

## **Citizen Advisory Committee (CAC)-Executive Committee**

**Presented by:** Social Emotional Learning Sub Committee, 2018-2019 Academic Year

**Sub Committee Members:** LaToya Nkongolo (Chair), Carrie Cleveland, Sue Franklin, Tyrnita Moore

**Overview:** The purpose of the Social Emotional Learning Subcommittee is to research the increased need of behavioral health services of our public school students. The current provisions of behavioral health services in AACPS was researched to review current policies and procedures around prevention of and early intervention for behavioral health problems of students from pre-school ages through high school. We researched increased emphasis on prevention, education, as well as early, comprehensive, and family-centered interventions to reduce the number of serious behavioral health issues at a later time (proactive approach). Our report will include recommendations to address the following:

1. Revision of Student Services Regulation JL-RA
2. Expansion of Mental Health Services
3. Prevention Education such as Tobacco Use, With a Particular Focus on Electronic Cigarettes.

### **Student Services Regulation JL-RA:**

Student Services Regulation JL-RA was established May 2007, and later revised August 2015. Regulation JL-RA provides descriptions and an overview of procedures associated with coordinating school counseling, school psychology, school social work, pupil personnel and school health services. According to Regulation JL-RA, all school counseling, psychology and pupil personnel staff are hired in accordance to the Maryland State Department of Education (MSDE). School health services are provided through a Memorandum of Understanding (MOU) between the Anne Arundel County Department of Health and AACPS. The Department of Health hires school nurses in accordance with COMAR regulations. Regulation JL-RA outlines procedures for all services stated above; however, it does not address mental health student services provided by local agencies. The CAC recommends the following changes to Regulation JL-RA:

1. Revise Regulation JL-RA to include procedures for establishing Memorandums of Understanding with outsourced mental health services;
2. Include specific qualifications of outsourced mental health providers approved by AACPS to offer school-based mental health services.

### **Bullying/Cyberbullying/Harassment and Intimidation/Hazing/Bias Behavior Regulation Policy JCC and Policy JCCA**

Regulation JCC and Policy JCCA provides a description and overview of types of bias, procedures for reporting, the investigation process, remediation, prevention, and education to address bullying and cyberbullying behaviors. Much emphasis of this policy is on addressing the behavior of the perpetrator and support offered to the victim, as well as professional development of school personnel. However, there is no language to address this behavior with all students and their families. The CAC recommends the following changes to Regulation JCC and Policy JCCA:

1. The school administrator shall use communication tools to inform all students and parents of significant instances of bullying, and reinforce the message that the school takes bullying seriously and will take any actions, including arrest, to prevent future occurrences.
2. All schools are required to form a bullying prevention coordinating committee (a small group of energetic teachers, administrators, counselors, and other school staff who will monitor school

activities). This committee should develop activities to reinforce pro-social behavior, and events to raise school and community awareness about bullying.

3. Make policies and procedures known to parents and students through regular communication tools used by school administrators.

### **Expansion of School-Based Mental Health Services:**

According to the 2019 Community Health Needs Assessment, the number of crisis interventions in the public-school system for social and emotional issues has doubled since 2013. Additionally, there has been an increase in serious behavioral problems at younger ages and there is no research to show this is being addressed in pre-school aged children nor sufficiently in the earliest grades. Dr. Arlotto stated in a December 2018 news article that he is requesting 1.4 million dollars to hire 7 social counselors, 2 psychologists, and 3 social workers. These positions will not meet the standard of 250-to-1 student-to-counselor ratio.

AACPS currently has 5 Memorandums of Understanding with local agencies who are responsible for providing school-based behavioral health therapy services. These agencies sometimes have waiting lists, and children can be left without receiving services in a timely manner. Additionally, several of these agencies accept only Medicaid, which creates inequity for children with private insurance.

The number of outpatient mental health providers has grown 4.6 percent from 366 in 2014 to 383 in 2018; however, the number of providers approved to offer school-based therapy has remained the same. Providers have expressed an interest in establishing MOU's to offer services to students on school property to decrease the wait time for servicing children as well to decrease burden on parents. The person responsible for developing partnerships with additional mental health providers is the AACPS Mental Health Coordinator. The CAC recommends the following to increase school-based mental health services:

1. The Mental Health Coordinator identifies providers who accept public and private health plans to ensure that all children are eligible for school-based mental health services;
2. Solicit local providers through a request for proposal;
3. The Mental Health Coordinator will increase the number of MOU's with local mental health providers to 10 (or more). Perhaps 1 Medicaid and 1 private insurance provider per cluster;
4. Maintain an active list of outpatient mental health providers to share with student services staff and families.

### **Prevention Education for Staff and Students**

As stated in the recommendation above, the rate of self-harm and other mental health issues has doubled since 2013. Anne Arundel Mobile Crisis continues to respond to in school crises at an alarming rate. Our school system has a growing need for professional development of school personnel to learn effective crisis intervention skills, as well as identifying behaviors of children who are at risk for self-harm.

Studies show that the initial onset of drug and alcohol use is between the ages of 11-15. The current drug and alcohol education provided to AACPS students begins in middle school, at an age when most adolescents have begun to experiment. Middle school students have also shown an increased use of electronic cigarettes, and have been observed using such products in classrooms and other areas on AACPS school grounds. Drug and alcohol, and electronic cigarette prevention education should begin in 5<sup>th</sup> grade to decrease the likelihood of use of these substances.

Research shows that puberty typically begins between the ages of 8 and 12 years in girls, and between 9 and 14 years in boys; although the timing of pubertal initiation is influenced by a number of factors, including genetic factors (e.g., race and ethnicity) (Euling *et al.* 2008). The CAC recommends the following:

1. That school personnel are trained in areas such as crisis intervention and identification of high risk self-harm behaviors, beginning with the school health staff.
2. Provide age-appropriate drug and alcohol education to 5<sup>th</sup> graders; as well as integrating child and adolescent physical development, and its impact on emotional development.
3. Provide tobacco education with an emphasis on e-cigarettes, vaping, and juuling;
4. Review and establish (if necessary) school policies to address the use of electronic cigarettes on school property.
5. Make available, to parents and students, tips and resources to assist with addressing these topics with their children.

### **Resources**

<https://www.aahealth.org/wp-content/uploads/2019/02/CHNA2018.pdf>

<https://www.capitalgazette.com/news/schools/ac-cn-student-self-harm-20181223-story.html>

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1151056>

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Family\\_Resources](https://www.aacap.org/AACAP/Families_and_Youth/Family_Resources)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2931339/>