

Report of the School Safety Task Force

Submitted to the South Carolina General Assembly
pursuant to Act 252 of 2014



The Honorable Jerry Govan, Chair
The Honorable Wes Hayes, Vice Chair

OVERVIEW

Act 252 of 2014 created the School Safety Task Force. The Act requires the Task Force to take the following actions:

1. Examine the various funding streams for school-based mental health services and determine how these streams may best be utilized in order to provide more accessible and efficient delivery of mental health programs;
2. Examine school mental health staffing ratios and provide suggestions that allow for the full delivery of services and effective school-community partnerships, including collaboration between school districts;
3. Develop standards for district level policies to promote effective school discipline and mental health intervention services;
4. Examine current intra- and interagency collaboration and suggest ways to improve cooperation; and
5. Examine how to best support multitiered systems of support.

Membership of the Task Force was comprised of the following individuals:

The Honorable Jerry Govan--House Appointment
The Honorable Wes Hayes--Senate Appointment
The Honorable Donna Wood--House Appointment
Larue Bettis--South Carolina Association of Licensed Professional Counselors
Robert Compton--South Carolina Association of School Administrators
Debbie Elmore--South Carolina School Boards Association
Karen Cooper-Haber--South Carolina Association for Marriage and Family Therapy
Bernadette Hampton--The South Carolina Education Association
Louise Johnson--South Carolina Department of Mental Health
Petra Clay-Jones--South Carolina Society for Clinical Social Work
Craig King--Palmetto State Teachers Association
Lisa Lipscomb--South Carolina Association of School Psychologists
Michael Prodan--State Law Enforcement Division
Dwayne Robinson--South Carolina Association of School Resource Officers
Ruth Schoonover--South Carolina Association of School Social Workers
Gwendolyn LC Snider--South Carolina School Counselor Association;
Edward Talbot--Department of Public Safety (Gubernatorial Appointment)
Dino Teppara--South Carolina Department of Education
Joel "Buddy" Wier--Senate Appointment

Committee and Subgroup Meetings

The Task Force met on August 27, September 11, October 14, November 6, and December 4, 2014. Invited testimony was provided at the November 6 meeting and public testimony was taken at the December 4 meeting.

In order to more efficiently and effectively explore the various issues surrounding school safety, the Task Force divided into three subgroups. Each subgroup met on October 2, 2014. The subgroups title and composition 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--The 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

Subgroups allowed for input from members who served on the Task Force, but were assigned to a different subgroup. The subgroups proposed best practices and recommendations, and provided the input regarding funding.

Act 252 requires recommendations of the Task Force to be revenue neutral. During deliberations, the Task Force honored the revenue neutrality requirement. Given the vital nature of the Task Force's work, however, members decided to include a separate section in its report for recommendations that have a fiscal impact.

Best Practices and Recommendations

Current Best Practices

The subgroups identified the following best practices:

1. Multi-tiered systems of support are very effective. Tier 1 includes universal measures that all students receive, such as screenings and the establishment of effective systems of school discipline and safety. Tier 2 is designed for targeted interventions that are provided to students experiencing difficulties, such as group counseling or increased academic support. Tier 3 includes measures that are applied at an individual student level, such as individual counseling or referral to community resources or specialized educational services. Positive Behavioral Intervention Supports (PBIS) is a program that encompasses all 3 tiers.
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 Supports (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 students 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.

“School based mental health services...are essential to a school’s ability to ensure a safe and healthy learning environment for all students, address, classroom behavior and discipline, promote students’ academic success, prevent and respond to crisis, support students’ social-emotional needs, identify and respond to a serious mental health problem, and support and partner with at-risk families.”¹

9. Training in trauma informed care should be approached on a school wide basis.
10. Programs that directly address issues in the family and use the family as a resource for improved school behavior and performance were mentioned as finding success in districts across the country.
11. 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.

Recommendations--Revenue Neutral

The subgroups identified the following revenue neutral recommendations. (*Note: 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. Districts are encouraged to improve collaboration between and among district officials and county and state emergency managers.
14. At the state level, private non-profit organizations and state agencies should collaborate to address school safety/mental health issues. (The Department of Mental Health, Department of Juvenile Justice and the Department of Social Services play a key role in working with families and students.)
15. Schools should be required to examine their safety climates and implement positive climate change where needed, e.g. PBIS.
16. The State Department of Education's model bully policy should be amended and updated to include other mental health issues.
17. The South Carolina School Boards Association is encouraged to review its model policies on mental health services in schools. School districts should have a mental health policy that incorporates staff education about mental illness and details plans for accessing qualified professionals using broad-based referrals and a coordinated system of care.

¹ *An Overview of School-Based Mental Health Services.* National Association of School Psychologists (http://www.nasponline.org/advocacy/overview_sbmh.pdf)

18. Districts should implement PBIS beginning in elementary schools and ensure that schools in feeder zones are also included.
19. Schools should have positive interventions that address gang activity, especially in middle schools.
20. An appropriate law enforcement agency should develop and conduct a survey or process to identify risk factors that exist both in the schools and the community and maintain a clearinghouse of intervention programs or for addressing these issues.

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 drop-out 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

21. 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. Once districts determine their needs, they must develop a plan to provide mental health services through collaboration with local, state, and non-profit agencies and existing support staff.
22. There should be greater publicity of mental health services to parents and students both in the school and the community at-large.
23. Schools should have easy access to a list of available mental health providers to include both public and private resources.
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), a guidance counselor, a school social worker, and/or any additional mental health provider in the school. 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 and intervention with individuals determined to have mental health disorders is important. Therefore, schools should have in place standard methods, such as universal screenings or assessments, for early detection accompanied with an intervention plan.
27. Districts should remove zero tolerance policies. Zero tolerance policies have not been proven to prevent school violence, reduce suspensions or improve school climate. (American Psychologist, December, 2008). Bullying prevention, threat assessment and restorative justice are three programs shown to reduce risk of violence or disruption.
28. Establish a School Safety and Security team within each school district in South Carolina. The team would be comprised of a designated school district administrator or school district emergency manager, a representative from each public safety agency within the school district (Sheriff's Office and/or municipal Law Enforcement agency, Fire Department and County Emergency Medical Services) and the county emergency preparedness director or designee. Establishing a district-wide culture of preparedness through a collaborative team effort will ensure student and staff safety, reduce the loss of life and property, and create a positive learning environment for students.
 - a. The State Law Enforcement Division (SLED) Emergency Management unit will provide free training to members of each team. The training will consist of safety and security assessments, multi-hazard emergency operation planning, family reunification, and exercise design, support and evaluation. National Incident Management System (NIMS) will also be required training. The training will assist each District School Safety and Security team in developing emergency operation plans and assessment tools that are consistent on a state-wide level and compatible with other governmental entities.
 - b. The School Safety and Security teams will develop uniform and comprehensive multi-hazard emergency operations plans based on a template provided in training and develop memorandums of understanding and mutual aid agreements with state and local partners. Conduct safety and security audits, with a focus on school facilities and environment. Provide maps of school buildings and grounds to local law enforcement agencies. Maps should use a uniform numbering system for all doors for law enforcement response.

- c. The teams will collaborate with the South Carolina Emergency Management Division, SLED emergency management unit and individuals across South Carolina trained in threat and risk assessments to create best practices pertaining to school campus safety and security. Additionally, teams must evaluate safety drills (i.e. evacuation, shelter in place, and lockdown plans) and ensure that schools drill the plans.
 - d. 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. Districts should consult with one another to determine if it is possible to share the cost of SROs.
30. Districts must complete an annual report with recommendations for school safety improvement. The report should include information on the number of SROs in each district. Reports should be submitted to the State Department of Education, compiled by SDE, and a summary of the district reports should be provided to the General Assembly.
31. The State Department of Education should review and cyclically update the Model School Safety Plan.
32. A periodic review of the Department's Model School Safety Plan by Law Enforcement is recommended.
33. 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.).
34. Districts should ensure that DSS, DJJ, and DMH are invited to participate in multi-disciplinary teams when students with links to those systems are being staffed.
35. Parents or guardians should be involved in treatment services.
36. 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.

37. 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. SDE is already a resource for schools looking for evidence-based programs that have been identified as a result of the EEDA at-risk grant awards and should ensure that information and support is readily available to school districts. In compiling the list, SDE should focus on “best practices” regarding safety and mental health services to include multi-tiered support systems, bullying programs, Trauma informed care, and multi-disciplinary teams.
38. 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.
39. 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.
40. The State Department of Education should coordinate with districts to inform them of Medicaid access and provide assistance to districts that need it.
41. 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.
42. 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.
43. Facilitate training in safety/at-risk behaviors for school administrators through the State Department of Education in coordination with other appropriate entities.
44. Districts should work with DJJ/DMH to have districts trained in Trauma Informed Care.
45. 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.

46. 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.
47. Amend South Carolina Code Section 63-19-810 (c) to require that as a condition of having a bond, the principal of a school where an adult student over the age of seventeen is charged with a misdemeanor or felony (not including traffic or wildlife violations) be notified of the offense.
48. Amend South Carolina Code Section 59-63-910 to allow for various life safety drills in place of fire drills every other month.
49. Amend South Carolina Code Section 59-116-10 to allow districts to create and operate their own campus security department.
50. School districts should have a designated employee whose responsibility is to work with the County Emergency Preparedness Agency.

Recommendations that have a Fiscal Impact

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

51. 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.
52. Examine the current ratios of mental health providers (to include school psychologists, counselors, nurses, speech therapists, marriage and family therapists, and school social workers).
53. Encourage school districts to examine options for meeting nationally recommended staffing levels.
54. Develop initiatives to encourage more males to enter the teaching and mental health professions.
55. Every school should have a School Resource Officer, especially schools that are geographically isolated.
56. 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.

57. Using other states such as Connecticut as resources and models, fund full service Community Schools (FSCS) (centers that create partnerships between schools and the community) in school districts and allow all applicable Medicaid providers to offer services to students and families. Because funding at the federal level is unlikely in the next Congress, school districts should be able to pursue funding from state and federal sources to create clinics that provide services to students and families that result from partnerships between the school providers (social workers, psychologists, MFTs) and those in the community (DMH, MUSC, USC, etc). Clinics should establish hours of operation that meet the needs of families.
58. Every school should have a Full Time Equivalent school based Clinical Mental Health Professional to provide mental health services to students and mental health education to students, families, the community, and school staff. (“School Based” could be a school employee, contracting with the Department of Mental Health, or contracting with a community mental health provider.)
59. Provide framework and support for regular training and support in regards to school safety and risk assessment plans.
60. 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.
61. 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.
62. Districts, in collaboration with local and state law enforcement agencies, will review the number of existing staff of SRO’s and determine if additional officers are needed. The General Assembly should explore funding sources to ensure the district’s SRO needs are met.

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
- 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 be used only 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.

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

Conclusion

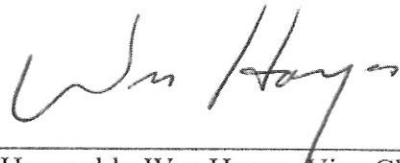
The School Safety Task Force worked diligently to examine all factors that may impact students, parents, and school personnel. Although there are many successful programs and strategies already underway in the state, much more must be done in order to prevent future tragedies and provide assistance to students in need of help.

Perhaps the greatest positive development of the task force is that there is better awareness among mental health providers, school personnel, and law enforcement as to the services each profession provides. It is the hope of the committee that, at the very least, there can be greater coordination and understanding from everyone who work to ensure the safety and well-being South Carolina's students and their families.

Respectfully Submitted,



The Honorable Jerry Govan, Chair



The Honorable Wes Hayes, Vice Chair