placed on this project. The Sub-Committee Chairs met in July 2020 to take an environmental scan considering post-COVID events and a fourth meeting was held on September 24, 2020.

Task Force Meeting #1

In response to a series of questions in Task Force Meeting #1, the group created a pre-assessment for the Task Force work moving forward, which can be found in Appendix B.

After the pre-assessment was completed, the co-chairs presented trend data on suicidal behavior of AACPS students and the number of youths served by Mobile Crisis services. These data supported the need to create a mental health task force to explore the mental health needs of children and adolescents in Anne Arundel County Public schools.

The co-chairs presented information on the mental health supports within their agencies in order to educate the members of the Task Force on the mental health resources available within the school system and in the community. From that discussion, it was clear that many Task Force members were unaware of the extensive array of services that are currently available to Anne Arundel County public school

students. Moving forward, a complete inventory with information on how to access existing services should be made available and updated at least annually.

After discussing existing resources, the Task Force broke into small groups to read a series of articles about potential factors contributing to increased mental health needs of children and adolescents. See Appendix C. Each small workgroup then developed a draft analysis of the most significant contributing factors. Those analyses were later used to define subcommittees focused on the areas of greatest concern.

Task Force Meeting #2

During the second meeting, the Task Force members engaged in an activity in which they brainstormed the Tier I (Universal), Tier II (Targeted), and Tier III (Intensive) mental health interventions that are currently available in Anne Arundel County. Those responses can be found in Appendix D. Following the Tier I, II and III analyses, the Task Force created a list of mental health supports that should be available and either do not exist or are insufficiently resourced. That list can be found in Appendix E.

The Task Force members were then assigned to their respective subcommittee groups based on their areas of expertise and where the members had the most interest or concern. The subcommittees were formed based on the eight factors identified most often in the first Task Force meeting as contributing significantly to the increased need for mental health support in Anne Arundel County Public Schools. The subcommittees were asked to discuss their assigned “contributing factor,” and then complete a gap analysis of resources and interventions needed to address their assigned area. The subcommittees are listed below, along with their initial gap analysis.

Discrimination, Bias and Cultural Barriers Subcommittee

This subcommittee determined that the gaps center around unaddressed fear and stigma; unreconciled communication styles; unresolved misunderstandings, generational trauma, and lack of trust; unaddressed apathy, cultural or racial bias, or shame, language and other communication barriers, and assimilation pressures; failure to resolve negative or toxic community attitudes, community conflict, poverty, and unstable housing

Trauma Subcommittee

This subcommittee determined that the gaps center around unaddressed victimization, homelessness, abuse, domestic violence, a pattern of multiple relocations, substance abuse, abandonment, intergenerational trauma, mental illness, bereavement, insecure attachment, and bullying.

Poverty Subcommittee

This subcommittee determined that the gaps center around insufficient or a lack of wraparound services, residential treatment, transportation, healthy foods, crisis

intervention, trauma training, mental health education, lack of long-term follow-up, case management, in-school mental health screening, behavioral health treatment options, and proactive interventions.

Social Media Subcommittee

This subcommittee determined that the gaps center around insufficient or ineffective social media policies within the public schools, resources and consistency in implementation throughout the school system. The subcommittee determined that there are examples of programs using social media in a positive manner to support mental health, but they are not universal.

Parental Substance Use Disorder Subcommittee

This subcommittee determined that the gaps center around lack of support, resources and services to address the needs of grandparents and other relatives taking on the responsibility of raising children, conflicts that occur when recovery and relapse happen, early use of substances by parents and students, parental dysfunction that can lead to hopelessness, self-harming, and/or suicidal ideation in students.

Stress and Pressure Subcommittee

This subcommittee determined that the gaps center around insufficient resources, processes and policies to help students address internal pressures, too much homework and a lack of free time; the need to do more to educate students about available resources, educate parents about best practices for addressing mental health concerns in their child/children and unhealthy use of student time.

Lack of Access to Resources and Mental Health Providers Subcommittee

This subcommittee determined that the gaps center around a lack of services available to students and families covered by private insurance in particular; lack of early childhood services, transportation, awareness of services, and bilingual services; the inability of individuals needing mental health treatment to pay copays and deductibles; and a lack of services for individuals who are uninsured and/or undocumented.

Mental Health Stigma Subcommittee

This subcommittee determined that lack of resources, education and training about stigma often discourages open and honest discussions about mental illness among students, parents and other adults. In addition, lack of specific information on stigma in AACPS advisory lessons and a lack of wraparound services are areas of concern.

At the end of the Task Force meeting, the subcommittees were tasked with further researching their assigned area and recommending best practices for resolving areas of concern at the next Task Force meeting. Task Force members were

encouraged to meet with their subcommittee members between full Task Force meetings in order to complete the work needed for their recommendations.

Task Force Meeting #3

To start the third Task Force meeting, the co-chairs reviewed the Tier I, II, and III mental health interventions currently available in Anne Arundel County as background for discussing next steps. See Appendix D. For the remainder of the meeting, each subcommittee presented information on research and best practices related to their assigned area. See Appendix F.

At the end of the meeting, the subcommittee members were asked to convert their research and best practices into their top-priority recommendations, as listed below:

Draft Task Force Recommendations

Discrimination, Bias, and Cultural Barriers

- **Provide High-Quality Diversity Training** – for all teachers, counselors, and administrative personnel; and develop specific protocols for staff to use in responding to hate speech and discrimination.
- **Expand the Community School Model** – This model allows the target school to become the hub of mental health and community resources, especially in high-poverty areas. It brings the community to the school for better access and support around social determinants of health.
- **Create Visual Artifacts that Convey Anti-Bias and Affirmation for ALL Groups** – These are campaigns in schools that target anti-bias and promote diversity.
- **Provide Culturally and Linguistically Appropriate Services**– Areas of focus should include service availability, information dissemination, service access, and removing barriers.
- **Form a Gender Sexuality Alliance (GSA) Club in Every High School and Middle School** – GSAs are intended to provide a safe and supportive environment for LGBTQ+ students and their allies. Research shows having a GSA at school reduces the risk of suicidal ideation among LGBTQ+ students, even if they do not participate.
- **Create LGBTQ+ Connections** – Provide consistent avenues for teachers/administrators to voluntarily identify themselves as "safe" individuals for LGBTQ+ youth to approach and discuss their concerns.

Lack of Access to Resources and Mental Health Providers

- **Review and Revise Contractual Requirements for School-Based Mental Health Providers** – Use Health Department and Anne Arundel County Mental Health Agency expertise in contracting and evaluating the performance of these agencies.

- **Reimburse Providers for Necessary Services Not Covered by Medicaid or Other Insurers** – This includes classroom observations, attendance at IEP meetings, and attendance at PTA meetings.
- **Expand Availability of In-School Mental Health Provider Agencies** – Increase the number of partner agencies available to meet the growing need for mental health support for children and adolescents.
- **Expand the Number and Diversity of Clinicians Available from Each School-Based Partner**
- **Make Behavioral Health Part of an Overall Wellness Strategy Within the Schools**
- **Improve Coordination Between School-Based Behavioral Health Efforts and Community-Based Services**
- **Review System-Wide Policies for the Use of In-School Crisis Services**
- **Review Policies for Referring to Behavioral Health Providers** – Develop "warm handoff" guidance for school staff.
- **Encourage Schools to Conduct a Self-Assessment on Access to Mental Health Services**
- **Conduct Focus Groups on Services** – Get regular student and family input about access concerns and needed services.
- **Expand Offerings of School-Based Mental Health Services** – This would include multilingual tele-psychiatry screenings for substance abuse and suicide risk, family-to-family peer support, and a person-centered approach that is trauma informed and resilience based.
- **Improve the Cultural Competency of Mental Health Clinicians** – There should be a specific focus on supporting LGBTQ+ students and their families.
- **Use the School as the Hub of the Community** – Include Department of Social Services community access at schools, health services, parent/child programs, system navigation resources, community training (resilience, Mental Health First Aid), behavioral health resources, and recreation services.
- **Conduct Evidence-Based Suicide Prevention Training for School-Based Staff**

Mental Health Stigma

- **Provide Parents, Teachers, Staff, Teens and Youth with Mental Health First Aid Training** – This training provides increased awareness about mental illness/health and specific ways to support others and yourself when faced with a mental health concern. There is a clear connection between mental health and academic performance. Teachers, parents, students and others can make a significant difference just by recognizing the signs and symptoms of mental health concerns that students are exhibiting and providing recommended support.
- **Implement a Uniform Advisory Period in All Schools** – Create a student advisory period at the beginning of the school day to allow students to release any anxiety or mental health concerns they have before going into their first-class period. Having a system-wide curriculum for advisory periods would allow for more structure in the school system.

- **Provide Parent Mental Health Education** – Create opportunities for parents to learn about mental health/illness. There are three main parts to breaking down any stigma about mental illness: Advocacy, Education, and Interaction. This recommendation would address two of these: education and interaction. The Mental Health Teen Advisory group reported that one of their big concerns was the dismissive attitude and general lack of understanding exhibited by some parents when faced with their child’s mental health needs. They noted that students had been exposed to speakers who had successfully addressed their own mental health concerns -- and they very much wanted their parents to hear the same message.

Parental Substance Use Disorders

- **Expand the Strengthening Families Program** to increase capacity to address the substance use needs of parents. This program teaches parenting, stress reduction, and communication skills.
- **Expand Case Management to include Parents with Substance Use Disorders**
- **Expand Therapeutic Alternative Programs** – These are programs in elementary through high school that provide smaller class sizes, more mental health support, case management, parent education, and family therapy.
- **Provide Mental Health Training for Teachers, Staff, Parents, the Community and Students**

Poverty

- **Provide Training on Trauma, Adverse Childhood Experiences (ACEs), and the Impact of Poverty on Student Well-Being** – Poverty and trauma live together in vulnerable neighborhoods. Students from low income families are far more likely to have suffered multiple ACEs, but all students are potentially vulnerable. If unaddressed, many students struggle in school. All children need a trauma informed and responsive system.
- **Increase Staffing for Pupil Personnel Workers, School Social Workers, and Community Ambassadors** – Ensure that each vulnerable school has at least one. Schools are increasingly impacted by the social determinants of health, behavioral health concerns, and needs related to mental wellness. Teachers should be able to focus on teaching while those trained in human services help manage the many issues that prevent students from succeeding school. Outreach to parents is very important and could be increased by this level of staffing.
- **Support Place-Based Services Based on Racial/Ethnically Disaggregated Data** – Interventions should target specific areas where the data tell us our children and families with mental health needs are most likely to live.

Social Media

- **Expand Advertised Suicide/Mental Health Hotlines to Include Use of Text Lines** - Embrace the ways in which students communicate via technology and add the crisis text line (741741) to both in school and out of school

communications. Many students prefer non-telephone options, in part because it allows them to have more privacy when they are communicating.

- **Reinforce Safe Usage of Technology** – Use YouTube as a social media platform for Student Services staff and students to create videos related to mental health issues. Review advisory lessons, community circles, Global Citizenship class lessons and any possible options for reaching elementary school students for additional opportunities.
- **Create Additional Green Spaces at Middle Schools** – Encourage positive mental health through balancing screen time with outdoor time. Eight middle schools currently have access to these green spaces through a Title IVA grant.

Stress and Pressure

- **Provide Parent Education on Stress and Anxiety in Children and Adolescents** – Provide parent workshops that focus on avoiding overscheduling and providing students with time to decompress, understanding that children ages 6-12 need 9-12 hours of sleep and teenagers need 8-10 hours of sleep; serving a healthy diet, incorporating exercise, modeling self-care, and knowing the difference between stress and anxiety.
- **Identify At-Risk Youth through Universal Mental Health Screenings at Developmental Milestones**
- **Decriminalize Truancy** – This would be modeled after HB 2398 in Texas. They recognized a misallocation of resources and shifted to addressing causes of chronic absenteeism. They did not see an increase absenteeism based on the change in the law.
- **Implement Positive Psychology**, which involves strategies and interventions that prevent depression, and build strengths and wellbeing.

Trauma

- **Expand Number of Mobile Crisis and Crisis Intervention Teams Available to Schools** – Additional teams available to the schools will allow the Crisis Response System to meet increasing mental health needs, including follow up care coordination needed to assure that wraparound supports are provided
- **Increase Bilingual Therapists and Mental Health Clinicians**
- **Develop a Therapeutic Nursery Program (ages 0-3)** – There is a strong need for a program that supports young children who may have experienced trauma and have risk factors for future mental health challenges.
- **Provide Parent/Community Education on Trauma and Its Impact on Children and Adolescents** – Provide countywide workshops for parents on ACEs research and support, and how to raise a child in a trauma-sensitive manner.
- **Increase the Number of Community Schools** – Continue to provide funding through the Blueprint for Progress to expand the Community School Model.

Subcommittee Leaders Meeting

In May 2020, the co-chairs of the Task Force were granted an extension to conduct the fourth meeting in September 2020 and present the final summary and recommendations to the Board of Education, Dr. Arlotto, and County Executive Pittman in October 2020. Due to this extension, the co-chairs conducted a meeting with the subcommittee leaders on July 16, 2020 to discuss the draft recommendations above.

During this virtual meeting, the co-chairs reviewed the draft recommendations from each subcommittee, the subcommittee leaders provided feedback on the draft recommendations that they had presented to the full Task Force, and the group discussed the possibility of additional recommendations based on the pandemic and racial unrest. The consensus of the group of subcommittee leaders at that time was that the draft recommendations were representative of the work of their teams and remain valid and needed. At the same time, they acknowledged that changes since the start of the pandemic made some areas even more urgent and needed. Also, that some areas of concern were newly more pressing considering pandemic-related changes. They suggested discussing any additional or updated recommendations with the full Task Force at the meeting in September 2020.

Rescheduled Task Force Meeting #4

The co-chairs met with the entire Task Force virtually through Google meet for the final Task Force meeting on September 24, 2020. At the beginning of the meeting, the co-chairs updated the Task Force on events since the prior meeting and explained the final steps needed for completion of the report. There was a review of the original timeline of the Task Force and the revised timeline based on the pandemic and racial unrest.

Next, the co-chairs reviewed the draft recommendations that were presented to the subcommittee leaders in July 2020. The Task Force engaged in a Jamboard activity to provide feedback on their thoughts, ideas, and concerns related to the draft recommendations. See Appendix G. They were also asked to identify the top priority recommendation for their specific subcommittee and provide a justification for their choice. See Appendix H for discussion notes.

After providing feedback on the draft recommendations, the Task Force was asked to identify additional recommendations related to the pandemic and racial unrest. See Appendix I.

Below is a list of the priority areas and the top recommendations from each subcommittee that surfaced as most prominent, following the Task Force discussion. The remaining recommendations discussed in Task Force Meeting #3 and listed above continue to be relevant and essential and should also be considered. Finally, issues discussed in this meeting that emerged following the pandemic and social unrest listed in Appendix I are salient and should receive further discussion and review. The Task Force priority areas are in bold and are listed in alphabetical order as each area was considered a vital factor for consideration to the well-being of students.

Recommendations

- **Discrimination, Bias, and Cultural Barriers**
 - Provide Training on Diversity (LGBTQ+, race, ethnicity, cultural) and the Impact of Racism and Discrimination on Student Well-Being
- **Lack of Access to Resources and Mental Health Providers**
 - Conduct an Assessment and Audit of Student and Family Access to School-Based Mental Health Services, Evaluate Provider Performance, and Determine Whether School-Based Mental Health Provider Agencies Should be Expanded
- **Mental Health Stigma**
 - Provide Training on Mental Health Education and Professional Development by Using Mental Health First Aid Training for Parents, Teachers, Adults and Teens; and Provide Training on Suicide Prevention
- **Parental Substance Use Disorders**
 - Expand Support and Increase Capacity for Treatment and Case Management for Families and Students with Substance Use Disorders
- **Poverty**
 - Provide Training on Trauma Informed Care and the Impact of Adverse Childhood Experiences on Learning and Development
- **Social Media**
 - Expand Advertised Suicide/Mental Health Hotlines to Include Use of Text Lines
- **Stress and Pressure**
 - Provide Training for Parents and School Staff on Stress and Anxiety in Children and Adolescents, and Their Impact on Student Success
- **Trauma**
 - Expand Number of Mobile Crisis and Crisis Intervention Teams Available to Schools During the School Day

Summary

As noted above, the progress of the Anne Arundel Mental Health Task Force was disrupted due to the COVID-19 pandemic, as it was unable to hold the final meeting until September 24, 2020. The mental health needs of children and adolescents in the county have been affected significantly by COVID-19, and these recommendations were made prior to that impact. New mental health challenges are currently being experienced by students and parents at home, especially around access to resources, social isolation, and technology. This is acknowledged and will require further review and community conversations; however, the recommendations presented above are basic to improve student well-being and the mental health of our children.

The process and outcomes of the Mental Health Task Force demonstrate the evolving nature of healthcare. It also reminds us that as we learn and become more exact in health care delivery, it becomes evident that there is so much more to

understand. The Health Care Community and the School System are complex and so are the individuals we serve. All conditions, needs, thoughts and ideas must be recognized and acknowledged in order to achieve the best possible results.

The Task Force, like the rest of the world, had its environment change in ways that were never imagined. To that end, we came together in July to review the progress to date and made the determination that the Task Force work was so basic and key to the mental health success of our children that the recommendations should be presented in their current state for the reasons discussed. Common themes such as access and training were evident in every discussion. We also realized that there were new considerations that would require additional work and need to be woven into the fabric of how the recommendations at hand are to be implemented.

We also learned that communication and collaboration among the systems and with our families and children would be the key to our success. Holding ourselves accountable for these two overarching recommendations, again infused into all the work of the Task Force, will be the key to the future success of implementing any of the recommendations.

The Task Force is grateful to the School Board for its intense interest in the behavioral health needs and wellness of its students, parents, teachers and the larger community -- and looks forward to continued community discussion and improvements in this area. Collaborations and partnerships throughout the community at all levels will be needed moving forward to maximize results.

Appendix A: Task Force Member Agencies

Members of the Task Force represented the following agencies and groups:

Anne Arundel Mental Health Agency
 Safe and Orderly Schools, AACPS
 Special Education, AACPS
 Communications, AACPS
 Middle School Student, MacArthur Middle School, CRASC Representative
 Thrive Behavioral Health
 Anne Arundel County Police Department
 Annapolis City Police Department
 Physical Education, Health, and Dance, AACPS
 Maryland Coalition of Families
 Principal and Assistant Principal, AACPS
 Villa Maria Children's Services
 Anne Arundel Medical Center Psychiatric Day Hospital
 School Security, AACPS
 School Performance, AACPS
 The Maryland Centers for Psychiatry
 Anne Arundel County Department of Health
 School Counselor, AACPS
 Parent Coalition
 National Alliance of Mental Health (NAMI) Anne Arundel County
 School Social Worker, AACPS
 Crisis Response System
 Anne Arundel Medical Center
 Annapolis PRIDE
 Innovative Therapeutic Services
 Hispanic Liaison, Annapolis City Police
 Youth Suicide Awareness Action Team
 Anne Arundel County Department of Aging and Disabilities
 Citizens Advisory Committee
 Anne Arundel County Executive's Office
 Parent, AACPS
 AACPS Teen Mental Health Advisory
 Baltimore-Washington Medical Center
 Psychological Services, AACPS
 Department of Juvenile Services
 Pupil Personnel, AACPS
 Army Behavioral Health
 Anne Arundel County Department of Social Services
 Middle and High School Teacher, AACPS
 Crisis Intervention Team,
 Children's Guild
 Board Member, Anne Arundel County Public Schools

Arundel Lodge
Anne Arundel County Partnership for Children, Youth, and Families
Alternative Education, AACPS
Alderwoman for Ward 3, City of Annapolis
Occupational Therapy, AACPS
Student Services, AACPS
School Liaison Officer, Fort George G. Meade
Centro de Ayuda
Restoration Community Development Corporation
School Counseling, AACPS
Elementary School Teacher, AACPS
AACPS PTA President
Anne Arundel Community College
Equity and Accelerated Achievement, AACPS

Appendix B: Pre-Assessment

- The most important mental health needs in Anne Arundel County are
 - Managing anxiety and depression
 - Substance use in families
 - Lack of access to health and mental health resources
 - Lack of understanding/knowledge about available resources
 - Need to overcome mental health stigma
 - Addressing trauma
- The factors contributing most to the increase in mental health needs among children in Anne Arundel County are
 - High stakes testing
 - The pressures of social media
 - Parents/guardians with mental health and/or substance use challenges
 - Stigma associated with using mental health services and supports
 - Student exposure to trauma
 - Unrealistically high academic expectations
 - Poverty
 - Lack of resources and training for parents
- The current state of collaboration and coordination of organizations around mental health needs of children in Anne Arundel County, according to a survey of the Task Force members in the first meeting, was
 - Awesome = 0%
 - Pretty good = 28.4%
 - So-so = 38.7%
 - Not great = 14.8%
 - Terrible = 4.5%
 - No answer = 13.6%
- There are currently several services and supports available in the county to address the mental health needs of children and adolescents, including
 - The Crisis Response System
 - Expanded School-Based Mental Health services
 - Anne Arundel County Public Schools (AACPS) Student Services staff
 - Anne Arundel Medical Center (AAMC) and Baltimore-Washington Medical Center (BWMC) mental health services and supports
 - National Alliance of Mental Illness (NAMI) programs
 - Mental health services available in the private sector
 - AACPS health education training
 - Adolescent Clubhouses, a welcoming space where adolescents with co-occurring mental health and substance use disorders can gather with their peers in a safe, substance free environment that promotes recovery
 - Pathways, a program that allows students who have not been successful in a traditional school environment to earn a Maryland High School Diploma or a High School Certificate of Program Completion
 - Youth Mental Health First Aid (MHFA) training

- To support the mental health needs of children and adolescents in the future, the group suggested taking additional action in the following areas:
 - Increase access to mental health services including
 - Develop more in-school resources and accessible mental health care
 - Develop more wraparound services
 - Define and fill the gaps in the public and private mental health care delivery systems
 - Increase the number of qualified mental health care professionals in the county
 - Develop additional options for transportation to mental health appointments
 - Aid with insurance and co-pays
 - Develop more psychiatric beds for children and adolescents
 - Provide mental health support for families in their native language
 - Provide centralized on-demand mental health services for children
 - Increase communication and collaboration including
 - Develop better communication among parents, schools and community agencies
 - Develop better communication both inside and outside of the public school system
 - Provide resources to support communication/collaboration and positive relationships among all stakeholders
 - Create a bridge among outside agencies (behavioral health providers and providers of safety net services) and the school system to ensure transparent communication that protects student rights
 - Create greater awareness of available resources through better communication
 - Focus on early intervention, including
 - Address issues that give rise to poor mental health outcomes
 - Provide education to parents on the signs of mental health concerns
 - Create additional healthy recreational outlets for children
 - Develop restorative practices (an approach which gives people an opportunity to take responsibility for their behavior and learning by focusing on developing positive relationships among all members of the school community) at every school
 - Identify children who have been exposed to trauma and adverse childhood experiences, and provide support and counseling to address those issues
 - Provide therapeutic alternative education programs for elementary students
 - Create a Social-Emotional Learning curriculum at all levels to help students develop appropriate coping skills
 - Use mental health screenings at key milestones
 - Track and conduct periodic checks of infants and toddlers with developmental delays

- Teach parents about how to be a partner effectively in the school process
 - Coordinate community mental health services with needs identified within the public school system
 - Reduce the pressures of standardized testing
 - Teach parents about how to support children with mental health needs, including how to use optimal parenting structures and how to create appropriate boundaries at home
 - Provide support for kinship caregivers
 - Address mental health stigma
- Focus on policy and budget issues, including
 - Make more mobile crisis teams available to schools to address the increased volume of mental health needs
 - Develop stronger consequences for bullying and more support options for victims
 - Address bullying on social media
 - Delay school start time to ensure teens get enough sleep
 - Reduce academic competition around class rank
 - Reduce amount of standardized testing
 - Provide more funding for mental health professionals in the schools
 - Develop more options for affordable childcare
- Focus on staff education, including
 - Greater awareness of mental illness
 - Early identification of Adverse Childhood Experiences (ACEs)
 - Greater awareness and sensitivity toward LGBTQ+ students
 - Training on trauma-informed practices, suicide prevention, Mental Health First Aid (MHFA), appreciating cultural differences, de-escalation techniques and awareness, and mental health stigma
- Focus on student education, including
 - Training on mental health stigma, mental health education generally and Social-Emotional Learning
 - Market school-based mental health resources more widely

Appendix C: Literature and Reports Reviewed

The following reports were reviewed by members of the Task Force prior to recommending areas of greatest concern for mental health in County schools.

- *Social Media Linked to Rise in Mental Health Disorders in Teens, Survey Finds*
- *Social Injustice and the Cycle of Traumatic Childhood Experiences and Multiple Problems in Adulthood*
- *American Academy of Pediatrics Addresses Racism and Its Health Impact on Children and Teens*
- *The Ripple Effect: An In-Depth Look at The Hidden Impact of The Opioid Epidemic on Children*
- *The Epidemic of Anxiety Among Today's Students*
- *Studies: LGBTQ Youths Have Higher Rates of Mental Health Issues, Abuse*
- *Mental Health and Stigma*
- *Research: Latino Children More Depressed, Less Likely to Get Mental Health Care Than Their Peers*

Appendix D: Community Resource Tiers

The Task Force broke existing community resources into three different tiers as noted below:

Tier I (Universal) AACPS

- Community Building Circles and Restorative Practices
- Sensory Processing Support through the Occupational Therapist
- School Resource Officers
- Core School Counseling Curriculum Provided by School Counselors
- Suicide Awareness and Prevention Training for Staff
- Student Services Staff (School Psychologists, School Counselors, School Social Workers, PPWs, and School Nurses)
- Positive Behavior Intervention and Supports
- Health Lessons on Wellness, Substance Abuse, Healthy Relationships, Analyzing Influences, Accessing Valid Information, Decision-Making, Communication, and Self-Management
- Social-Emotional Learning Advisory Lessons
- Global Citizenship Course for 9th Grade Students
- Trauma-Informed Professional Development Classroom Structures, and Teaching Strategies
- Equity Professional Development for Staff
- Wellness Committees
- Gender Sexuality Alliances (GSA Clubs)
- Black Student Unions
- Policy and Budget for the Education and School System, Which Includes Supports for All Public School Students
- Multi-Tiered Systems of Support - Check and Connect, Community Circles, Restorative Practices, PBIS, CDM, Alt One Staff
- Goal Setting, Morning Meetings, Social Skills Instruction, Behavioral Management Programs with Rewards and Incentives, Daily Home-School Communication Tool
- SEFEL (Social and Emotional Foundations for Early Learning)
- CPI (Crisis Prevention Institute Training)
- Charles Leisure Programs
- ACE (Alternative Community Education)
- SECAC (Special Education Citizens Advisory Committee)
- QPR (Question, Persuade, Refer) Suicide Prevention Training and Crisis Phone Numbers on Student IDs
- **Annapolis Police Dept.** - Culturally-based mentoring for boys and girls ages 14 to 21, parenting classes, homework assistance, weekly food distribution in the community, 14-week summer camps, mini-camps during the school year
- **Student Led Movements** - Our Minds Matter
- **Parents** - Parent networks, community supports, recreational activities

- **Villa Maria** – Parent support groups open to the community
- **Youth Suicide Awareness Team** – Suicide prevention training for parents and educators
- **AACCPA** – Provide support to parents, students, and administrators to promote the welfare of youth and assist parents in developing the skills needed to raise and protect their children
- **Anne Arundel Mental Health Agency** – Therapy, medication management, and case management, CRICT, Pediatric Toolkit developed for Anne Arundel pediatricians with mental health questions for treating youth
- **Anne Arundel County Police Department** – Mental Health First Aid Training to all sworn Anne Arundel Police Department Officers
- **BWMC** – Community education around parenting, wellness, suicide prevention, depression, and anxiety, educational series, “Not All Wounds are Visible,” with a focus on ACEs, referral to appropriate resources in the community
- **Health Department** – Tobacco Free Kids Week, sponsorship of SADD Chapters, awareness activities, health fairs, youth suicide awareness team representation
- **Thrive Behavioral Health** – Trauma, safety, and nutritional assessments and screenings for all children and clients, trauma-informed care, medication management, transportation to and from psychiatry services
- **AAMC** – Prevention education, peer recovery specialists
- **Innovative Therapeutic Services** – Family counseling
- **School Health** – Mental Health First Aid, CISM, and suicide awareness training
- **Crisis Response System** – Mental Health First Aid, list of resources in the community, Warmline, Mobile Crisis Team, care coordination services to help link students
- **AAMC** – Outpatient pediatric mental health treatment and counseling, depression screening with Primary Care Provider, Talk Saves Lives trainings, Mental Health First Aid trainings
- **NAMI** – Support groups, Ending the Silence, BASICS Class for Parents
- **Center of Help** – Youth and adult Workshops, youth community circles, drop-in casework
- **Annapolis Pride** – Connecting the community to resources like PFLAG Annapolis that hosts biweekly meetings for families, youth, parents, and adults
- **Annapolis City Government** – Partnership with Crisis Response and Strengthening Families

Tier II (Targeted)

- School Nurse
- Alternative One Teacher
- Healthy recreational activities
- Maria de la Paz Youth Outreach Center
- Restorative Circles
- Conflict Mediation
- Strengthening Families

- Small group counseling in school
- **AAMC** - Outpatient mental health services for children and adolescents
- Parent Organizations (i.e. - CHADD, Ellie's Bus, Burgers and Bands for Suicide Prevention)
- AACPS Mental Health Teen Advisory Board
- STAR (Screening Teens Access to Recovery) Program
- Outpatient counseling at the Health Department
- **Thrive** - Small group counseling, early intervention, play therapy
- School Resource Officers
- PIAC (Parent Involvement Advisory Council & CAC (Citizens Advisory Council)
- Narcan Training
- **AAMC** - Psychiatric day hospital services for adolescents ages 13 and older.
- Decision-Making Room
- **BWMC** - Classes, such as "Safe at Home" for young teens to learn about safety and self-care when home alone
- **YSA** - Parent coaching
- Check-In, Check Out & Check and Connect
- Advisory lessons
- Expanded School-Based Mental Health
- Special education services for students with social emotional needs
- Referrals to and collaboration with community providers
- Comfort corners
- BOE support to fund School Counselors, School Psychologists, School Social Workers, and PPWs to support students needing targeted support
- **Children's Guild** - Group counseling, psychoeducation for families
- **AACPS Health** - Collaborate with school counseling to address sensitive topics in curriculum for students who might be impacted
- **Pupil Personnel** - Responsible Actions Attendance Program, referrals to outside organizations, such as Family Preservation, Strengthening Families, Thrive, CRICT, AACCC Birth to 5 Program
- **Villa Maria** - Mental health groups in schools/community, individual therapy, medication management, family therapy, Parent Child Interaction Therapy (PCIT) -ages 4-7
- **Annapolis City Police Department** - Culturally-based mentoring for boys and girls ages 14-21, work with families regarding reunification
- Clubs that support racial or cultural minority students and LGBTQ+ youth
- **AAMC** - Adolescent substance use disorder intensive outpatient program, family wellness for any family member, ADEC
- **AACPS Safe and Orderly** - Alternative to Drugs Program, Bias Behavior classes, Charles Leisure Programs
- Kids at Hope
- **AACPS Occupational Therapy** - Started a workgroup to study the role of the OT related to mental health in schools

- **NAMI** - NAMI Basics program for parents and caregivers of children and adolescents with a mental illness, NAMI Ending the Silence program where mental health presentations are provided to students, teachers, and parents
- **AACPS** - Learning Labs
- **AACPS** - Analysis of discipline data to determine what additional supports are needed.
- **DJS** - Children involved in the agency are provided with various group counseling programs, including anger management, and victim's awareness education in gender specific groups
- **AACPS** - Behavior Intervention Planning, social skills instruction
- **CRASC (Chesapeake Regional Association of Student Councils)** - SGA leaders come to the General Assembly to learn strategies to improve wellness in children and adolescents
- **Crisis Response System** - Resources for the specific need, care coordination to help with linkage, home visits by a mobile crisis team to offer services
- **Annapolis City Police Department** - Spending time with targeted youth who exhibit mental health needs by connecting them with the appropriate resources by way of social services agencies

Tier III (Intensive)

- **AACPS** - Create Behavior Interventions Plans, Community Conferencing, crisis management
- **Maryland Center for Psychiatry** - Comprehensive psychiatric assessments, psychiatric treatment
- **AA Mental Health Agency** - IOP, PHP, Inpatient, Respite, RTC
- **AAMC** - Intensive outpatient services
- Individual counseling with school counselors, school psychologists, and school social workers
- **Health Department** - OMHC (Outpatient Mental Health Center) services
- **Center of Help** - Pro bono individual therapy for uninsurable youth referrals to the Arundel Lodge.
- **AAMC** - Emergency department for psychiatric evaluation and to keep children safe until appropriate safe disposition can be arranged
- **Our Minds Matter** - Advocate for more mental health related resources in public schools
- **NAMI** - Education and support groups
- **Board of Education** - Funding for staff to intervene, support, and refer students in need of intensive support
- Expanded School-Based Mental Health services
- **CRICT**
- **Family Preservation Referrals**
- **Mobile Crisis**
- **AACCPA** - Reflections Program, one-on-one intervention between school, family, and the community to advocate for children

- **Crisis Response System** – Crisis Stabilization, attend meetings to support the family and child, follow-up calls, care coordination
- **School Health** – Collaborate/partner with other members of the school’s student support team
- **AACPS Occupational Therapy** – Recommend strategies to teams
- **Parent** – Coordination between in-school interventions and private interventions, unconditional love and support
- **Pupil Personnel** – Truancy docket, Job Corps, Free State Academy, TPAP, Consult with DJS and DSS
- **Alternative Education** – Moss Adams Academy, Phoenix
- **AACPS** – Central Office Elementary Behavioral Crisis Team
- **DJS** – Individual and family counseling through partnered vendors for referred clients, complete assessments to help identify the child and family’s specific needs and refer out to other providers in the community
- **BWMC** – Emergency department for acute intervention and evaluation before safe transition to appropriate resources
- **AACPS** – Suicide risk assessments, threat determination assessments
- **AACPS** – Student Services Team meetings and referrals to community agencies
- **Arundel Lodge** – 0-5 services at three locations, Emotional Intelligence classes, parent groups, OMHC, Consult with Child Advocacy Center
- **Thrive** – Assessing for safety, needs assessments, consultation with psychiatry and refer for more intensive services, if needed; weekly or twice a week therapy in the home, if needed; refer to wrap around supports
- **AACPS** – Response to Harm Circles, Mentoring, Short-Term Contracting
- **Villa Maria** – Universal use of the Columbia Suicide Assessment followed with parent support and recommendations for level of care, increased therapy support, facilitate intensive outpatient, inpatient hospitalization, if necessary, RTC within agency, PRP
- **Anne Arundel County Crisis Intervention Team** – CIT camp where children work one-on-one with CIT officers, Soapbox Derby where children are mentored by officers while they build their soapbox derby car, Youth Activities Program, CIT Unit follow-up for children in crisis
- **Children’s Guild** – Provide Kinship Care Support Groups for caregivers and youth

Appendix E: Insufficiently Resourced Supports

Below is a list of Tier I, II, and III Supports that Should be Available and Either Do Not Exist or are Insufficiently Resourced in Anne Arundel County according to Task Force members.

- Youth Mental Health First Aid Training in AACPS
- Expanded Home Based Mental Health Services
- Inpatient Adolescent Mental Health Unit
- Training for all AACPS staff on mental health issues and the correct way to support and refer students as needed
- Expand trauma-informed treatment
- More bilingual services all around
- Coordination between school and home/private interventions
- More services for privately insured children, mentoring, youth peer support for all youth
- Free case managers to help navigate the mental health system, provide support to families, and ensure continuity of care
- Trauma-informed practices embedded within existing AACPS professional development
- Universal resiliency skills embedded in curricula (yoga, mindfulness, coping, etc.) in county residential treatment for youth
- Provide increased education/consultation with other agencies and groups
- Adolescent suicide survivor support groups
- Increased psychiatric time and availability to prescribe medication at the AACPS Regional Programs
- Trauma-Informed instruction for students
- More certified and trained therapy animals
- Elementary health teachers
- Gender Sexuality Alliances (GSAs) needed in all schools to support LGBTQ+ students.
- Bilingual mental health services, a coordinator to help navigate insurance issues, consistent confidential workspaces
- More funding for the early intervention program
- Help with covering high co-pays for insured who cannot afford services
- Mental health support from Occupational Therapists
- Trauma-based training
- Training made available to PTAs, especially in the council that includes resources available to students, instead of having to gather the information independently
- Mental health screenings in elementary schools for early identification
- 23-hour observation program
- Coordinate trainings with school counselors surrounding the increase in suicidal behaviors
- More training for school staff on LGBTQ+ issues to better support students

- Comprehensive alternative learning environments within school buildings that are staffed with social workers, special educators, etc. (K-12th grade)
- More mental health staff and social work/PPWs, more professional development for school-based staff, more community partnerships, more mental health resources in South County
- Community conferencing available within 48 hours
- Case managers to track, follow, and advocate for families long-term
- Resources to support our ESOL community
- Consistent SEL programming within secondary schools
- More mentoring opportunities vertically through cluster
- More partnerships with the outside community to increase opportunities to be connected and give back
- Provide information on available resources to all families
- More mental health providers, especially for underrepresented groups
- Community-based schools
- AACPS Policy on Parent Education/Involvement
- AACPS Policy on Parent/Student Education in the myths/fallacies of college acceptance
- AACPS Policy on Improved In-School/Community Support for Disadvantaged Students
- AACPS Policy on Staffing Levels Within National Guidelines
- 24 Hour Crisis Intervention Services in Annapolis City (non-punitive)
- Mental Health Liaison Services in Annapolis City
- Annapolis City Police Officers who are certified to work with the mental health needs of the community and work with mental health clinicians

Appendix F: Research and Best Practices

The subcommittees presented the following research and best practices for the priority areas:

Discrimination, Bias and Cultural Barriers Subcommittee Best Practices

- Lead all work with cultural proficiency and inclusion
- Apply the “equity lens” within each subcommittee and for all policies, procedures and practices
- Diversify the workforce
- Use data to manage, monitor and track all efforts
- Expand use of the Community School model. This model allows the school to become the hub of mental health and community resources. It brings the community to the school for better access and support around social determinants of health, in which families can access health and mental health support at their community school.
- Incorporate culturally responsive teaching models in schools
- Develop practices for fair and equitable discipline based on best practices
- Ensure culturally/linguistically appropriate service provision based on best practices
- Form a Gender Sexuality Alliance to provide a safe environment for LGBTQ+ and their allies in every high school, and ideally also middle schools.
- Provide avenues for teachers/administrators to voluntarily identify themselves as "safe" individuals for LGBTQ+ youth to approach for support

Trauma Subcommittee Best Practices

- Provide early social-emotional support for children who may be at-risk for generational trauma in the Therapeutic Nursery Program targeted to Ages 0-3
- Use the Community Schools model to provide access to health and mental health resources as part of the school environment
- Develop trauma-sensitive instruction and practices in schools
- Expand the crisis response system to support families in crisis

Poverty Subcommittee Best Practices

- Target services to geographic areas of poverty and individuals affected by poverty
- Use a family centered/two generation approach. The Circles of Security and Strengthening Families programs, both currently in use in Anne Arundel County, are two very effective and evidence-based programs.
- Increase use of Community Schools, where families can access health and mental health support at their community school, and specifically target them to impact high poverty neighborhoods

- Develop resources to support navigation through eligibility and services for low and very low-income families
- Develop trauma-informed classrooms and a trauma-informed approach used by teachers and other school staff
- Hire more Pupil Personnel Workers to help families access needed resources
- Methodically embed local community organizations within schools or formally connect them to schools
- Develop workforce and apprenticeship programming beginning in 9/10th grade
- As a matter of policy, include transportation in all programming to ensure individuals in poverty can access needed services and resources

Social Media Subcommittee Best Practices

- Develop and publicize healthy social media practices, including training and education about
 - Setting time limits for students using social media
 - Controlling amount of disclosure allowed on any application
 - Removing cell phone or computer from the student's room, especially at sleep time
- Teach parents/school staff that social media can be a valuable resource for youth at risk for suicide who need support
- Provide training to parents about healthy social media use
- Teach teens how to protect online information
- Teach teens to be responsible digital citizens and how to prevent or manage cyberbullying and sexting
- Set healthy boundaries for social media use
- Teach parents, school staff and students how to access reliable and effective resources for health and behavioral health
- Guide teens to reliable sites for assistance
- Publicize Crisis Text Line – The mental health hotline is available via texting and manned by trained professionals 24-7; use data to identify trends at the national and local levels; texting for suicide prevention is endorsed by the American Foundation for Suicide Prevention
- Publicize #SafeSchoolsMD, which has an App, an online reporting form and a telephone number for reporting concerns about school safety staffed by the Maryland Center for School Safety.
- Publicize AACPS Harassment and Intimidation (Bullying) Reporting Form, which can be completed online by either a parent or student, and automatically submitted to the school for investigation

Parental Substance Use Disorder Subcommittee Best Practices

- Expand Health Department and Department of Social Services (DSS) collaborations, including

- Use START (Sobriety Treatment and Recovery Teams) for children 0-5 years of age. The START model is a child welfare led intervention that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders
- Support interventions with Department of Social Services (DSS) to address the needs of a substance abused newborn identified through a Child Protective Services (CPS) referral. Specifically, provide support from a Family Mentor with prior personal CPS experience and a Child Welfare In-Home Worker
- Expand the STAR (Screening Teens to Access Recovery) Program, a partnership between the Anne Arundel Department of Health and the County Public Schools, which allows school nurses to use secure technology to connect students via telehealth with a licensed therapist from the Department of Health
- Involve the Partnership for Children Youth and Families, a stakeholder group appointed by the County Executive, designed to build partnerships and develop solutions for children, youth and families in the County.
- Use CRICT (Community Response Intervention Care Team)
- Provide SURF (Substance Use Resources for Families)
- Involve DSS when needed
- Use Family Preservation resources, which are voluntary resources and services available through DSS designed to keep families together
- Use involuntary In-Home Services available from DSS when appropriate
- Encourage Child Protective Service referrals when appropriate
- Train and use Counselors, Pupil Personnel Workers, School Psychologists, Social Workers, and School Nurses to provide appropriate interventions and referrals, when needed
- Use PBIS (Positive Behavior Intervention and Support), an evidence-based practice that, when implemented school wide, is a prevention program that aims to establish a social culture within schools in which students expect and support appropriate behavior from one another – and thereby create school environments that are socially predictable.
- Develop additional programs to Address Mental Health & Substance Use Disorder needs
- Expand use of Lauryn’s Law, a law designed to prevent student suicide, which requires that school counselors receive proper training to spot warning signs of mental illness, trauma, violence or substance use disorder, and implement other bullying prevention approaches
- Develop additional Restorative Practices (approaches which give people an opportunity to take responsibility for their behavior and learn by focusing on developing positive relationships among all members of the school community)
- Institutionalize Morning Circles, used at the beginning of the school day to encourage staff and students to check in with one another and discuss areas of concern
- Implement Kids at Hope, a national initiative designed to ensure that every child is afforded the belief, guidance and encouragement that creates a sense of hope

and optimism, supported by a course of action needed to experience success in life

Stress and Pressure Subcommittee Best Practices

- Provide education to parents on best practices for reducing stress and pressure related to the school experience
- Provide access to resources for students, parents, staff and teachers
- Implement universal mental health screenings
- Use research-based restorative practices to develop positive relationships among all members of the school community
- Provide training to staff, parents and students to help them understand possible negative outcomes resulting from school performance pressures
- Provide information about post-secondary options other than college
- Implement interventions to further enhance school connectedness

Lack of Access to Resources and Mental Health Providers Subcommittee Best Practices

- Expand mobile crisis team response capability to schools
- Expand school-based mental health programs
- Provide additional in-home and community clinic services
- Provide additional family-to-family peer support and system navigators through the Maryland Coalition of Families to help families access needed services
- Encourage person/family-centered treatment and choice
- Establish universal resiliency training for teachers, staff and students
- Use a multi-generational approach
- Provide Mental Health First Aid to teachers, staff and students
- Train teachers, staff and parents about the impact of trauma, and develop additional trauma informed services
- Expand the Community Schools model, which allows the school to become the hub of mental health and community resources.
- Develop additional accessible community locations for DSS
- Develop tele-psychiatry screenings for substance use disorders and suicide
- Expand Lourie Center capacity, which provides Early Head Start, a Therapeutic Nursery Program, a Parent-Child Clinic, and a site-based school for young children with special needs

Mental Health Stigma Subcommittee Best Practices

- Expand advocacy efforts: Present stigma and the outcomes of stigma as unjust, and encourage others not to speak or act in inappropriate ways, whether as individuals or within groups
- Provide additional education to challenge inaccurate stereotypes and beliefs
- Encourage greater interaction: Encourage and support thoughtful face-to-face interactions with persons with a mental illness

Appendix G: Jamboard Discussion

What thoughts, ideas, and concerns do you have related to the draft mental health recommendations?

- Who will have oversight of these activities that are suggested/implemented and what will be the outcome measurements for success?
- Totally agree about the accountability piece.
- Routine reaching out to minority students and families in schools with small minority populations.
- Community Wellness Class during virtual learning has created a uniform structure and can be utilized to deliver instruction across many of the recommendations.
- For Stress and Pressure: It would be interesting to study the impact the current online learning schedule has had on students who may now have more opportunity for self-care.
- Some recommendations are already taking place in the school system.
- Some recommendations are a simple fix (no funding)-like adding text lines to crisis communications. Do we need to propose all or can some just be implemented?
- We need to look closely at the impact online learning is having on our youngest learners in terms of emotional wellness.
- We need an executive summary with the key recommendations.
- Ensure community comfort with all agencies represented in a Community School.
- It is great that there are students on this Task Force; however, has there been a school-wide survey to students?
- It is important to try to determine the impact that the reduction in social interaction has had on students during COVID.
- Synthesize the ideas so that the Board has more tangible discussion points. Reference the impact of racism in Poverty section.
- Making sure racial trauma is addressed. We said we needed to have competency surrounding LGBTQ++, this is also a must for race and culture.
- Where would the screening of at-risk youth at developmental milestones take place? Primary Care Physician? AACPS?
- Embed mental health information in school events in addition to stand-alone programs.
- Have high school GSAs shown to be evidence-based? I've only heard negative messages on impact -which may be more based on student led clubs and not adult advisors.
- Create a standard Handle With Care protocol for schools to effectively respond to notices.
- Very comprehensive report with many great recommendations. Especially appreciate the focus on trauma, increasing access, and mental health being viewed as part of overall wellness.

- The first recommendation from the stress and pressure subcommittee should name both parents and schools as taking responsibility for the health and well-being of students. Students are in school nearly 7hrs/day. Add in homework and other school-related activities, the school system largely dictates a students' schedule, including opportunities for sleep, physical activity, downtime, and other wellness activities.
- Highlight the top recommendations with plans to incorporate the other recommendations as part of both the AACPS and county Mental Health strategic plan.
- Provide/find mental health services in languages beyond English and Spanish. This is important for access for children and their families.
- Lots of great and appropriate recommendations. I look forward to a time to discuss in greater detail recommendations focused on prevention of trauma/crisis.
- While the list will be narrowed to a few key recommendations, this work should not be watered down, as many of them could prove quite important.
- It's a lot of information, it may be easier to create broad categories that would encompass the various committee recommendations such as Training for staff, students, etc. (YMHFA, equity, etc.).
- We need advice from others on how to address racism and mental health issues - how do we attach that to the fine work done by Maisha Gillin's office?
- The increased racial tensions and violence have been overwhelmingly traumatic to the African American community.
- In the works: SROs doing early intervention follow-up with kids identified as needing services doing virtual learning; A Minority Youth Advisory Council to address racial trauma and spread mental health awareness.
- Need a section on response to COVID: Increased trauma. 0-5 missing socio-emotional development, increased anxiety and depression in households. How will we handle this increase in schools, which is where they will play out?
- Expand Availability of In-School Mental Health Provider Agencies: Need to ensure that all students have access, with no waiting list, and choice of providers to mental health services in the school
- Health Education classes are a vital component of mental health awareness at the secondary level. Not sure if the Board and the broader community are aware of this.
- In the works: Look at getting case managers to help SROs address mental health issues that would previously have resulted in criminal charges (School-Justice Partnership)
- It is a comprehensive list of recommendations. As with everything it needs to be fluid and be able to change as circumstances change in the community.
- It doesn't address the impact of having SROs in schools.
- Can we include training or community development between SROs, schools, and the community?
- The list of recommendations is appropriate and beneficial to help us move forward. Consider highlighting the recommendations that are overlapping because they might help address multiple facets at once.

- Consider addressing the effects of COVID-19 on our community. Some additional recommendations may be needed to address trauma experienced from this time.
- This is a very comprehensive list of recommendations and I would like to see them all included, but perhaps "tiered"/prioritized.
- I love the Suicide Prevention training recommendation, but do you think we could add a part to that regarding staff being trained to deal with distress in autistic students?
- Social Media: Identify school staff who could present related to social media use (boundaries, cultivating a healthy feed).
- To the point of decriminalization of truancy – instead, please consider revisiting House Bill 429, which only needs to be passed into law. That was spearheaded by the Kirwan Commission in collaboration with Maryland Pupil Personnel Workers and staff from Morgan State University.
- Also, I'm curious if there is overlap in recommendations between subcommittees that would assist with this prioritizing.
- Were Anti-Racism Alliances at middle and high school levels considered, and/or groups for students to process their experience of racism?
- Add military family life to cultural competencies.
- Create a safe space for students at all schools.
- Lots of good ideas. I am sure Ryan and Adrienne will do a great job of consolidating and presenting these to the BOE.
- It might be in there, but further training for administrators around kids who make statements of self-harm or suicide.
- I believe that the Pressure subcommittee decided to not put Universal Mental Health Screenings on our final recommendations.
- Agreed- mental health screenings are difficult to administer to an entire school and follow-up with. Maybe having a training and system in place to identify higher need children would be more beneficial.
- Increase access for students and families in poverty areas to the Internet and computers. Allow the utilization of school provided technology for obtaining behavioral health services.
- Provide assistance to develop learning pods in marginalized communities while children are at home.

Appendix H: Discussion of Highest Priorities

Discrimination, Bias, and Cultural Barriers Subcommittee

List your highest priority recommendation and provide a reason.

- Expand Community Health Model to increase likelihood of mental health support effectiveness across multiple domains; engage community and families more organically.
- Include Intentional Anti-Bias Training.
- School system could join GARE (Government Alliance for Race Equity), although County is doing that, so maybe we can share some of the toolboxes.
- New Recommendation: All decisions regarding resource allocation/ policy are considered using an Equity Lens. Here's an example from the MD state BOE: <https://www.mabe.org/wp-content/uploads/2018/09/2018-Equity-Lens-Card.pdf>.
- Form a Gender Sexuality Alliance Club in Every High School and Middle School because it is very important for students to talk to peers and advisors about the trauma they face without judgement. This could be led by "safe" individuals and provide visual artifacts that convey anti-bias.

Trauma Subcommittee

List your highest priority recommendation and provide a reason.

- Increase the number of Mobile Crisis Teams for the county. This service extends beyond the schoolhouse into the community where families can get direct mental health services needed for families in crisis.
- Provide training for staff around trauma.
- Community schools and culturally and linguistically responsive staffing are a cross committee theme. Can we consolidate with other committee work?
- Expand Mobile Crisis
- Create program targeted to Ages 0-3. This is important because it targets our earliest learners. It could possibly help our children with structure and consistency. It would help them to prepare for school/life skills which would allow for early intervention and hopefully make our students have an easier transition to elementary school.
- Use the Community Schools model to provide access to health and mental health resources as part of the school environment. This is equally important because there are a lot of questions surrounding where and how to get help.
- Increase training for law enforcement regarding students with social/emotional/behavioral challenges. Their disabilities can impact their ability to process directions.
- Expand number of mobile crisis and Crisis Intervention Teams.
- Increase in bilingual therapists.

Poverty Subcommittee

List your highest priority recommendation and provide a reason.

- Increase the staffing of Pupil Personnel Workers - they are vital to help engage students, especially during the pandemic.
- Priority 1 is trauma and ACEs training, priority 2 is place-based services, priority 3 is increased staffing.
- Let the Student Service Staff work with students and not give them other responsibilities that take away from their specialized skill set.
- Training on poverty and ACEs is the most realistic. We always desire increased staffing but that is unlikely (or minimal) with the grim budget outlook for FY22.
- Training on trauma and ACEs is the priority; place-based services and disaggregated data are #2 and increased staffing is #3.
- Support Place-Based Services Based on Racial/Ethnically Disaggregated Data. This will allow us to know where to focus our efforts and staffing.
- We could still ask for more positions and see what happens.
- Increase support staff positions like school social workers, pupil personnel workers, and school counselors to ensure staff/student ratios align with professional organization recommendations
- Training is a cross-committee theme and could be consolidated to include recommendations from each committee.
- Increase the staffing of pupil personnel workers, school social workers, and community ambassadors. This will help us to identify high need families and link them to community supports.
- Support Place-Based Services Based on Racial/Ethnically Disaggregated Data because it allows leeway to provide services to the neighborhoods where many children and families live in poverty.

Social Media Subcommittee

List your highest priority recommendation and provide a reason.

- Expand/advertise suicide mental health hotlines, including use of crisis text lines.
- Review the "Social Dilemma" documentary on Netflix. May be eye-opening to teens and adults.
- Expand/advertise suicide/crisis hotline numbers throughout the secondary schools and include the crisis text line.
- Prioritize green spaces. There could be signs posted in the green space educating students on digital boundaries, crisis resources, and cultivating a healthy feed that they could read at leisure. Teachers would learn from these as well and likely drop this info into lessons and discussions with students to read at their leisure. Teachers and school staff would learn from these as well and be able to drop information into lessons and discussions with students as applicable. Parents could be invited to see the new green space and read the information as well. Green space is an intervention that has been proven to decrease crime, violence, and mental health problems more than increasing police funding/training and social programs.

- Reinforce safe usage of technology for adolescents and parents. There is an increased need around helping parents monitor and understand social media.
- It's important that we cultivate healthier habits early and address root causes of problems rather than only reacting.
- Expand Advertised Suicide/Mental Health Hotlines to Include Use of Text Lines.

Parental Substance Abuse Subcommittee

List your highest priority recommendation and provide a reason.

- Expand Strengthening Families and Mental Health First Aid Access.
- Mental Health First Aid Training for staff, parents, and students
- Develop comprehensive therapeutic alternative programs for students (to include elementary age students); look at the work and recommendations from the Prek-2 workgroup
- Have resources for children in school who live daily with parental addiction.
- Expand the Strengthening Families Program. Expand case management, but not just for substance abuse.
- Expand the Strengthening Families Program. It addresses the root cause most directly.

Stress and Pressure Subcommittee

List your highest priority recommendation and provide a reason.

- The highest priority should be the first recommendation and include schools as partners with parents (not just parent education) in taking responsibility for focusing on these important wellness factors in a student's day. A student's life is structured around the school day; therefore, the school system plays an important part in student wellness. This would serve as an important preventative measure impacting every student.
- Parent education is needed to understand the implications and impacts on their child's mental health and wellness.
- Provide access to resources for students, parents, staff and teachers so all stakeholders are equipped with the tools necessary to assist
- High Priority- implement positive psychology because it would be proactive, impact all students, open a dialogue and empower students to self-advocate.
- Provide parent education, so that support can be provided at home and increase school communication
- Use positive psychology and strength-based approaches when providing education/campaigning to promote well-being, best practices, and latest research to parents and students. This recommendation marries well with another committee recommendation (i.e. - Youth Mental Health First Aid.)
- Decriminalize truancy- Punishing families does not address the root issues that often cause truancy. It often exacerbates the issues.

Lack of Access to Resources and Mental Health Providers Subcommittee

List your highest priority recommendation and provide a reason.

- Expand Availability of In-School Mental Health Provider Agencies- ensure that all students have access, with no wait list, and a choice of provider. This can be combined with provider expectations (attending IEP meetings, etc.)
- Improve the Cultural Competency of Mental Health Clinicians – There should be a specific focus on supporting LGBTQ+ students and their families, cultural competency and addressing racial bias. This is most important because of the divide and implicit bias clinicians and faculty and staff have.
- Develop tele-psych screening for substance use disorder and suicidal ideation/depression.
- Expand Lourie Center capacity.
- There should be funding for ALL students to receive mental health services regardless of insurance.
- Reimburse Providers for Necessary Services Not Covered by Medicaid or Other Insurers- this will allow providers to do holistic work like attending IEP meetings and running groups.
- Review and Revise Contractual requirements for School-based Mental Health Providers: This will enable the school to be sure a full continuum of behavioral health services is provided to children, youth and families at each school-based location.
- Expand the number and choice of agencies in order to improve capacity.

Mental Health Stigma Subcommittee

List your highest priority recommendation and provide a reason.

- #1 Staff education - Mental Health First Aid - A teacher's perception of mental health will impact the students.
- #2 Uniform Advisory Period - the uniformity would be around time of day and how to conduct this meeting.
- Trainings should be available both in person and online, including teacher training.
- The Introduction to the Virtues Project has five strategies directed to teachers and parents. It works to create a positive and empowering culture for students to learn and grow. It is online for AACC. It addresses many of the issues we have as recommendations.
- #3 Parent education - this demonstrates the community aspect of education.
- Teacher Mental Health Education- they are often the people who see the kids the most under consistent settings.
- Schools conducting access surveys regarding mental health services -- it helps identify gaps beyond provider/school partnership issues.

Appendix I: Recommendations Post-Pandemic and Social Unrest

What additional mental health recommendations do you have related to the pandemic and social unrest?

- Social Justice lessons have been written at all school levels for this school year using the Social Justice Standards from Teaching Tolerance.
- Develop conflict resolution skills for families who are spending much more time together.
- Provide opportunities for students to present alternative perspectives to recent social unrest without threat of shaming or social pressure. The concern here is if students are not taught to listen without judgement, no matter what the perspective may be. Getting all the perspectives out in the open is the only way to try to find common ground and reduce division.
- Continue to look for ways to identify children who need mental health support but may be presenting differently in a virtual environment.
- Determine the impact of social distancing had on students' social and emotional development.
- Develop free well-being activities for teens within the community or on a virtual platform to teach coping skills and decrease isolation.
- Acknowledge that racism is traumatic; provide youth with a safe outlet to discuss their concerns -- this is the rationale behind the Minority Youth Advisory Council.
- Develop tip Sheets for parents, educators and families. Teaching Tolerance has great resources to assist, for example, the Let's Talk document.
- Develop more mental health resources for families that have private insurance so there is additional access for all families.
- Train parents on how to work with their children who feel isolated from their friends and have increased anxiety.
- Increase access to parks and other outdoor natural areas for stress relief.
- Provide more opportunities for SROs to have positive community and school-based interactions with students.
- Provide free tele-health mental health services for children, like was offered after the Capital Gazette shooting, and the free medical tele-health services offered during COVID.
- Develop implicit bias and microaggression training for everyone (school staff/students/providers, etc.)
- Explore whether students' lives been enhanced in any way due to the slowing down imposed by the pandemic
- Determine the impact online learning is having on our youngest learners and their motivation to engage in academic learning. Online classroom engagement is not friendly to young children's developmental needs.
- Provide more opportunities to hear the student voice, perhaps in a town hall format. Also, continue verbal affirmations from the school system that racism is REAL and we are committed to examining our practices and advancing equity.

- Develop a platform that would empower our students and give them a voice and the opportunity to share what they feel is needed as it relates to racism in the curriculum, schools, and community.
- "Social unrest" doesn't sit well with me. That label is a gentle whitewashing of the current situation. What we're talking about is racism, prejudice, discrimination, and a reckoning of years and years of ignoring/minimizing the voice of BIPOCs.
- Revisit the Global citizenship curriculum to ensure racism is included and that staff feel comfortable and supported in having these conversations (courageous).
- Mental Health First Aid training for adults and youth should be a priority.
- Ensure staff is trained to address family economic instability and support mental health services for uninsured students.
- Learn from Minneapolis Public Schools re: their Equity Framework and consider a similar approach for AACPS.
- It is very important to reach out to students who are disconnected from school to communicate and welcome them. Last spring there were numbers who had technology access but had depression, ADD and other challenges preventing them from access to learning.
- The Anti-racism professional developments that were available over the summer should be required reading. They were excellent!
- Target district recruitment of Black, Latinx, and multi-lingual counselors, social workers, and mental health professionals who receive ongoing training in order to deliver anti-racist and trauma-informed mental health practices.
- Provide school support for undocumented students and families, and more information about what resources they can access without citizenship.
- Ensure responsive, historically accurate curriculum that explicitly names and teaches on racism and inequality.
- Train staff to address Post-Traumatic Stress Disorder.
- Establish regular and consistent opportunities for students to share their thoughts and concerns; possibly implement student forums in clusters.
- Evaluate programs and services through the lens of social justice issues.
- Provide ongoing training on racism and the impact for all.
- Consider offering middle school sports. This could help students feel a part of a group/social circle.
- Everyone, and I mean everyone, is anxious and/or depressed because of the loss of social connection; so many mental health issues are increasing.
- Obtain advice on how to deal with systemic racism as a trauma highlighted during the pandemic.
- Acknowledge people who are marginalized through socio economics - social determinants of health. African Americans and Latinx are disproportionately impacted by COVID – We need an equity lens.
- Develop Mental Health Hotlines for families dealing with the mental repercussions of the pandemic and social unrest.
- Develop Social Justice Clubs at schools to continue the conversation and work.
- Offer spaces for students to gather virtually to connect, share, and engage in activism together related to social unrest and/or public health recommendations.

Helping youth find their voices and connect will alleviate many of the problems identified by the Task Force at large, before the pandemic and social unrest.

- Increase involvement between underserved communities and public officials. Perhaps the schools can host "ask your representative" sessions
- Encourage conversations; even just acknowledging occurrences of concern is important. Make sure school personnel have training before engaging in these types of conversations.
- Include training or community development between SROs, schools, and the community.
- Hold conversations and opportunities for everyone to learn more about "stress" and mental health. Often, people are willing to note that they are stressed, but minimize its impact and see "mental health" as something for "someone else."
- Continue to offer forums for community members to get together and have open conversations. These conversations can be facilitated by mental health providers.
- Increase access for students and families in poverty areas to the internet and computers. Allow the utilization of school provided technology for obtaining behavioral health services.
- Provide assistance to develop learning pods in marginalized communities while children at home.