

TASK FORCE ON SCHOOL AND CAMPUS SECURITY

Minutes of the Third Meeting of the 2023 Interim

September 19, 2023

Call to Order and Roll Call

The third meeting of the Task Force on School and Campus Security was held on September 19, 2023, at 2:00 PM in Room 131 of the Capitol Annex. Senator Max Wise, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Max Wise Co-Chair; Senators Matthew Deneen, Michael J. Nemes, Reginald Thomas, and Stephen West; Representatives Scott Sharp, James Tipton, and Lisa Willner.

Guests: Sheila A. Schuster, Ph.D., Licensed Psychologist, Executive Director, Kentucky Mental Health Coalition; Joe Bargione, Ph.D., Executive Committee, Bounce Coalition; Steve Shannon, Executive Director, Kentucky Association of Regional MH/MR Programs, Inc. (KARP, Inc.); Joe Dan Beavers, CEO, Lifeskills; Gary Fields, Superintendent, Bowling Green Independent School District; Jennifer Willis, CEO, Pathways, and D.G. Sherrill, Director of Pupil Personnel, Bowling Green City Schools.

LRC Staff: Yvette Perry and Maurya Allen.

Strengthening Trauma-Informed Schools for Prevention and Resiliency

Dr. Joe Bargione, Ph.D., licensed school psychologist and Executive Committee, Bounce Coalition, spoke about his history working with Jefferson County Public Schools (JCPS) and creating a robust system of support for children facing adverse childhood experiences (ACEs). The Bounce Coalition was designed to build resiliency in children and adults to overcome the impact of ACEs. They found it is necessary to work in the community at large as well as in the school system, to meet children wherever they are. He spoke on the impact of the shooting at Marshall County in 2018 and the need to address that crisis in a thoughtful way through the creation of the School Safety Working Group. The work of that group became the School Safety and Resiliency Act, which takes a proactive approach to addressing childhood trauma and mental health. Children need to be both physically and psychologically safe in schools.

Building resiliency in students requires creating Positive Childhood Experiences (PCEs) to protect against ACEs. These include four components: supportive relationships; safe, stable, and equitable environments; social and civic engagement; and emotional growth. He recommended that the members promote updating trauma-informed plans in the schools. These are very useful tools, but they need to include mechanisms for accountability and continuous monitoring. Data collection and reviews by an outside agency would better inform school districts in the revision of their plans. Monitoring results can be used to share what is working and not working regarding these plans, and best practices can be disseminated statewide. Intentional focus on building resiliency is also critical and should be included not only in the trauma-informed plans, but also in district and school improvement plans.

Dr. Bargione also spoke of the need for improved evidence-based suicide prevention programs in schools for students and staff. The law requires that students receive suicide prevention lessons and that they are presented by September 15th each year. The coalition recommended that additional lessons be given in January or the middle of the school year. He also recommended that the lessons be presented to younger children, because children as young as 4th grade (age 9-10) are suicidal. Additionally, giving students the tools to recognize and report suicidal ideation help them to feel more empowered to help their peers.

Dr. Sheila Schuster, Ph.D., licensed psychologist and Executive Director, Kentucky Mental Health Coalition, said Kentucky's community mental health centers are among the leaders in the nation in answering the 988 suicide alert line, and those are local providers and advocates that can provide local advice and referrals. She revisited the language of the School Safety and Resiliency Act that "school safety is a program of prevention" and said that was a wise choice of words. A trauma-informed approach leads to creating schools that "foster a safe, stable, and understanding learning environment for all students and staff." If a student feels seen and safe with at least one adult, it dramatically improves outcomes for that student. Dr. Schuster discussed ACEs that are assessed in the mental health questionnaires, but there are other adverse community environments including community violence, poverty, lack of opportunity, poor housing, discrimination, or community disruption that lead to trauma for students and staff. Those are areas where policy makers can be particularly impactful.

She reiterated that PCEs, when emphasized, can overcome the negative impact of ACEs. She covered some survey data from 2021 that showed that nearly 22 percent of participating students in 6, 8, 10, and 12th grades reported serious psychological distress. Importantly, estimates are that 1 in 5 individuals will have a mental health issue in their lifetime. She also shared fears that meaningful data such as she was sharing may be difficult for mental health professionals in the schools to acquire going forward as a result of Senate Bill 150 of the 2023 Regular Session, as the surveys are now opt-in rather than opt-out, which will impact the number of surveys returned.

The goal going forward is to put more effort toward helping students before they are facing a crisis. The state continues to strive toward the goal of one mental health professional for every 250 students, but this is ultimately unattainable based on the number of individuals entering and completing training programs. As a way to address that, Dr. Schuster encouraged greater utilization of the trauma-informed teams, family resource centers (FRYSCs), school nurses, and other staff members. Improvements can be made to trauma-informed plans as well, including review of the plans by KDE, the Center for School Safety, or other outside organizations, and she recommended revision on a regular schedule based on the most current evidence-based practices. Finally, she recommended additional training for staff from UK's Center on Trauma and Children, the Bounce Coalition, school co-ops, and other community providers with expertise. The barriers to accessing these programs are low and should be easy to remove.

In closing, Dr. Schuster asked for more inclusion of SROs in trauma-informed plans and for the state to strive to ensure there is a full-time school nurse for every school building. Those individuals are frequently the front line of understanding which children need support and

attention. This is an opportunity to develop greater resiliency in schools and meet the goal of safety and security for every student.

In response to a question from Co-Chair Wise, Dr. Schuster said the goal of one mental health provider per 250 students was based on national recommendations and is not too lofty, even though there are currently barriers to full realization. The team of individuals who comprise the trauma-informed team is critically important to supporting students inside and outside the school walls. The fact that Kentucky is moving closer to that target also shows that while it is not currently fully achievable, it encourages forward progress. Dr. Bargione said that being part of a team allows all the providers to reach more students through creation of universal supports for 80 percent of the student and staff population. This upstream support is critical to overall prevention.

Responding to further questions from Co-Chair Wise, Dr. Bargione said that schools were previously taking a different approach to suicide prevention and in many cases it was ineffective. Now schools are required to have evidence-based programming that is much more effective and students are more inclined to self-report or to receive support sooner.

Responding to questions from Representative Tipton, Dr. Bargione said building resiliency skills for parents, grandparents, and other adults around young people will have a cumulative effect. Dr. Schuster said addressing community mental health and reducing the adversarial attitude between the school and families will be very helpful as well. She also encouraged support of parent groups that reach out to parents and provide them resources.

In response to a question from Senator Nemes, Dr. Bargione said the Sources of Strength program is peer driven and has been very impactful. It is relatable and there are connections with trusted adults and professionals that reach students where they are. He recommended inclusion of peer-led programs for suicide prevention in the district trauma-informed plans.

Responding to a question from Senator West, Dr. Schuster said there are several different streams of individuals who qualify as a mental health professional to meet the ratios of 1:250. However, the licensure board for licensed clinical psychologists do not have accurate data on how many are available in the state. There is a discrepancy between individuals who are licensed and those who are actually providing clinical services. But it is clear to see that there are not enough students entering the training programs and marketing of the profession to young people is necessary, as it is for many other positions in education today. Dr. Bargione said that rural districts are struggling the most to get mental health professionals because there is a limited number of local providers. He recommended financial incentives to get more applicants into programs as well as allowing school districts to partner together to hire shared mental health professionals. Dr. Schuster spoke to the impact that House Bill 200 of the 2023 Regular Session may be able to have in expanding scholarship opportunities for interested individuals to enter the profession.

In response to questions from Representative Willner, Dr. Schuster recommended that the goal of trauma-informed plans be rewritten to make prevention more central. She also suggested explicit inclusion of peer-led programs in the plans. Schools should also be required to hold

regular meetings of the trauma-informed teams and that the plan be shared widely. The front-line individuals – SROs, cafeteria workers, office staff, and bus drivers, should also be actively engaged to create PCEs and foster an environment of resiliency. It has to move past a compliance document to a living document that has buy-in from teachers and staff.

Responding to a question from Representative Sharp, Dr. Bargione said that trauma-informed approaches are not taught in traditional teacher preparation programs but it should be included.

Approval of Minutes - August 1, 2023

Representative Sharp made a motion to accept the minutes, seconded by Senator Nemes. The motion passed by voice vote.

Community Mental Health

Mr. Steve Shannon, Executive Director, Kentucky Association of Regional MH/MR Programs, Inc. (KARP), said KARP brings together 14 community mental health service providers and supports school districts throughout the Commonwealth. He said each center has a regional prevention center focused on all forms of community mental health. Data supports the need for parallel systems and a universal approach to social-emotional health for all children. It is critical but it will be costly, because it requires years of support for young people to grow. Community mental health centers also provide mental health first aid and can provide the necessary training for the staff who interact with students but may not be a classroom teacher who gets routine professional development training.

Ms. Jennifer Willis, CEO, Pathways, spoke about the ways that her community mental health center supports schools by dedicating nearly one-third of their staff to providing mental health services to schools. Mental health needs to receive the same dedication as physical health in order to truly address the mental health crisis facing the state. Working as a team with teachers, FRYSCs, and offering employee assistance, expands the reach of the mental health providers beyond students to families. After school services provide not only mental health support, but also tutoring and assistance with applications for postsecondary education and employment. This is a safe place for children and supports their mental and physical health because it reduces their risk of engaging in dangerous behaviors. Pathways also regularly reviews key performance indicators to evaluate the number of students receiving services and maintains achievable caseloads for therapists. Additionally, they now have health nurses who are available to go into schools to provide that support as well.

Mr. Joe Dan Beavers, CEO, Lifeskills, also spoke to his experience as a community mental health provider that helps connect mental health providers to schools. Having staff embedded in the school from the community mental health providers reduces stigma and invites students and staff to engage when they need assistance. He also spoke to the need to be financially sustainable, and how they worked with the schools to ensure that the services offered are billable as much as possible, with the schools contributing as they could to other costs. This proved to be a viable model that allowed them to expand into six schools, with plans to expand even further. Mr. D.G. Sherrill, Director of Pupil Personnel, Bowling Green City Schools, shared how he needed support with students attending court and addressing their traumas, so he reached out to Lifeskills to form a partnership to bring therapists into the schools. While working to bring

school nurses into more schools, he realized how mental health is just as critically important. Having those staff on site and prepared to address critical issues immediately saves time and improves outcomes versus having to make referrals and set appointments. It has reduced threats, violence, and student involvement in the juvenile justice system. The success at Bowling Green City Schools has led to other schools looking to adopt the same model.

In response to questions from Representative Tipton, Ms. Willis said they do bill Medicaid and commercial insurance, but there are some therapists who cannot be credentialed by every insurance company. Pathways uses grant money to cover the cost of seeing students whose insurance does not cover the services. Mr. Beavers said his center does not have the same designation as Pathways in order to qualify for the same financial support, and his struggles are more in finding enough trained therapists to hire. He has created some partnerships with local universities to increase the pipeline of graduates. Historically, there was more stigma around mental health that prevented schools from wanting to address mental health, but thankfully that is decreasing and schools are much more welcoming.

Responding to additional questions from Representative Tipton, Mr. Shannon said there are legitimate concerns about reciprocity between states and provisional licensing would really assist in that. Some schools are also reticent to have students leave the classroom because of the emphasis placed on school test scores and academic achievement. Additionally, staffing challenges are real, but a reciprocity agreement would be a good first step.

Adjournment

With no further business to come before the task force, the meeting adjourned at 3:55 pm. The next meeting of the task force will be October 19th at 11 a.m.