



DASD Mental Health Task Force Report



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NON O T C U D D O R T I N

The mental health problems and challenges students face are extremely serious, interfere with learning, and require a response from the Danville Area School District.

All of us, including our students and our families, are affected by mental health problems or challenges.

Using straightforward and broad definitions of mental health problems, we can conclude that mental health problems among students are very serious. Approximately 20% of Danville students have a mental health disorder. Although there are effective treatments for many of these disorders, over half of those in need do not receive adequate treatment (1, 2, 3, 4, 5).

Just as important, mental health disorders are best thought of as being on a continuum so that all students are affected, quite similar to physical health problems. All of us at times deal with mental health problems or challenges just like we all deal with physical health problems.

Even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people. And problems have worsened in the past decade. For example, teen girls are experiencing record-high levels of violence, sadness, and suicide risk (1, 6, 7).

Many of our students experience significant adverse childhood experiences (ACEs) like abuse, neglect, loss of a parent, or trauma. These can have profound effects on both mental and physical health during childhood and throughout life (35, 36).

At the other end of the continuum from ACEs are what we might consider regular life stresses, challenges, and disappointments that all of us experience. Students' abilities to demonstrate fortitude in dealing with those life stresses significantly impact their ability to learn. Developing the resilience to help them cope requires a range of school resources (37).

Suicide is the second leading cause of death among youth ages 10 to 14 and ages 15 to 24. The Pennsylvania Youth Survey indicates that 15.9% of Danville students seriously considered attempting suicide (8, 9, 10).

Substance abuse is prominent among Danville high school students. Based on the 2021 Pennsylvania Youth Survey, our students reported lifetime usage rates for alcohol of 30.6% and lifetime usage rates for marijuana of 10.0%. Additionally, 4.2% of students reported engaging in binge drinking in the past two weeks and 8.6% of 12th grade students reported driving while or shortly after drinking (10).

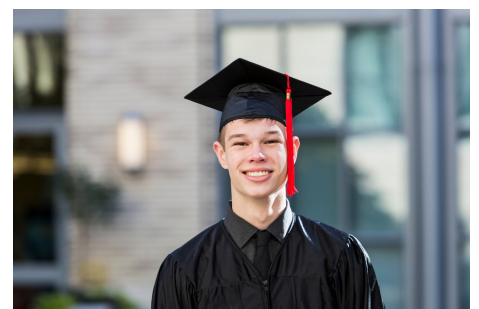
We should and do encourage families to use community resources, and we will continue to collaborate well with CMSU Mental Health (MH) Services, Geisinger Behavioral Health (BH) Department, and CSIU. However, current community resources are insufficient to address students' mental health needs. Geisinger has conducted community needs assessment surveys multiple times for the past 20+ years. The two primary unmet healthcare needs identified on those surveys are the lack of behavioral health services (including behavioral health services to children and youth) and the lack of access to healthcare (13).

The recent CDC Report on Youth and Mental Health identifies urgency for us to invest in schools to deliver vital services to help youth struggling with mental health problems (14).

Most relevant, mental health problems interfere with learning, our primary goal. This conclusion has broad research support (11,12).

The DASD Mental Health Task Force therefore came to this conclusion:

“Addressing the mental health needs of students is central to our goal of academic success for all. But it is also critical for promoting their well-being and development as productive citizens. We want to ensure that all Danville students have the resilience to face life’s challenges in and outside the classroom.”



OUR PROCESS

01

Gather Information

Collectively, the task force gathered information from a variety of sources:

- Students
- Community members
- Other school districts
- Parents
- Teachers
- Regional experts, including CSIU, Geisinger BH Dept., CMSU MH Services
- Review of scientific literature about mental health needs of students and successful ways to respond
- Recommendations from reputable national groups such as CDC, Collaborative for Academic, Social and Emotional Learning (CASEL), U.S. Surgeon General
- 2021 Pennsylvania Youth Survey of DASD students (10)

02

Review Our Charge

As a task force our goal was to review information, identify challenges, and make specific recommendations. Our group of 41 members was comprised of parents, community members, administrators, teachers, plus an additional advisory group. (See Appendix A for membership.) We:

- Developed six work groups:
 - Tier I (interventions for all)
 - Tier II (school-based intervention for students identified with mental health needs)
 - Tier III (highest level of mental health services for students in need)
 - Crisis Assessment and Management
 - Communication
 - Substance Abuse Education & Prevention
- Made recommendations after careful review of the problems and challenges, consideration of data, use of evidence-based standards in key areas, and consensus building (15, 16).

"Even before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people. And problems have worsened in the past decade."

OUR PROCESS, CONT.

03

Incorporate Input From Students

We acknowledge the critical importance, but also the challenge, of listening to our students and encouraging them to help guide the work of the task force. We took these steps to ensure their input was incorporated:

- Conducted “listening sessions” with three groups of high school students to identify some of their concerns and observations.
- Continued work with the student-initiated group, Students to Promote Mental Health (SPM), with plans to help them clarify their values and expectations for their members. We encourage them to continue to find meaningful and practical ways to contribute to the mental well-being of our students.
- Dr. Molly Nied, Superintendent, established a district-wide goal for teachers and staff to improve relationships with students. This goal was chosen because it will lead to more engaged students, as well as improve their mental fitness and academic performance. Additionally, improved relationships with teachers will allow students to be comfortable sharing their views. On April 5, 2023, Dr. Nied led her first professional development for DASD staff, focusing on improving relationships with students. This training is a concrete response to help us hear better what our students are saying.

04

Address Suicide: Importance & Challenges

Youth suicide is the second-leading cause of death among youth. Students in Danville and other area districts have died by suicide. These facts are compelling and tragic. However, we must acknowledge that addressing youth suicide is complex. Suicide attempts have multiple contributing factors, and there are no simple solutions to reduce suicide. Additionally, we need to use evidence-based standards of care to respond to this challenge, which include providing assessments of, interventions for, and referrals of students for more intensive services. Our current staff of guidance counselors and licensed mental health providers have been doing an outstanding job every day handling these challenges. They will continue this critical work because there’s a moral obligation to do so – and because this work saves lives.

Because of the complexity of the task of preventing youth suicide, we must be clear that this task force was not formed primarily to prevent future suicide attempts. The success of our recommendations and the impact of our work should not be evaluated by whether future students make suicide attempts or die by suicide (8, 9).

GUIDING PRINCIPLES

Our whole-child approach was developed with these parameters in mind:

We need to be very clear about why we are doing this work. We are committed to the mental well-being of our students. Unaddressed mental health problems are significant and interfere with learning. Current community resources are not sufficient to meet the mental health needs of our students.

Addressing mental health problems of our students is a complex task and we need to use multiple methods to address those problems. That is why the recommendations from the Task Force are so extensive.

Helping students with complex mental health disorders requires a commitment from our district and our partners in the community. Definitions of mental health problems are complex and range from serious mental illness and trauma to regular life challenges and stress. We need to help students develop resiliency in response to life challenges. This includes encouraging families to join us in the task of building resiliency and “grit” in our students.

There is a need for a serious long-term commitment by all of us including continued efforts to build and maintain broad community support. Some important steps have been taken, however, much more needs to be done and a long-term commitment is necessary.

There is a need for consistency in our approach across all four schools and throughout the DASD.

PRINCIPLES, CONT.

Ongoing evaluation of the impact and success of our initiatives and recommendations is a core value. We must, at regular intervals, collect and evaluate data, and revise our programs. Evaluating the impact of educational and mental health programs is difficult, but it is critical. The task force recommendations range from well established to those in early stages with only an agreement on core concepts and the need for further development.

We need financial resources to support this work. Most of our recommendations can be made without any increased funding. For our recommendations that require additional funds, we need to look for multiple sources to support this work including some grants, donations, and possible ways to generate revenue from delivering mental health services.



"The recent CDC Report on Youth and Mental Health identifies urgency for us to invest in schools to deliver vital services to help youth struggling with mental health problems (14)."

TIER I – INTERVENTIONS FOR ALL

Tier I interventions for all students teach our students skills to understand, identify, and manage emotions; make good choices about behavior; solve social problems; develop self-awareness; and seek help from others when experiencing mental health problems or challenges. These skills are comparable with PA Career Ready Skills (34). These skills are often described as social emotional learning (SEL) (18). Tier I interventions:

- Help our students develop these skills at age-appropriate levels and by doing so may prevent the development of more serious mental health problems.
- Provide all students the skills they need to manage mental health concerns.
- Are similar to public health initiatives like having requirements for water safety and encouraging seat belt use.

Tier I Recommendations

01

Collaborate with partners to provide services

This includes key aspects of the SAMSHA grant specifically addressing Tier I services. Those involved in the SAMSHA grant include CSIU, Dr. Sam Faulkner of Geisinger's BH Dept., and CMSU MH Services.

Status: Ongoing

02

Implement SEL curriculum for Head Start and K-5

The SecondStep curriculum is recommended because it is evidence-based. It was previously reviewed by a team of teachers and administrators. SecondStep was selected, successfully implemented at Head Start, and enthusiastically supported (17, 18, 19).

Status: Agreed on recommendation. Materials to be purchased through a safety grant that has been submitted. Professional development to be designed in summer of 2023 and implementations will occur in 2023-2024.

03

Use PA Youth Survey data to guide services

This scientifically designed survey addresses many areas related to mental health problems including depression, suicide, and substance abuse. DASD should continue to administer and review the results and use the data to guide mental health services.

Status: Ongoing

Tier I Recommendations, cont.

04

Revise & implement high school GPS curriculum

The GPS (Guidance, Pathways, and Social Emotional Learning) curriculum will be revised for 9th graders to include specific guidance in making the transition to the high School. This will include learning the expectations for behavior, how to ask for help, ways to develop positive relationships with teachers and other students, and other social emotional skills.

Status: Agreed on recommendation. High school to revise GPS curriculum and implement in fall 2023.

05

Revise & implement middle school guidance curriculum

The guidance curriculum will be revised for 6th graders to include specific guidance in making the transition to the middle school. This will include learning the expectations for behavior, how to ask for help, ways to develop positive relationships with teachers and other students, and other social emotional skills.

Status: Agreed on recommendation. Middle school to revise guidance curriculum and implement in fall 2023.

06

Revise Flex period in the high school

Structure Flex period to allow students to be assigned to the same mentor teacher for a 4-year period to enhance relationships (20).

Status: Agreed on recommendation. High school principal and assistant principal to work on this in summer. Implement fall 2023.

07

Develop Peer Mentorship Program for high school students

Older high school students will mentor ninth graders to support transition to high school and provide supportive relationships.

Status: Guidance counselor Gary Grozier has designed and will lead the program. Implement fall 2023.

Tier I Recommendations, cont.

08

Take steps to enhance communication

We believe that consistent and clear communication among key stakeholders in DASD (students, parents, teachers, administrators, school board members, the public) is vital to build trust and to help the district operate efficiently. Some examples include developing an easy-to-navigate web page, and consistently sending newsletters and email messages to parents. These actions are related to the mental well-being of our students and families because they demonstrate respect and build trust.

Status: Some positive actions taken (such as monthly newsletters at all building levels). Ongoing attention is needed.

09

Promote school-wide events to build pride in schools

Each school has had positive school-wide events that have been well received. This work needs to be expanded to help students and parents develop pride in their schools.

Status: Some positive actions taken. Ongoing attention is needed.

10

Use PASS survey to identify and address barriers

The PASS survey (Proactively Identify and Address Non-Academic Barriers to Learning) is a survey currently administered twice a year to students at Liberty Valley and the middle school. We recommend that school administrators and staff review the results of the surveys and develop a few specific goals to take in response to the results. Follow up of those goals can occur when the surveys are re-administered.

Status: Ongoing

11

Develop Tier I strategies using PBIS principles

PBIS principles are trust, respect, responsibility, fairness, caring, and citizenship. Administrators will select some strategies that are designed to build a positive school culture for students and teachers.

Status: Expectation set for administrators to collaborate with teachers to select some strategies for each school (38).

Tier I Recommendations, cont.

12

Revise policy regarding cell phone use

While there are clear benefits of social media and internet use for students and their families, some negative consequences include these:

- Social media platforms can interfere with the development of meaningful social interactions which are critical for healthy development
- Adolescence is a “developmentally vulnerable period” in which teens can crave social rewards or age-inappropriate material, but don’t have well-developed abilities to control their behavior
- Social media can present some dangerous, illegal, or “psychologically disordered” behavior as attractive
- Because some postings on internet sites can be done anonymously, they may allow or encourage bullying or mean behavior
- Use of social media can interfere with full engagement in academic work
- Rise of artificial intelligence makes cheating easier and more frequent (21, 22, 23, 24, 25, 26, 27)

Central Columbia changed their policy regarding cell phone use recently and they have seen reduced disciplinary action related to cell phone use, reduced bullying behavior, and improved attention in class (Appendix C).

We do not want to make overall decisions about social media use for our students – that is the responsibility of parents. However, we believe that making decisions about cell phone use during the school day is the responsibility of our school district.

We recommend that DASD restrict or eliminate cell phone use during the school day for our students. If policies to restrict cell phone use are enacted it will be essential to ensure that appropriate methods are developed to allow parents to communicate with the school and their students and enable school groups to share information with group members. Although the MH task force is putting forth this recommendation there was not full support from all members of the task force.

Status: Serious discussions held with strong support from many MH task force members and administrators. A detailed plan should be developed. Significant input from and education of stakeholders (especially parents) needs to occur.

TIER II – INTERVENTIONS FOR IDENTIFIED STUDENTS

Tier II Interventions are actions taken to help students who are identified as having a specific mental health or behavior problem. Tier II interventions are generally provided by school staff and conducted in the school.

Tier II Recommendations

01

Collaborate with partners to provide services

This especially includes collaborating with CMSU MH Services. This also includes key aspects of the SAMSHA grant specifically addressing Tier II services. Those involved in the SAMSHA grant include CSIU, Dr. Sam Faulkner of Geisinger's BH Dept., and CMSU MH Services.

Status: Ongoing

02

Combine Child Study & SAP team meetings

The Child Study and SAP team meetings, now combined, will be the primary method of identifying students in need of additional mental health services and developing specific Tier II interventions. Having two separate meetings is an inefficient use of staff time. This combined meeting will allow community members to attend as appropriate.

Status: Agreed on recommendation. Each school has a specific structure for implementing this. Dr. Kalberer is leading this work across the system. Flow chart developed.

03

Review key Child Study/SAP team job descriptions

Roles include school psychologists, teachers, guidance counselors, interventionists, licensed mental health providers, principals, and behavior analyst.

Status: Job descriptions reviewed by this Work Group. Any changes or new job descriptions to be approved by the board.

"Many of our students experience significant adverse childhood experiences (ACEs) like abuse, neglect, loss of a parent, or trauma. These can have profound effects on both mental and physical health during childhood and throughout life (35, 36)."

Tier II Recommendations, cont.

04

Develop online mental health resource for teachers

This resource will help teachers more easily and successfully address the needs of students identified by the Child Study/SAP team as needing a Tier II intervention. This “information bank” would include information about behavior management in the classroom, information about specific mental health topics, plus strategies to help students with mental health problems such as anxiety or ADHD.

Status: Broad concepts for this plan developed. Need a work group to develop details, find online resources that will be appropriate and helpful. Consider collaboration with other districts and CSIU.

05

Hire a full-time board-certified behavior analyst

This individual will primarily take responsibility to design and implement behavioral strategies in the classroom for children identified by the Child Study/SAP team.

Status: Recommendation made and options being reviewed by administrative team.

06

Make modifications to the Ironmen Cyber Academy

We recommend some program changes occur to encourage more social and in-person activities for the students in the Cyber Academy. The goals of these steps are to improve relationships with students and help develop social skills and reduce social anxiety. At the beginning of the year, teachers will clarify policies and share a “contract” with students and parents that specify expectations that will include participation in some in-person activities or events.

Status: Details discussed and teachers and administrators support this plan. To be implemented in fall 2023.

"The recent CDC Report on Youth and Mental Health identifies urgency for us to invest in schools to deliver vital services to help youth struggling with mental health problems (14)."

TIER III – MORE EXTENSIVE INTERVENTIONS

Tier III interventions are services provided to students with mental health problems that are more extensive than students who receive Tier II interventions. These services are often provided by practitioners or agencies outside the school district (although not always). Additionally, these interventions are usually provided after a trial of a Tier II intervention and a conclusion being made that a more intensive intervention is needed.

Tier III Recommendations

01

Collaborate with community partners related to a SAMSHA grant

These partners include Dr. Sam Faulkner of Geisinger's BH Dept, CSIU, and CMSU Mental Health Services. Their SAMHSA grant is designed to assist school districts in meeting mental health needs of students. Examples:

- Geisinger has developed The Bridge Program which provides services (beyond outpatient counseling) for adolescents needing intensive intervention. The program duration is up to one month and referrals for follow-up care are made continuously throughout the episode of care.
- Access in the future for remote telehealth counseling sessions for approximately 20 students each year for five years will be available for Danville students.

As Geisinger's behavioral health services for children and adolescents expand, we need to anticipate opportunities to collaborate with them, especially as they attempt to develop integrated care models for comprehensive mental health service delivery that involve close collaboration with school districts.

Status: Discussions held about specific details of the current SAMHSA grant, services that will be available for Danville students, and possible future services.

02

Continue collaboration

As we seek services for our students in need of Tier III interventions, we will continue to collaborate with community agencies and providers. Examples include:

- CMSU provides a range of mental health services primarily for students and families who have PA Medical Assistance insurance coverage.

Tier III Recommendations, cont.

02

In January, CMSU hired a social worker, Amanda Kling, LCSW, to provide counseling services in the high school and middle school. She has become busy with a full schedule in just a few weeks. CMSU has provided a prevention specialist, Jill Bruder, to provide substance abuse prevention services to middle school students – one day a week.

- Geisinger has consistently been available to conduct suicide risk assessment of our students referred for evaluations when students are referred to the Emergency Department. In July 2023, Dr. Carrie Massura will serve as the lead pediatric psychologist working in the Pediatric Outpatient Clinic at the Woodbine Clinic in Danville. Many of Danville's students receive pediatric primary care at that clinic and they will have access to the services of Dr. Massura and her colleagues including urgent appointments.

Status: Will begin in fall 2023.

03

Recruit and hire Director of Mental Health Services

The individual will provide leadership and oversight for all activities related to mental health services in the district (such as those recommendations identified in this proposal) and supervision of staff. She or he will provide direct counseling services to students for approximately 75% of the time and use 25% of the time to serve as the administrative lead of the team and to supervise staff. For the first year in this position, the administrative requirements may take more than 25% time.

Qualifications include being a licensed mental health provider, specific training and experience in direct service delivery in a school setting (counseling and clinical assessment of children and youth with mental health problems), specific training and experience in clinical supervision, and specific training and experience in program development of mental health services to children and adolescents. We would consider candidates who are licensed clinical social workers or doctoral level licensed school psychologists (with specific skills primarily in intervention rather than in evaluating children with learning problems).

Status: Thorough review of this plan and support among key DASD individuals has occurred. Additional funding is needed.

Tier III Recommendations, cont.

04

Recruit & hire two licensed mental health counselors

These individuals will be DASD employees and join our current staff in providing counseling services to students and their families. This recommendation is being made after thorough review among current DASD service providers (licensed mental health providers, guidance counselors, interventionists, school psychologists) and members of the Mental Health Task Force.

The recommendation is based on our conclusion that the demand for counseling services for our students is beyond our capacity to meet the needs (large demand and caseloads for interventionists, guidance counselors, and CMSU counselor) and clear awareness that community resources are also not sufficient to meet the needs.

It is critical that new hires be licensed mental health providers (licensed clinical social workers or licensed professional counselors) to ensure they are qualified. One individual will be assigned to the middle school and one assigned to the high school. We already have one licensed mental health provider working in Liberty Valley school and one in the high school.

Status: Thorough review of this plan and support among key DASD individuals has occurred. Additional funding is needed.

05

Explore options for paying for new staff positions

Recommendations #3 and #4 will require a significant additional expense (beyond the current DASD budget). Some options include:

- Generating revenue from insurance companies for services delivered by licensed providers (medical assistance and GHP)
- Obtaining grants
- Obtaining donations

Status: Strategies identified. Initial steps taken to explore these.

"...current community resources are insufficient to address our students' mental health needs."

CRISIS ASSESSMENT & MANAGEMENT

This work group reviewed specific procedures for handling these categories of crisis situations:

- Danger to self/possible suicide risk
- Danger to others related to evidence of serious aggressive or violent behavior
- Danger to others because a weapon brought to school (Appendix D)
- Danger to others because a verbal threat or written threat of harm made to others
- Dealing with a Traumatic or Very Serious Incident (e.g., death of a student or staff member)
- Dealing with a suicide
- After a Suicide Tool Kit for Schools (28)

Crisis Recommendations

01

Update policy

Review and revise DASD policy "Suicide Awareness, Prevention and Response."

Status: Policies reviewed by guidance staff of both schools. Further discussion needed.

02

Review procedures for assessing suicide risk

Explore procedures at both middle and high school. Adopt unified protocol (Appendix E).

Status: Policies reviewed by guidance staff of both schools. Further discussion needed.



Crisis Recommendations, cont.

03

Provide professional development

Offer professional development on suicide risk assessment for all staff including coaches and after-school advisors. Three staff have been identified to receive the QPR (question, persuade, refer) training to become “trainers”. After they receive training, they will train our staff. This training is provided by CSIU and the McDowell Institute at Bloomsburg University.

Status: Plan developed. Staff identified to be trainers. Their training is to be scheduled and then they will provide training of our staff.

04

Review procedures for handling crisis situations

Administrators from each school will review these policies to ensure the procedures are available.

Status: Review completed by Work Group. A school administrator for each school needs to complete this review before the beginning of the fall 2023 school term.

05

Share crisis situation procedures with key staff

Administrators, school psychologists, guidance counselors, interventionists, and licensed mental health providers from each school will review procedures for handling crisis situations and understand how to access them for future use.

Status: Recommendation made. Needs implementation. If additional policies are needed, they will be developed and presented to the School Board for their review and adoption.

"Suicide is the second leading cause of death among youth ages 10 to 14 and ages 15 to 24. The Pennsylvania Youth Survey indicates that 15.9% of Danville students seriously considered attempting suicide (8, 9, 10)."

COMMUNICATION

This work group reviewed ways to obtain information from stakeholders (students, parents, teachers, administrators, school board, and public) and ways to share information about mental health topics.

Communication Recommendations

01

Conduct stakeholders surveys

Gather stakeholder views and suggestions. This data will provide information to school leaders, feedback on key concerns or problems, and monitor progress in improving communication and trust. A stakeholder survey is a major undertaking. It is important to do it well to help respondents feel safe enough to be forthright in their responses and also do it infrequently enough so that the response rates are adequate.

Status: Agreed that a thorough process is needed. Review this plan next year and consider implementation in spring 2024.

02

Prioritize positive district culture

Encourage respectful and positive communication among stakeholders in the DASD to build trust and continue to build a positive school culture. Some important steps have been taken to acknowledge the good work of colleagues, show kindness, and communicate in clear and consistent ways.

Status: Ongoing

03

Add resources for parents to DASD website

We want to revise the website to make it easy for parents to get access to appropriate guidance on parenting and dealing with a range of mental health topics.

Status: Concepts developed, websites reviewed with a specific external site serving as the primary resource (29) and specific topics selected. Plan for a drop-down menu for specific mental health topics. Teacher Meagan Bond oversees this initiative to be completed by fall 2023.

Communication Recommendations, cont.

04

Provide parent education

We want to offer parent education programming in three categories:

1. Guidance for parents and students about responsible social media use. This is a critical issue for our society and a clear need to our parents to help them develop appropriate guidance to their children.
2. Parent education/guidance classes or meetings on a range of mental health topics to be designed for each specific school.
3. Parent education program about safe storage of guns primarily because 50% of successful suicides involve guns and suicide is the second cause of death among students age 10 to 24. Although reducing deaths by suicide among our students is an extremely complex task, helping families safely store their guns and limiting students' access to guns unless they are appropriately supervised (such as going hunting with a family member) is the most effective practical step we can take. We will have brief education material they can link to on our web site. The material will be presented in a straight-forward and respectful way because access to guns in our society is a highly charged political issue. Nevertheless, we have an obligation to advocate for our students' well-being.

Status: To be developed. A brief article on gun safety written by experts from a children's hospital will be available for parents from our website (30, 31).

05

Develop messaging/taglines to support initiatives

The Communications Work Group reviewed this issue thoroughly and considered other strategic efforts underway within the district as well. The Work Group selected "Forge On" as key tagline because it combines the Danville heritage of the iron industry and also because it encourages students to be resilient as they face challenges.

Status: We need to distribute this slogan more widely within DASD and encourage groups to pick secondary slogans to support mental health.

Forge On

Communication Recommendations, cont.

06

Explore creative outlets for students

Consider implementing creative writing and arts programs as ways to help students express their feelings. A specific creative writing program (826 National) reviewed, to be considered in middle school as a “club” or “special” (32).

Status: Information shared with middle school administration.

07

Expand exit interviews

Currently, a small group of staff and community members conducts mock-type exit interviews with high school seniors. These interviews help prepare students for future interviews and provide information about students' views on their school experiences and serve as an opportunity to strengthen relationships with students. We recommend adding an exit interview at the end of the sophomore year as another opportunity to strengthen relationships with students. The additional Information allows time to respond to any needs identified in the interview.

Status: Recommendation given to high school leadership team for consideration for 2023-24 year.



"All of us, including our students and our families, are affected by mental health problems or challenges."

SUBSTANCE ABUSE EDUCATION & PREVENTION

This work group agreed on the following guiding principles for providing substance abuse education and prevention:

- This is a Tier I activity so we should provide education for all of our students – at least starting in 5th grade
- It should be part of the curriculum and needs to be provided in a consistent and sustainable manner
- Guidance counselors should take a central role in design and implementation
- Teachers need to be part of this effort
- We need to have appropriate training and professional development for key staff – and ensure it is ongoing so that it is sustained
- We must collaborate with our community partners – especially CMSU
- “Evidence-based approaches” are necessary

Substance Abuse Recommendations

01

High school will have two delivery methods

We recommend the content be delivered in the following manner to high school students :

- For 9th graders in the GPS course (1/2 year) and the health course (1/2 year). This will be led by a guidance counselor (GPS) and a health teacher and considered one part of the curriculum.
- During Flex time for all students. This will occur at regular intervals (possibly once or twice a month). A brief video will be presented to the class. Teachers will be asked to lead a discussion with the students following the video. Teachers will be given three discussion questions.

Status: Recommendation made. Need to develop details to implement in fall 2023.



Substance Abuse Recommendations, cont.

02

Middle school will have two delivery methods

We recommend the content be delivered in the following manner to middle school students :

- During the guidance class conducted during 6th grade (currently doing this in 7th grade). In addition to helping students with the transition to middle school, this guidance class will include substance abuse education. The suggested plan is that these two activities (helping with transition to middle school and substance abuse education) are scheduled together for one period, one day per week throughout the year for 6th graders.
- Scenarios or topics to be briefly presented during morning announcements. The SPM group is interested in doing this. This could occur once or twice a month. Teachers will be asked to lead a discussion with students after a presentation is made. Discussion questions will be provided to teachers.

Status: Recommendation made. Need to develop details to implement in fall 2023.

03

Finalize details for implementation of substance abuse education at Liberty Valley school

The same curriculum being used throughout the district, Too Good For Drugs, will also be used with 5th graders at Liberty Valley School. Details need to be developed about who will deliver this education to 5th graders and about how it will be delivered.

Status: Broad plan and concepts developed, implementation details need to be finished.

04

Select substance abuse curriculum for DASD

The Too Good For Drugs is the curriculum currently used in the middle school and provided by the CMSU drug prevention specialist, Jill Bruder.

Status: Curriculum selected. Need to develop specific implementation methods.

Substance Abuse Recommendations, cont.

05

Continue CMSU prevention specialist

The CMSU drug prevention specialist works one day per week in the middle school. We want to continue this relationship in fall 2023.

Status: Ongoing

06

Establish drug policy alternative

Develop and implement a procedure to offer substance abuse counseling for all students who violate the drug policy (such as possession of controlled substance on school property) as an alternative to expulsion. Parental permission will be required.

Status: Support for this policy from key staff. Consultation with CMSU. Details need to be developed and board policy revisions needed. Implement fall 2023.

"Substance abuse is prominent among Danville high school students. Based on the 2021 Pennsylvania Youth Survey, our students reported lifetime usage rates for alcohol of 30.6% and lifetime usage rates for marijuana of 10.0%. Additionally, 4.2% of students reported engaging in binge drinking in the past two weeks and 8.6% of 12th grade students reported driving while or shortly after drinking (10)."



CONCLUSION

The recommendations in this report are not intended to solve problems overnight. Instead, they require a paradigm shift and long-term commitment by teachers, administrators, board members, parents, and community members.

We hope you'll commit to helping us educate happier, healthier children.



"Addressing the mental health needs of students is central to our goal of academic success for all. But it is also critical for promoting their well-being and development as productive citizens. We want to ensure that all Danville students have the resilience to face life's challenges in and outside the classroom."
– Mental Health Task Force, 2023

Members of DASD Mental Health Task Force – 2023

Chairperson: Paul Kettlewell, PhD

Superintendent: Molly Nied, EdD

Parents

Nichole Freese
Marti Harris
Erin Ross
Monica Shellenberger

Community

Robert Andrews, DMin
Jill Bruder
William Fait
Jen Jones
Amanda Kling
Maria LaMarca
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Tawnya Meadows, PhD
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Teachers & Staff

Tina Bartholomew
Meagan Bond
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Laura Garside
Megan Geise
Gary Grozier
Tom Hiravi
Stephen Kalberer, PhD
Jesse Reibson
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DASD School Board Members

Sam Faulkner, PhD
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Central Columbia School District Policy on Cell Use by Students. 2023

Purpose

The Board adopts this policy in order to support an educational environment that is orderly, safe and secure for district students and employees.

Definition

Electronic devices shall include all devices that can take photographs; record, play or edit audio or video data; store, transmit or receive calls, messages, text, data or images; operate online applications; or provide a wireless, unfiltered connection to the Internet.

Authority

The Board prohibits use of electronic devices by students during the school day in district buildings; on district property; during the time students are under the supervision of the district; and in locker rooms, bathrooms, health suites and other changing areas at any time.[1]

Students are not permitted to take photographs or record videos on electronic devices.

The Board prohibits possession of laser pointers and attachments and telephone paging devices/beepers by students in district buildings; on district property; on district buses and vehicles; and at school-sponsored activities.[2]

Electronic Images and Photographs

The Board prohibits the taking, storing, disseminating, transferring, viewing, or sharing of obscene, pornographic, lewd, or otherwise illegal images or photographs, whether by electronic data transfer or other means, including but not limited to texting and emailing.

Because such violations may constitute a crime under state and/or federal law, the district may report such conduct to state and/or federal law enforcement agencies.

Off-Campus Activities

This policy shall also apply to student conduct that occurs off school property and would otherwise violate the Code of Student Conduct if any of the following circumstances exist:[3]

1. The student is a member of an extracurricular activity and has been notified that particular off-campus conduct could result in exclusion from such activities.[4][5]
2. Student expression or conduct materially and substantially disrupts the operations of the school, or the administration reasonably anticipates that the expression or conduct is likely to materially and substantially disrupt the operations of the school.

APPENDIX C

Central Columbia School District Policy on Cell Use by Students. 2023, cont.

3. The conduct has a direct nexus to attendance at school or a school-sponsored activity, for example, a transaction conducted outside of school pursuant to an agreement made in school, that would violate the Code of Student Conduct if conducted in school.
4. The conduct involves the theft or vandalism of school property.
5. There is otherwise a nexus between the proximity or timing of the conduct in relation to the student's attendance at school or school-sponsored activities.

Delegation of Responsibility

The Superintendent or designee shall annually notify students, parents/guardians and employees about the Board's electronic device policy.

The Superintendent or designee shall develop administrative regulations to implement this policy.

Guidelines

Violations of this policy by a student shall result in disciplinary action and may result in confiscation of the electronic device, without the owner's permission.[3][6][7]

After the device has been confiscated, school personnel shall not utilize the device for any reason.

Exceptions

The building administrator may grant approval for possession and use of an electronic device by a student for the following reasons:

1. Health, safety or emergency reasons.
2. An individualized education program (IEP).[8]
3. Classroom or instructional-related activities

The building administrator may grant approval for possession and use of a telephone paging device/beeper by a student for the following reasons:[2]

1. Student is a member of a volunteer fire company, ambulance or rescue squad.
2. Student has a need due to the medical condition of an immediate family member.
3. Other reasons determined appropriate by the building principal.

Legal

1. 24 P.S. 510
 2. 24 P.S. 1317.1
 3. Pol. 218
 4. Pol. 122
 5. Pol. 123
 6. Pol. 226
 7. Pol. 233
 8. Pol. 113
- Pol. 815

APPENDIX C

DASD Policies Related to Crisis Situations & Substance Use

To find these policies, go to Danville Area School District Web Page (www.danville.k12.pa.us), then School Board, then Board Docs.

Policies:

1. Possession of a Weapon
2. Terroristic Threats
3. Suicide Awareness, Prevention and Response
4. Tobacco
5. Controlled Substances/Paraphernalia
6. Student Discipline

APPENDIX D

Suicide Risk Assessment

Steps High School Guidance Counselors Take in Assessing and Managing Suicide Risk
February 10, 2023

1. The Guidance Counselor or Licensed Mental Health Counselor conducts the suicide risk assessment
2. After gathering facts including a discussion with the student, the Guidance Counselor makes a decision about suicide risk in one of two categories: no acute suicide risk, significant suicide risk.
 - a. For students who are determined to not be an acute suicide risk, the Guidance Counselor will contact a parent and share the information that because we obtained information about a possible suicide risk, an evaluation was conducted with your child. The parent is told that the Guidance Counselor concluded that the student does not currently pose a current risk for suicide. However, we think it is important to share this information with the parent and are encouraging the parent to have a follow up discussion with the student. Additionally, the parent may want to discuss this further with their primary care provider or an outside counselor. A meeting with the parents will be offered.
 - b. For students considered to be a risk for suicide, the parents will be contacted and given information that we believe that the child represents a suicide risk and needs further evaluation. We will ask the parent to come to the school to meet with us, pick up their child and take her/him for a further evaluation at the Geisinger Emergency Department, Geisinger Woodbine Clinic or another primary care provider. If we are unable to contact the parent or the parent refuses to come to the school, we will contact CMSU and ask for their assistance in getting the student to the Geisinger Emergency Department.
3. Documentation: Following the evaluation and disposition of the case, the guidance counselor will document these things: date of contact, student's name, conclusion about suicide risk (no acute risk or current suicide risk), some key information from the evaluation, contact made with parents, and disposition of the case. The documentation will occur in the Sapphire system. The documentation will be protected in Sapphire so that only Guidance Counselors and Administrators will have access to that information. It is expected that this documentation is completed within 24 hours.