

School Safety Task Force: Best Practices and Recommendations

October 2, 2014 Subcommittee

(As amended at the October 14 Task Force Meeting)

In order to foster greater and more in-depth discussion of specific areas of school safety, the School Safety Task Force created three subgroups. The subgroups and their membership are as follows:

Behavioral Intervention

Craig King--Palmetto State Teachers Association
Lisa Lipscomb--South Carolina Association of School Psychologists
Debbie Elmore--South Carolina School Boards Association
Gwendolyn LC Snider--South Carolina School Counselor Association
Dino Teppara--South Carolina Department of Education

Threat Assessment and Preventative Measures

Bernadette Hampton--South Carolina Education Association
Robert Compton--South Carolina Association of School Administrators
Michael Prodan--South Carolina Law Enforcement Division
Edward Talbot--South Carolina Department of Public Safety
Buddy Wier--National Alliance on Mental Illness
Dwayne Robinson--South Carolina Association of School Resource Officers

Treatment Services

Petra Clay-Jones--South Carolina Society for Clinical Social Workers
Ruth Schoonover--South Carolina Association of School Social Workers
Karen Cooper-Haber--South Carolina Association for Marriage and Family Therapy
Louise Johnson--South Carolina Department of Mental Health
Larue Bettis--South Carolina Association of Licensed Professional Counselors

On October 2, 2014, the subgroups met to discuss four issues of interest:

1. In regard to the subject matter of your subgroup, what are the best practices currently in place?
2. Identify the funding streams currently in place in regard to the subject matter of your subgroup?
3. Assuming no fiscal impact, how would you recommend improving the subject matter of your subgroup?
4. Assuming no financial constraints exist, what would you recommend in regard to improving the subject matter of your subgroup?

Subgroups allowed for input from members who serve on the Task Force, but were assigned to a different subgroup.¹

The subgroups proposed the following best practices and recommendations, and provided the input regarding funding:

Current Best Practices

The subgroups identified the following best practices:

1. Multi-tiered systems of support are very effective.
2. Multi-disciplinary student assistance/intervention teams review student's needs, at-risk behaviors, and develop plans of service
3. Most districts have a "team approach" to compile information when students are having behavioral, academic, speech or any type of educational issue prior to a student receiving services. These teams are made up of a school psychologist, counselor, nurse, speech therapist, school social workers, teacher (or teachers), and parent that meet to discuss the student's concerns and make recommendations. They may also have an individual gather information/recommendations on a child and a formal meeting may not be necessary.
4. The model school policy for bullying published by the State Department of Education provides a guide to districts for policy development.
5. The Positive Behavioral Intervention Service (PBIS) is an excellent asset for districts at a minimal cost.
6. School Resource Officers (SRO) have proven to be extremely effective in regard to violence prevention, violence intervention, and improving the safety climate of schools.
7. School Social Workers are employed by some districts to address mental health issues of student and families. Services include the following: crisis intervention, home visits, individual and group counseling, serving as part of multi-disciplinary teams, implementing and serving on safety/risk assessment teams, attendance and dropout prevention, and other additional duties.
8. In addition to school social workers, some districts employ other support staff including certified school counselors (some of whom are licensed professional counselors), licensed marriage and family therapists, school psychologists, and school-based mental health counselors.
9. Some districts are trained in trauma informed care and are using it as a school wide approach.

¹ Sabrina Moore attended in place of Dino Teppara. Robert Compton, Dwayne Robinson, and Gwendolyn Snider were unable to attend.

10. Recommendations--Revenue Neutral

11. The subgroups identified the following revenue neutral recommendations. (*Note: the recommendations are in no particular order.*)
12. Greater, constant, and continuous collaboration between schools, mental health professionals, law enforcement, counselors, social workers, and anyone else who assists students with mental health issues, including private providers, is vital.
13. At the state level, private non-profit organizations and state agencies should collaborate to address school safety/mental health issues. (The Department of Juvenile Justice and the Department of Social Services play a key role in working with families and students.)
14. Schools should be required to examine their safety climates and implement positive climate change where needed, e.g. PBIS.
15. The State Department of Education's model bully policy should be amended and updated to include other mental health issues.
16. School districts should have a mental health policy that suggests the use of broad-based referrals. The SC School Board Association is encouraged to review their model policies on mental health, and consider including a reference to Mental Health Services.
17. Districts should implement PBIS beginning in elementary schools and ensure that feeder schools are also included.
18. Schools should have positive interventions that address gang activity, especially in middle schools.
19. The Department of Education (or the appropriate Law Enforcement entity) should do a survey and develop a warehouse for gang intervention strategies to identify what is going on in both the school and community.
 - a. An example of a resource that serves as a clearinghouse for research based model programs is the National Dropout Prevention Center. NDOPC maintains a list of vetted and proven programs that center around their fifteen key strategies for dropout prevention, including family engagement. Districts should avail themselves of these and other resources to identify best practices for meeting the needs of their at risk students that are most compatible with local norms and conditions
20. Districts should avail themselves of strategies and models in order to identify evidence-based mental health programs that are most compatible with local norms and conditions. An example of a strategy and model clearinghouse is the National Dropout Prevention Center that maintains a list of vetted and proven programs. The State Department of Education should ensure that a clearinghouse of strategies and models is readily available to districts.
21. There should be greater publicity of mental health services to parents and students.

22. Schools should have easy access to a list of available mental health providers to include both public and private resources.
23. The General Assembly should explore how to make existing funding for SROs more secure so that it is difficult to remove SROs from schools in the event of budget shortfalls.
24. Every school district should have a designated and trained threat assessment team. The team should be comprised of school administration, faculty (but not the teacher of a student whose actions are under review), law enforcement (SRO if one is assigned to the school), and a mental health professional. Its purpose would be preventative in nature, with the express purpose of identifying an individual presenting an indication of danger or harm.
 - a. Assessment teams should have access to legal counsel (and a human resources professional if an employee is involved). The team will have the responsibility of determining a course of action to mitigate the behavior. A name other than "Threat Assessment" (such as "Risk Assessment") should be used.
 - b. Labeling of students with difficulties is a significant issue in schools. These labels can and do follow them through their school career. Threat Assessment Teams, if they are recommended by this taskforce, must have strict confidentiality protections with accountability to protect the subject person's reputation and insure that labeling, (as a terrorist, as dangerous, etc.) are not a consequence of the team's effort. The goal is early intervention and treatment for the success of the student/employee.
25. Schools should be required to conduct safety (lockdown) drills more frequently.
26. Early detection of, and interventions with, individuals with depressive elements is important.
27. Districts should remove zero tolerance policies.
28. Create a risk and vulnerability team. The team would be formed under the structure of the Emergency Management Unit of SLED. The team would work with SROs to conduct risk and vulnerability assessments, with a focus on school facilities and environment. It would evaluate the current state of safety and security for all schools, to include any current emergency plans that are in place.
 - a. The teams must identify any strengths, weaknesses and best practices and evaluate access controls for schools (e.g. are key cards being utilized or can they be utilized). Additionally, teams must evaluate safety drills (i.e. evacuation, shelter in place, and lockdown plans) and ensure that schools drill the plans. Maps of school buildings and grounds must be provided to local law enforcement agencies, and maps should use a uniform numbering system for all doors for law enforcement response.
 - b. Teams must also make certain that there are communication plans for emergencies, family reunification areas, and protocols for the release of students. Schools that are geographically isolated must be identified due to longer law enforcement response times.

29. School administrators should receive NIMS (National Incident Management System) Training
30. Each district should complete a comprehensive report on the number of SROs in each school district.
31. Districts should consult with one another to determine if it is possible to share the cost of SROs.
32. Districts must complete an annual report with recommendations for school safety improvement once every three years. Reports should be submitted to the State Department of Education and the General Assembly.
33. The State Department of Education should review and cyclically update the Model School Safety Plan.
34. A periodic review of the Department's Model School Safety Plan by Law Enforcement is recommended.
35. The quality and effectiveness of a district's School Safety Plans should be subject to review and approval by a designated entity (such as the local school board, etc.).
36. Districts should ensure that DSS is invited to participate in multi-disciplinary teams.
37. Parents or guardians should be involved in treatment services.
38. The State Department of Education should facilitate assistance for smaller and less affluent school districts from larger and/or more affluent school districts in regard to training or other programmatic assistance. The Department should establish a clearinghouse of strategies and models that are readily available to school districts, and provide logistical support to districts seeking help in implementing those strategies and models.
39. The State Department of Education should compile a list of recommended evidence-based programs, and make this list readily available on their web site, to include cost and funding information.
40. All schools should have a Student Assessment Team comprised of administrators, counselors, psychologists, social workers and parents to assist individual students who are identified as having, or who may develop, emotional and behavioral issues. Districts should be surveyed to ensure that teams are in place.
41. The State Department of Education should create and publicize a clearinghouse that will assist districts with identifying and writing grants. The Department should apply for appropriate grant opportunities.
42. The State Department of Education should communicate with districts to inform them of Medicaid access and provide assistance to districts that need it.

43. Several entities may find it difficult to contract with the Department of Health and Human Services. This process should be streamlined and made easier in order to increase access to Medicaid.
44. State Department of Education should work with other state agencies to locate funding sources to expand multi-disciplinary mental health support services in the schools.
45. Provide training in safety/at-risk behaviors for school administrators through the State Department of Education.
46. Districts should work with DJJ/DMH to have districts trained in Trauma Informed Care.
47. Many, if not most, people are unfamiliar with the early warning signs of mental illness until they affect a family member. To be able to effect early detection and early treatment, it is essential that all school personnel be educated about the various emotional/mental illnesses and their early signs. All schools should be required to have annual staff in-service training to educate about emotional/mental illnesses. (As a resource to meet this need, the National Alliance on Mental Illness is teaching *Parents and Teachers as Allies* as a two hour in-service in a few school districts . *Parents and Teachers as Allies* is a program that focuses on helping school staff and families with the school community to better understand the early warning signs of mental illness in children and adolescents.
48. School districts should increase community outreach and involvement. For example, the State Department of Education, school districts and/or the Department of Mental Health or other appropriate entities are encouraged to post mental health resource information in a prominent place on their respective websites.

Recommendations that have a Fiscal Impact

The following recommendations, if enacted, would have an impact to the state's General Fund.

49. Explore creating a School Safety Office or Program at an institution of higher education that will assist with school safety plans and protocol, and potentially provide training of school personnel, including SROs.
50. Examine the current ratios of mental health providers (to include school psychologists, counselors, nurses, speech therapists, and school social workers).
51. Encourage school districts to examine options for meeting nationally recommended staffing levels.
52. More males should be encouraged to enter the teaching and mental health professions.
53. The South Carolina Department of Mental Health has mental health professionals in approximately 500 schools. In order to expand services to all schools, various funding

methods should be explored. Once their services have been established and billed for approximately three years, most DMH professionals can recoup approximately seventy percent of their costs. **[Staff note: Because a specific provider is mentioned, there has been discussion from members of the Task Force to remove this recommendation.]**

54. Every school should have a School Resource Officer, especially schools that are geographically isolated.
55. As exemplified in the Connecticut model, each school district should have access to a full service community-school mental health services facility that allows all applicable Medicaid providers to offer services.
56. Increase state appropriation to the Department of Mental Health in order to have a DMH professional in every school. [Staff note: Because a specific provider is mentioned, there has been discussion from members of the Task Force to remove this recommendation.]
57. Provide framework and support for regular training and support in regards to school safety and risk assessment plans.
58. At least one school social worker per district or the recommended ratio of 1 to 500. [Staff note: Because a specific ratio is mentioned, there has been discussion from members of the Task Force to remove this recommendation.]
59. Allow districts to determine how to use funds to serve students with mental health/safety issues to include additional school psychologists, marriage and family therapists, licensed counselors, licensed school social workers, Department of Mental health counselors.
60. School safety funding should be provided to the State Department of Education for grants to districts. Autonomy is necessary for schools to determine their needs.

Funding Sources

The issue of School Safety is necessarily broad and complex. Classroom teachers, counselors, administrators, mental health professionals, social workers, and law enforcement all have a role in insuring the safety of students. The following are possible sources of funding:

- State General Funds
- Federal and private grants²
 - McKinney Vento Federal Grants
 - Department of Defense Grants
 - United States Department of Education Grants
 - United States Department of Health and Human Services

² When grants are factored into any funding equation, it is important to remember that this a varying and non-recurring source of revenue.

- Title I
- Individuals with Disabilities Education Act (IDEA)
- Medicaid
- First Steps

When asked about using Title I dollars specifically for mental health services and School Resource Officers, the State Department of Education replied with the following information:

Title I funds, in general, could not be used for either of the two activities mentioned. The purpose of Title I is to improve the academic achievement of “at risk” students. The allowable use of funds focuses on providing high quality teaching and learning. The supplement, not supplant requirement of federal funds is also a prohibiting factor.

Title I and part N and D funds could be used to provide professional development (Title I schools) for safe school activities and for addressing various behavior issues including mental health. Title I funds could be used at a Title I school to provide a supplemental guidance position and that person, if qualified, might provide some mental health counseling. Title I funds might be used to purchase instructional materials related to safe schools and school climate. Title I part N and D funds may be used for transition activities which could include some mental health counseling.

S.C. receives about \$214,000,000 in Title I funds. The majority of funds go to districts to allocate to schools. Title I funds may only be used for Title I eligible students at Title I served schools.

Additionally, one of the hard and fast rules of “supplement, not supplant” is that if an activity is required by local, state or federal law or policy, then federal funds may not be used for that activity (unless it is specifically allowed in the authorizing federal law). The “supplanting” assumption is that a school district, in the absence of federal funding, would be required by law to conduct that activity in any event.

In regard to Medicaid funds, it was noted that sixty-three percent of public school students are Medicaid eligible. There is a concern that districts, for several reasons, do not utilize Medicaid effectively, thus denying an important source of resources.