Building a Foundation for Hope

**Final Report of the New Jersey School Boards Association's
Task Force on Mental Health Services in the Public Schools**

September 2019

BUILDING A FOUNDATION

FOR HOPE

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Task Force on Mental Health Services in the Public Schools
www.njsba.org/building-a-foundation-for-hope

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New Jersey School Boards Association

MEMORANDUM

TO: Michael R. McClure, President
                  Lawrence S. Feinsod, Ed.D., Executive Director

FROM: Marsha Hershman, Chair

SUBJECT: Final Report: Task Force on Mental Health Services in the Public Schools

I am pleased to submit "Building a Foundation for Hope," the Final Report of the New Jersey School Boards Association's Task Force on Mental Health Services in the Public Schools. The document reflects more than seven months of study and discussion by our group, appointed in October 2018 by then-President Dan Sinclair. The task force included superintendents, therapists, psychiatrists, school student services coordinators and NJSBA staff. Task force members consulted with multiple experts, curriculum coordinators and school officials.

Our report lists 71 recommendations for districts to consider. The task force believes districts would benefit if they:

- Invite experts to educate the board about how to cope with a student mental health crisis marked by increasing suicide rates and incidents of self-harm.
- Conduct a climate survey to learn about the level of suicide threat and substance abuse in the school, and take evidence-based action.
- Consult neighboring districts, learn from their efforts and seek ways to collaborate.
- Create a Community Response Team, because the mental health of students is not the sole responsibility of the schools. Municipal and county government, law enforcement, clergy, youth groups and other civic leaders must work together to help reach students.

Long-term, the task force believes that social-emotional learning programs can help students deal with stress and learn from life's challenges. Healthy children perform better academically. Teachers, administrators and students should work together to improve the climate in the school, considering ideas such as homework-free nights. Initiatives such as the Wingman program can help students learn how to trust and care for each other. Each student should have a trusted adult in school who can serve as a confidant. All teachers and staff should be trained to understand the important roles they play in creating a safe and emotionally healthy environment for learning.

On behalf of the Task Force on Mental Health Services in the Public Schools, I want to extend our sincere thanks for the opportunity to work on a project that can save the lives of children and improve the mental health of the students and staff in our schools. It has been a privilege to be involved with this important work.

Task Force on Mental Health Services in the Public Schools

Charge

The NJSBA Task Force on Mental Health Services in the Public Schools will study the impact of the effective delivery of mental health services and early intervention strategies on student health and wellness, school climate, and school security. The Task Force will consult with mental health practitioners and other experts. It will issue its final report, including recommendations for further action and information on best practices, by June 2019.

Members

Marsha Hershman, Chair
Lindenwold Board of Education
Camden County

Bob Abbott
Washington Twp. Board of Education
Gloucester County

Sheila Etienne
Asbury Park Board of Education
Monmouth County

Peter Fallon
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Charles Miller
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Eve Robinson
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Essex County

David Sarnoff, Past Member
Fort Lee Board of Education
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Resource Persons

Dave Aderhold, Superintendent, West Windsor-Plainsboro Regional School District, Mercer County

Alisha De Lorenzo, founder and owner of Living YES, LLC; former social-emotional learning coordinator, Asbury Park School District, Monmouth County

Sol Heckelman, member, Executive Board, N.J. Association of School Psychologists

Joseph Isola, Superintendent, Howell Township Public Schools
Monmouth County

Sharon King-Dobson, Director of Student Services, East Rutherford School District
Bergen County

EXECUTIVE SUMMARY

Like the relentless, rising waters of a flood, feelings of worry and depression are growing more common in students today. Our children are in emotional trouble, with anxiety reaching near-epidemic levels. As many as one in eight children – and 25% of teens – are contending with diagnosable anxiety disorders.

Left unattended, these issues can lead to children harming themselves – or others. Suicide rates are increasing fastest among children from the ages of 10 to 17 in New Jersey and the nation. Shooting deaths and suicides on school and college campuses around the nation are increasing.

In 2016, 11 died by gun violence on school grounds in the U.S., including four suicides. In 2017, 18 died by gun violence, including five suicides. By 2018, guns killed 61 people on school and college grounds, including seven suicides, according to Everytown for Gun Safety, a national nonprofit organization that tracks school shootings.

Why is this happening? What is new about the world today that demands attention and action? What can concerned school board members do to protect the students they serve?

To search for answers, then-NJSBA President Dan Sinclair and Executive Director Dr. Lawrence S. Feinsod formed the Task Force on Mental Health Services in the Public Schools in October 2018. The task force was comprised of local school board members, superintendents and mental health experts to "study the impact of the effective delivery of mental health services and early intervention strategies on student health and wellness, school climate, and school security."

The task force examined dozens of studies and interviewed school officials, school psychologists and social workers, superintendents, parents and children. More than 50 school districts responded to surveys and interview requests to provide critical information.

TASK FORCE FINDINGS

After considering the information gathered, the task force found that:

- *Young people's access to mental health services is severely limited.* Among youth ages 8 to 15 with diagnosed mental illnesses, approximately half do not receive mental health services, according to the National Alliance on Mental Illness.
- *No school is suicide-proof.* The New Jersey Department of Children and Families reports that 2,731 young people, ages 10 to 24, were treated in hospital emergency rooms for attempted suicide or self-inflicted injuries in 2013 through 2015, the latest statistics available. Within the same age group, 283 suicides were reported.
- *School officials cannot address the mental health situation alone. Collaboration is essential.* The safety of children depends on everyone who interacts with them. Schools, state and local government, community organizations and law enforcement must be partners in ensuring the safety and emotional well-being of youth.

- *Trust among students and staff is essential for a safe and healthy school climate.* For example, in four out of five school shootings, at least one other person had knowledge of the attacker's plan but failed to report it, according to Sandy Hook Promise, a national non-profit organization. Not only does this statistic illustrate the need for anonymous tip lines but, equally significant, it necessitates programs and procedures that ensure that each student has a trusting relationship with at least one adult in the school.

Based on these and other findings, the task force has issued 71 recommendations in nine areas, including social-emotional learning, crisis response, school climate, community outreach, and equity.

Mental health can be challenging, especially for students who are undergoing massive changes in their bodies and their lives without the necessary understanding or experience to handle the pressures they are facing.

The task force did not want to focus solely on suicide and school shootings, though these are the most alarming and visible outgrowths of mental health issues. The problem, experts say, is much broader, deeper – and closer to home – than the most horrific outcomes.

The serious emotional trouble that students are experiencing evidences itself in disturbing ways. Students are self-mutilating or cutting themselves at a higher rate than ever before. According to Mental Health America, approximately 15% of teens are reporting some form of self-injury.

Twenty percent of students between the ages of 13 and 18 live with a mental health disorder, according to the National Alliance on Mental Illness (NAMI).

If the central mission of New Jersey public schools is to provide a "thorough and efficient education," preparing students for college, career and success in life, then it is essential that schools address the mental health of their students – and the teachers and staff who work with them. By ignoring their mental health, we are limiting our students' future promise.

Nationwide, 37 percent of students with a mental health condition age 14 and older drop out of high school, according to NAMI – the highest dropout rate of any disability group.

Our students are more than test scores. In an era when social media can contribute to isolation or humiliation, when the pressure of paying for college continues to increase, when the future can seem uncertain or threatening, students need help in coping with rapidly changing and increasing demands in their lives.

That is why the task force strongly recommends that school districts, parents and communities learn about the opportunities provided by social-emotional learning programs. Social-emotional learning, or SEL, is being offered in a growing number of districts in response to clear evidence of the growing mental health crisis in our schools.

Many new programs and approaches show real promise. They are having a positive impact on students' lives and significantly improving school culture and climate. This report will offer suggestions – and examples of programs that are succeeding in other districts. Local school leaders can decide what is appropriate for their schools.

Veteran educators will attest that emotionally healthy students will not only be more successful academically, but they will be prepared to handle life's challenges as they enter the world.

"We're working on the data," one superintendent told us. "But I can see it with my eyes. I walk around in my school, and I can see it on the kids' faces and in the way they treat each other. I can see that it is working."

The statistics provide increasing evidence that our students are in distress. Doing nothing, NJSBA task force members agreed, seems like the worst option.

Yet, who is ultimately responsible for students' emotional health and happiness?

One superintendent, who experienced two student suicides in recent years, provided an answer: "Everyone in the building." Teachers, social workers, psychologists, principals and guidance counselors, all of whom help shape the modern school's climate, play important roles. However, experts told us repeatedly that vigilance and care for students' mental health extends beyond school walls – to community leaders, police, youth counselors, clergy and parents.

ABOUT THE RECOMMENDATIONS

Board members and other school leaders should use the task force recommendations as a rubric, to compare their district with programs being discussed and implemented elsewhere in the state. Look at the recommendations that begin on the next page and ask, "Are we implementing these programs in our district? Do they make sense for us?"

Local boards should decide what is appropriate for them – and if what they already have in place needs to be upgraded.

RECOMMENDATIONS/SUGGESTED ACTIONS

The Task Force on Mental Health Services in the Public Schools identified 71 specific actions for consideration by local school districts. The recommendations would create a responsive administrative structure, address students' mental health through social-emotional learning programs, and improve school climate. The task force believes community outreach is essential, since no school district can solve complex mental health issues alone. Other recommendations address health, wellness, safety, curriculum, professional development and equity.

A RESPONSIVE STRUCTURE

Local school boards should ensure that policies and protocols are in place to help the children most at risk in a timely and effective manner.

1) Create a Community Response Team (CRT). See pages 38 through 40 in this report to discuss how to create an inclusive team that includes government, police, experts in trauma care, and the faith-based community.
2) Develop a CRT action plan so that all members understand their roles.
3) Develop a funded, comprehensive district-wide action plan that would ensure long-term success of a social-emotional learning (SEL) program.
4) Ensure that the action plans include a climate study and restorative justice-based student management, while incorporating SEL throughout the curriculum.
5) Establish Parent Academies, where parents and legal guardians learn about school curriculum goals and address the challenges facing youth, such as substance abuse, bullying and other common problems.
6) Teach students to recognize and avoid dangerous social media sites.
7) Establish a protocol to warn parents, teachers and other staff members when students encounter a new threat on social media.

SOCIAL-EMOTIONAL LEARNING

Local school boards should implement social-emotional learning (SEL) programs and preK-12 character education programs to improve school climate, academic performance and the health of students and staff.

8) Identify how the New Jersey Social-Emotional Learning Competencies (www.njsba.org/NJ-SEL-Competencies) are understood and applied in the district.
9) Consult neighboring districts, seek advice, and consider consolidating services.
10) Ask experts in social-emotional learning programs to address the board to provide information, create understanding and answer questions.
11) Ensure that SEL programs are a district priority and that they emphasize empathy, collaboration, communication, and critical thinking — skills that not only enable academic achievement, but also success in college, career and family life.
12) Teach resiliency and help students understand that there are many acceptable pathways in life.

13) Find ways to make social-emotional learning part of every course to increase academic performance.
14) Explore how rule changes in federal Title IV can help fund social-emotional learning programs.
15) Advocate for an adjustment to the 2% tax levy cap to enable school districts to establish social-emotional learning programs.
16) Support recently enacted legislation – *P.L. 2019, c.222* – which will result in the inclusion of age-appropriate instruction on mental health for students in grades kindergarten through 12 as part of the district's health curriculum, beginning in the 2020-2021 school year. The instruction will include information on substance abuse.

ASSESS SCHOOL CLIMATE

School districts should conduct emotional climate surveys.

17) Analyze survey data and discuss what is needed to ensure an optimum climate is being nurtured throughout the district.
18) Assess current activities that address the social-emotional learning needs of students and staff.
19) Consider the development of action plans for each individual school organization, as well as an overarching plan for the entire district. Respond to data reported through climate surveys.
20) Create a comprehensive list of locally available services. Match the need reflected in the climate survey with available resources.
21) Discuss the level of substance abuse in schools and what is being done to address it.
22) Discuss the level of suicide threat revealed in the climate survey and what can be done about it.

IMPROVE SCHOOL CLIMATE

Boards of education should adopt policies that help improve school climate while encouraging programs and activities that nurture and strengthen all children.

23) Establish a task force to identify the optimal climate for each of the district's school organizations.
24) Develop protocols in each school organization to ensure that each child is known by at least one school employee (teacher, support staff member, administrator) and has a trusted adult to turn to for help.
25) Make sure every student has at least one positive contact with an adult employee during the week.
26) Strategize ways for all staff to maintain empathy for, and communication with, all students, especially those whose home situations are less than ideal.
27) Foster team building with staff to build trust and collegial, collaborative relationships throughout the year.
28) Teach students how to form collaborative relationships.
29) Create opportunities for positive social interaction, where students can be in class and feel supported.

COMMUNITY OUTREACH/COMMUNICATION

School leaders should ensure that the district's strategic plan includes goals for two-way communication with all stakeholders.

30) Convene parents, teachers and students to find ways to relieve the pressures that many students experience while maintaining high academic standards for the students and the district.
31) Inform parents of the unique stages of development of each age group so that they understand what their children are experiencing and can adjust their parenting styles.
32) Discuss with the school community the causes of stress among young people.
33) Develop a plan to inform the community about activities, initiatives and issues in the schools. Seek the community's input in the creation of the plan.
34) Create projects to teach students how to work together to benefit the community.
35) Stage wellness events to build goodwill with the school and community at large.
36) Ensure that all stakeholders understand the role of law enforcement officers assigned to the schools – that is, security, counseling and education, not student discipline or management. Consult NJSBA's 2014 report, *What Makes School Safe*, and the 2018 supplement for a discussion of the effective and proper use of law enforcement in schools ([www.njsba.org/schoolsecurity2014)](www.njsba.org/schoolsecurity2014) and (www.njsba.org/schoolsecurity2018).

HEALTH, WELLNESS AND SAFETY

Boards of education should adopt policies and approve programs that enable access to counseling and mental health services, build mindfulness, enable collegial and collaborative relationships among staff and students, and enhance student safety.

37) Create a protocol to respond to tips or information about mental health issues facing individual students.
38) Establish the "Wingman" program from the Dylan's Wings of Change foundation.
39) Conduct a one-week, "Start with Hello" program in conjunction with the Sandy Hook Promise Organization.
40) Strategize ways for staff to maintain empathy and contact with all students throughout the year.
41) Encourage staff to create opportunities for positive social interaction so that students feel supported in class throughout the year.
42) Create a "wellness room," a safe space where students can go when stressed or if they have been bullied.
43) Ensure that certified mental health support personnel (counselors, social workers, school psychologists, nurses, substance abuse coordinators) are available to consult with students, families and staff.
44) Prepare students for success, but also teach them how to cope with, and learn from, failure.
45) Facilitate discussion about the level of substance abuse in schools and what current strategies exist to address it.
46) Consider the use of trained therapy dogs in wellness programs, especially for younger students.

47) Ensure that School Resource Officers and Special Law Enforcement Officers assigned to schools provide counseling and advice, as well as security.
48) Review the recommendations of NJSBA's report, Impact of Health and Wellness on Student Achievement (www.njsba.org/health-and-wellness).

CURRICULUM

School districts should adopt practices that ensure the mental health and emotional needs of students are met.

49) Adopt the "whole child approach" to educating students, training teachers and staff to recognize that mental health is an important part of preparing a child for future success.
50) Provide professional guidance on the Maslow developmental theory so that teachers anticipate children's needs as they mature. Make parents aware of the stages of development so that they can understand what their children are experiencing.
51) Incorporate cooperative learning structures, where students have the opportunity to work together and help each other understand academic materials, while building relationships.
52) Augment district curriculum to stress the importance of teacher-student relationships, school-to-student connectivity and respect.
53) Make mental health as important a part of the health curriculum as drug and alcohol abuse prevention.
54) Require communication among teachers and administrators to ensure that workloads and testing do not create unhealthy levels of stress.
55) Consider the adoption of service learning projects that, research indicates, enhance self-esteem and learning.
56) Review district definitions of success and how students should prepare for future success. Consult NJSBA's 2018 report, Educational Opportunities for the Non-College-Bound Learner (www.njsba.org/Non-College-Bound-Learner).
57) Review the recommendations of the 2017 report of the NJSBA Task Force on Student Achievement (www.njsba.org/student-achievement2017).
58) Consider adopting student support programs, such as Advisor/Advisee, adult mentor and peer mentor.

PROFESSIONAL DEVELOPMENT

Boards of education should adopt policies that support the professional development of all staff members who interact with students — from school principals to bus drivers — to ensure they contribute to a healthy climate, where all students are treated with dignity and respect.

59) Provide professional development in the unique needs of each age group.
60) Provide professional development in the Search Institute's 40 Developmental Assets to ensure that school policies and procedures support healthy self-esteem.
61) Provide professional development in the New Jersey Social-Emotional Learning Competencies (www.njsba.org/NJ-SEL-Competencies).

62) Ensure that all educators know their roles and responsibilities in addressing student anxiety, depression, suicide ideation, substance abuse, etc.
63) Provide professional development to all staff members who interact with students – from the food service worker to the teacher to the administrator – to ensure that they help create a healthy, encouraging school climate.
64) Incorporate cooperative learning into professional development and teacher performance appraisals.
65) Support the emotional health of staff by providing structures and opportunities to build collegial relationships through professional development and team building.

EQUITY

Boards of education should make a commitment to equity, recognizing that not all student groups experience school safety and school climate in the same manner.

66) Review student management policies and practices to ensure that they are implemented with equity.
67) Adopt research-based approaches, such as restorative justice principles, to ensure that all students and cultures are respected, and that students and families understand and participate in student management practices.
68) Give all students the opportunity to build social-emotional learning skills and receive an educational experience that is personalized, culturally relevant and responsive.
69) Ensure that infractions of school discipline code are handled by the administration and professional staff, and not by law enforcement officers assigned to the schools.
70) Consider adopting Positive Behavior Support in Schools (PBSIS), a comprehensive climate building and student empowerment initiative sponsored by the New Jersey Department of Education and the Robert Wood Johnson Medical School at Rutgers. (www.njpbs.org/)
71) Review common social and community problems affecting disadvantaged students and design solutions to address these problems.

Above all else, *act.*

As one superintendent told the task force, no school is suicide-proof. If a tragedy occurs, districts with a plan in place will be better prepared to face the public, answer questions from parents, and help students, teachers and staff cope with the situation.

The NJSBA Task Force on Mental Health Services in the Public Schools believes that by addressing emotional health, our schools will prepare students for future success by providing them with coping mechanisms and skills that will serve them throughout their lives.

How to Use This Report

Our report provides guidance to school boards looking for a way to create a plan of action.

Part One cites evidence of the need for action and responds to those who may question whether the public schools are the appropriate place to address students' mental health needs. Pressures facing students today – and their responses to those pressures – are vastly different from what many adults experienced during their time in school.

Part Two shows how several schools around New Jersey are dealing with school climate and their students' mental health.

Part Three answers the questions: How do we get started? If we can't do it all at once, what's a logical first step?

Part Four focuses on community resources and prevention strategies. It examines available approaches and programs currently in place in New Jersey. This section is meant to be a catalog of ideas, offering suggestions that can be adapted, modified, or combined to create a plan that is right for your school.

The Need for Action

16% of students have seriously considered suicide.

12% of children – and **25%** of teens – are contending with diagnosable anxiety disorders.

20% of students between the ages of 13 and 18 live with a mental health disorder.

50% of youth aged eight to 15, who have a diagnosed mental illness, did not receive mental health services in the previous year.

> *"Mental health education? In schools, it's nonexistent."*
>
> *"As important as alcoholism and drug abuse are, we spend two weeks on those units. We spend one class – 40 minutes – on mental health awareness."*
>
> *"No one says kids are cutting (themselves). I understand that it's not socially acceptable…but when it's a crisis, I don't think it's fair to expect everyone to be polite anymore."*
>
> *"By saying, 'Oh, this kid passed away,' it's not addressing the issue. This kid committed suicide. … It's almost like we have a ticking bomb going off. This is what's happening. And we're not doing enough."*
>
> *"I cry when I feel overwhelmed… I just need someone to talk to, to have somebody listen to me."*
>
> *— Middlesex County students interviewed May 10, 2019*

In seven months of deliberations and research, the New Jersey School Boards Association's Task Force on Mental Health Services in the Public Schools found disturbing evidence that new and growing pressures are hurting our children, and that many are increasingly at risk of hurting themselves – or others.

While it would be comforting to think that feelings of stress and inadequacy have always been a part of growing up and maturing, the task force reviewed evidence that should serve as a wake-up call to action.

More than ever before, public school students – as young as 10 years old – are feeling increasingly isolated, pressured and alone. The number of students who are self-mutilating, or cutting themselves, has risen dramatically since 2000, and worse, the number of younger students, between the ages of 10 and 17, taking their own lives is steadily increasing.

Consider:

- The suicide rate among teenagers and young adults has nearly tripled since the 1940s, according to a 2017 report by the Centers for Disease Control and Prevention (CDCP). Suicide affects all youth, but some groups are at higher risk than others. Boys are more likely than girls to die from suicide. Of the reported suicides in the 10 to 24 age group, 81% of the deaths were males and 19% were females.

- Each year, approximately 157,000 young people between the ages of 10 and 24 are treated in emergency departments across the U.S. for self-inflicted injuries.

- Nationally — and in New Jersey — suicide is the second leading cause of death for youth between the ages of 15 and 24, resulting in approximately 4,600 lives lost each year, according to the CDCP.

- Eighty-four children between the ages of 10 and 17 died by suicide in New Jersey, and an additional 199 young people between the ages of 19 and 24 killed themselves, according

to the 2017 New Jersey Youth Suicide Report, which compiled data for suicides occurring for the years 2013 through 2015, the latest statistics available.

- Within that same timeframe, 2,731 young people (ages 10 to 24) were treated in New Jersey hospital emergency rooms for attempted suicides or self-inflicted injuries. About 61% (1,660) were female, and 39% (1,071) were male. Mercer, Warren, and Ocean counties had the three highest rates of suicide attempts/self-inflicted injuries seen by emergency rooms. Bergen County had the highest number of completed suicides (26), according to the latest statistics available in the 2016 New Jersey Youth Suicide Report.

Suicide Facts & Figures:
New Jersey 2019*

On average, one person dies by suicide every **11 hours** in the state.

More than six times as many people died by suicide in New Jersey in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 15,356 years of potential life lost (YPLL) before age 65.

* Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.

14th leading cause of death in New Jersey

2nd leading cause of death for ages 15-24

3rd leading cause of death for ages 25-34

4th leading cause of death for ages 35-54

10th leading cause of death for ages 55-64

18th leading cause of death for ages 65 & older

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
New Jersey	795	8.36	49
Nationally	47,173	14.00	

afsp.org/StateFacts

American Foundation *for* Suicide Prevention

Survey: 16% of Students Seriously Considered Suicide

A nationwide survey of high school students in the United States found that 16% of students reported seriously considering suicide, 13% reported creating a plan, and 8% reported trying to take their own life in the 12 months preceding the survey.

It is important to remember, however, that suicide and self-harm are only the most visible consequences of the mental health issues that students are facing today.

Rates of mental health incidents among teens and young adults have increased over the last decade, according to a new study cited in the March 20, 2019 edition of *Education Week*.

"The findings confirm what many educators say has long been evident in their classrooms. Teachers and principals must be more versed in the warning signs of serious issues like mood disorders, anxiety, and suicidal thoughts," *Education Week* reported, citing a 2019 study published in the *Journal of Abnormal Psychology.*

Everything about a teenager's body and mind is changing. While their brains are still developing, students lack the experience to deal with rapid-fire pressures. These pressures are delivered today not only by their peers in school but by an omnipresent social media audience judging, criticizing and, in some cases, mocking their every move, according to Dr. Frank Santora, a school psychologist who is assistant superintendent for Pupil Personnel Services for Madison Public Schools in Morris County. Dr. Santora leads the district's social-emotional learning programs.

"If you think of adolescence, and cognitive and social-emotional development, there has always been this phenomenon that, in adolescence, you're acting on a 'perceived stage,'" Dr. Santora said during an interview conducted for the NJSBA task force in April.

"Teenagers live their lives believing that they're onstage, that everyone is watching them. So, they're very concerned about how people perceive their actions," he continued. "If you think about what social media has done, it has further amplified that 'perceived stage.' Now, many people see what goes on, and what you post, and what you talk about. There's an increased pressure to conform, and there's an increased pressure to be liked, and to please others. Social media has many strengths. It has enhanced our ways to communicate, obviously, and it can do many good things. But I think, to some degree, it has put further pressure on adolescents to fit in, to compete, to conform."

Worries are common in childhood and adolescence. But when they become excessive, intrusive, and disruptive, they can compromise a child's ability to learn and function at school. Left unaddressed, anxiety often leads to depression in young adulthood, said Lynn Lyons, a licensed clinical social worker and psychotherapist during a recent podcast by the Harvard Graduate School of Education.

"The world has changed," Lyons said. "There's a real difference in the way that we talk about safety and danger, in the access to technology, and in the overwhelming amount of information that parents are getting, and that kids are getting, too. The more you know about *everything* that can possibly happen, and the more pressure that you feel to live up to the expectations of everybody else, everywhere else, the more it just builds and builds in kids." (Source: Harvard EdCast, 11/29/17).

As they search for ways to help their students, growing numbers of educators are turning toward "social-emotional learning" strategies.

What Is 'Social-Emotional' Learning?

According to the national Collaborative for Academic, Social, and Emotional Learning (CASEL), "social and emotional learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions."

Alisha DeLorenzo, a licensed counselor and the former social-emotional coordinator for the Asbury Park Public Schools, says social-emotional learning "is not about a program. This is about an approach. It's an integrative approach, a multi-disciplinary approach, and it is rooted in connection.

"When we have more people connected," she said, "we will have healthier schools, and healthier families, and it just kind of ripples out that way. It is a message of sustained connection. It's not a program you can do on a Monday morning and forget about it."

Why Act Now?

Superintendents interviewed for this report say they notice a significant and real difference in their schools since the SEL programs began.

In the High Bridge Elementary School District, which has an array of programs that will be profiled later, students have had to cope with the death of two classmates, said Superintendent Greg Hobaugh. Students who are unhappy and distracted, who feel threatened, are not going to perform well academically.

"We concentrate on the whole child," Hobaugh said. "To us a child is more than a test score." He says that social-emotional programs help students learn about empathy – how to care about each other, and how to cope with disappointment when something goes wrong. Those skills, he said, can help children for their entire lives.

George Scott is a statewide coordinator for the Traumatic Loss Coalition. In addition, Scott was a training and consultation specialist for the New Jersey Youth Suicide Prevention Project, which was managed by Rutgers University Behavior Health Care (UBHC).

Social-emotional learning is not just about reducing the numbers of suicides, he told the NJSBA task force. Social-emotional learning is about developing life-long resilience, and learning how to cope with loss.

"It's about the culture of our community, and how people suffer. It's about suffering. It's about pain. It's about emotional pain. It's asking how we can be leaders in our communities with others who are responsible elected officials, and how can we also send a message so that our kids become healthier," he explained. "How can we take the lead in that? How do we get adults to buy in? How do we get them to understand that it's really about them, too?"

Schools are not solely responsible for their students' mental health, he stressed.

"The schools can't handle this by themselves," Scott told the task force. "The issues we're talking about with kids, those issues belong to the community. It's not just the school system that should address it. So, how do you broaden the base?"

Scott advocated building a Community Resource Team, an idea that is discussed on pages 38 through 40 in this report. Members could include the superintendent, school board members, parents, the chief of police, clergy, representatives of social service agencies, local businesses and youth groups – all working together to understand what is happening, and what can be done to help.

"How do you get the leadership of these groups to come together so that everyone has a common understanding of mental health?" he asked. "What do you do, what's your role in it, as educators?"

"When the community is healthier, the kids in the school are healthier," he said.

To illustrate the need for action, George Scott, statewide coordinator for the Traumatic Loss Coalition, often tells his audiences this fable:

> There was a village on the banks of the river. Every morning, a fisherman got up and enjoyed the dawn and the solitude of the morning.
>
> One morning, while the fisherman was there, he heard a scream, and he looked in the river. A child had fallen in. The fisherman leaped into the river, saved the child, and the village celebrated.
>
> This happened, repeatedly, for a week or so, until one time, there were actually two screams, because there were two kids. The fisherman tried to save them both, but he couldn't.
>
> One of the kids died, and so this time, there was no celebration.
>
> There was a meeting of the council of elders. The chief of the council wanted to know, what can we do to save our kids?
>
> There were lots of ideas exchanged until finally the chief said, "Well, they're all great ideas. But I have a question:
>
> *Why are so many of our kids in the river?"*
>
> That is the story today for parents, communities and educators, Scott tells his audiences. Too many of our kids are in the river.
>
> We need to figure out why because we need to save our kids now, before they drown.

How Some New Jersey Schools Are Responding

West Windsor-Plainsboro:
One district's efforts to implement social-emotional learning practices.

Ocean City:
Have a plan in place before something happens.
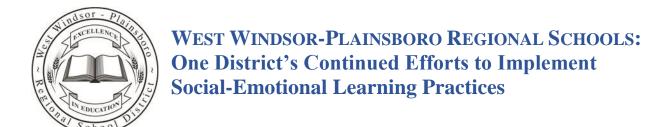
High Bridge:
Therapy dog, school-community activities, the national Wingman program all help reach the students.

Bloomfield:
National award winner for the "Start with Hello" program.

WEST WINDSOR-PLAINSBORO REGIONAL SCHOOLS: One District's Continued Efforts to Implement Social-Emotional Learning Practices

By DAVID M. ADERHOLD
Superintendent of Schools

June 10, 2019 – The West Windsor-Plainsboro Regional School District is located in central New Jersey with approximately 9,700 students. Our efforts to address significant mental health concerns for our students took focus in the fall of 2015 when I composed and distributed a 16-page letter to our school community that encapsulated several years of purposeful changes. We needed to shift our focus toward deep and meaningful learning and away from rampant academic competition. The changes included:

- "No Homework Nights," which provided students with time off from preparing course work, projects and test prep. These breaks gave students permission to spend time with family, attend school social events and pursue nonacademic passions.
- Use of a K-5 standards-based report card designed to provide parents with better information about their child's progress in relationship to academic standards. Report cards are provided on a trimester basis.
- Conceptual redesign of accelerated and enriched mathematics instruction.
- Elimination of midterm and final exams, which we found to be redundant with common assessments. These exams provided little opportunity for student reflection and growth.
- Expansion of entrance criteria for honors and Advanced Placement classes, which enabled more students to access rigorous academic courses.

Our students had experienced an increase in mental health assessments for anxiety, depression and suicidal ideations, along with referrals for drug and alcohol screenings. Something needed to change. The 2015 - 2016 school year was difficult with significant challenge and push back from parents and community members. To the credit of the Board of Education, they stuck with me and believed that the changes we were implementing were necessary.

Strategic Plan

During the 2016-2017 school year, the Board of Education began the development of a new five-year strategic plan. Feedback was solicited from students, staff, parents, and community members. Surveys, interviews and focus groups were utilized to gather community perspectives. The process produced three strategic goals and a revised mission statement. The third goal states, "Recognizing that children need to balance physical, social, emotional, and academic needs, we will maintain a supportive culture and build structures for the health, safety, and well-being of the Whole Child."

During the 2017-2018 and 2018-2019 school years, we have worked to strategically implement all aspects of our plan. A key strategy has been building strategic goal implementation teams.

Training and professional development have been ongoing. As an example of the staff's commitment to SEL, during the February 2019 Professional Development Day (an "unconference"-style event), more than a third of the sessions were staff-initiated trainings on SEL topics. Topics included:

- Mindset for Learning
- SEL: It's What We Do, Not Something New
- WW-P and "America to Me"
- Every Student! Every Day! Whatever it Takes!…Culturize!
- Mindfulness and Meditation in the Elementary Classroom
- HEART! Reconnecting with the Joy of Teaching
- Yoga and Mindfulness
- Making Your Classroom More LGBTQ Inclusive
- 5 Languages of Appreciation
- It's More than Meditation: Integrating Authentic SEL into the Classroom
- Windows and Mirrors: Helping Your Students See Themselves in Books
- Conversations about Race: Increasing Awareness of Racial Stress to Establish a Supportive Classroom Environment
- Mindfulness for Stressed-Out Teachers and Students

The Importance of a Framework

We used the CASEL Framework (Collaborative for Academic Social and Emotional Learning). The framework is comprised of five aspects:

1. Self-awareness
2. Self-management
3. Social awareness
4. Relationship skills
5. Responsible decision-making

Having a consistent framework provides a conceptual structure that guides our work and serves to maintain a uniform direction. It is critical to provide consistent and aligned language that is used throughout the school district.

Mercer County Superintendents' Call to Action

In Mercer County, we are in the midst of an alarming trend regarding teenage mental health concerns. During the last 36 months, there have been 12 confirmed suicides of teenagers who were residents of, or students attending, schools in Mercer County. As a coalition of school superintendents, we have worked to bring a public and intentional focus to this crisis through shared parent programming and staff professional development. We continue to

collaborate with mental health partners and the Traumatic Loss Coalition to lead discussions of mental health, anxiety, depression, and suicidal ideations. We are committed to continued partnership to raise awareness and provide critical support and care. Through our collective effort and willingness to combat the stigma associated with mental health, we believe we can provide a network of care and support for our students.

Pure Edge

Through the Mercer County Superintendents' Call to Action, we began a partnership with Pure Edge. Pure Edge is non-profit organization that is committed to providing strategies to help educators and learners achieve success through focus against environmental influences such as social media, peer pressure, personal and community stressors. Pure Edge has provided Mercer County access to training social, emotional, and academic learning skills through mindful movement, breath and rest. They have supported the health and wellness of our educators and learners by sharing simple strategies to reduce stress and improve focus. We are grateful to our continued partnership with Pure Edge and the resources that they have mobilized to support our educators and students.

Student-Led Training

At the core of our work has been the inclusion of student voices. We have used the NJDOE School Climate Survey, student focus groups, student led training for staff, and student representatives on standing committees. Two dynamic student organizations called NuYu and HEAL have provided training throughout the district and state on the importance of addressing mental health, anti-stigma, and mindfulness. Their efforts have been inspiring and have served to influence our school community.

Students have been included on our district-wide and building-based culture and climate teams. They have continued to lead efforts to engage in data analysis in an effort to drive a cycle of continuous school improvement.

For example, last year at High School South, a questionnaire was administered to all 10th through 12th graders about how they viewed student/adult relationships. The patterns and themes that emerged suggested students lacked meaningful connections with adults. Based on the findings, the school's culture and climate team created a professional development program for our teachers focused on discussing the relationships between teachers and students. Our students ran the training. Teachers worked in groups to discuss and record their perspectives and experiences regarding the importance of teacher and student relationships.

In West Windsor-Plainsboro, we believe the school district has a moral imperative to ensure students are healthy, safe, supported, engaged and challenged. Utilizing a reflective structure aimed at increasing the organization's capacity is paramount. The process is authentic in voice, advocacy, commitment and care for students, improving the culture and the climate of our school community.

Our Challenge Is Real

The 2018-2019 school year has brought forward many great accomplishments. Yet, despite our efforts and our continued focus on youth mental health, social-emotional learning, and the development of the whole child, we lost a student due to death by suicide. I have struggled to come to grips with this striking reality. I used to believe that if I worked to ensure that the school culture and climate was safe, supported, and caring that we could prevent tragedy.

What I have learned is that there is a fundamental difference between focusing on school culture and climate and responding to a school tragedy. No community escapes suicide. However, the fact that there is a suicide should not devalue the importance of focusing on the culture and climate of a school system. We must pledge that we can create a community of care in our schools. We must commit to placing an intentional focus on teen depression, anxiety, and suicidal ideations.

Conclusion

The frightening reality for school systems is that we are all susceptible to student mental health crises, including suicide. Purposeful change needs to be championed by a network of believers. The potential for transformative change begins with the recognition that schools are more than academic institutions. Our students need to know how much we care. They need to know we care about their full development. As such, we always must be grounded in the development of the whole child. Our children are depending on us.

DAVID ADERHOLD is superintendent of West Windsor-Plainsboro Regional School District.
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OCEAN CITY SUPERINTENDENT:
Have a Plan in Place Before Something Happens

Don't be afraid to face your worst fears – before something happens. Talk about it. Make a plan. Have an action strategy approved and in place. That's the advice Ocean City school superintendent Dr. Kathleen Taylor gives to school districts about linking social-emotional learning, school safety and academic success.

Hopefully, before your school faces a crisis, before there is a suicide, or a shooting, or any tragic event, you will be prepared when the moment comes.

Taylor has been forthright when talking about the issue in her school district.

Ocean City lost two students to suicide in a relatively short period of time – a female senior in December 2014 and a male sophomore in October 2015. More recently, an alumnus of the school died from an overdose, but officials could not say whether it was an accident or a suicide.

"You live in fear. You do. You have that happen once," she said, "and you'll do anything you can to try and save a child's life," she said in an interview before the April 23, 2019 NJSBA mental health task force meeting.

She's spoken with other school officials about mental health crises in their schools.

"They said, 'Oh, we had a suicide. But thank God, it didn't get in the paper. No one's talking about it.' And I thought, it's terrible to have it in the paper, but at the same time, you need to talk about it.

"It's 'when' something happens. Not 'if.' The national statistics tell you that."

Take action to be in touch with your students and improve your school climate, she said. Know what to do when something happens – who alerts the parents? Who contacts the police and the first responders?

"Everybody has a crisis management plan," Taylor said. "You need to pull it out and say, 'Do we need to update it? Does everybody know their role? Does everybody know about this plan?' That's a major step in the right direction."

Ocean City Superintendent Dr. Kathleen Taylor

In a November 2017 *School Leader* article, Taylor described the district's planning process in detail. During the summer of 2014, before the first suicide at Ocean City High School, Taylor read a reflection piece in *The Philadelphia Inquirer* about the Sandy Hook shootings. The author said that these horrific scenes would continue to unfold if society did not make mental health a priority.

Shortly after, Taylor approached her school board about hiring a social worker with a mental health counseling background and scheduled Mental Health First Aid training for staff at the start of 2015. But, before either came to fruition, the first tragedy struck.

"The timing was unfortunate, but it reinforced for me, and the board, that we needed to do more to address teen mental health and wellness," Taylor said.

She also reviewed the district's crisis and emergency plans. While essential personnel knew their individual and team-member roles, other staff members did not necessarily know who was involved in executing the plans and in what capacity. The district also had not previously included communicating with parents or community members in the plans.

"We spent the summer of 2015 getting the right people at the table to create better coordinated plans and made a commitment to communicate more efficiently and consistently about what we were doing post-tragedy and what we would do in response to future red flags," Taylor said. "We agreed that everyone should have a role."

Also over the summer, the district hired social worker Tifaya-Nazja Noble to focus on mental health at the high school. With Noble's hiring, the Ocean City School District was making progress to address students' mental health and wellness. Then came another harsh dose of reality. The high school lost its second student to suicide at the start of the 2015-2016 school year.

"At that point, we realized that this is more than us. We couldn't address suicide on our own," Taylor said. "We needed to collaborate. And so, *'Communicate, Collaborate and Consistency'* emerged as our three main goals in an action plan to address youth mental health and wellness in Ocean City."

How to Get Started

To develop the action plan, Taylor and Board President Joe Clark led the formation of an Ad-Hoc Committee on Youth Mental Health and Suicide.

In deciding to meet and frankly discuss the issue of suicide, the district grappled with a common worry that adults sometimes have: If we talk about teen suicide, will that introduce the idea to young people or somehow encourage it?

"I'm not an expert in teen suicide, so initially I too was concerned, as were many district staff, board members and parents, about the repercussions of openly talking about suicide," said Taylor. "That's why we turned to experts in the field, the Society for the Prevention of Teenage Suicide, for professional guidance."

The district approached creation of the Ad-Hoc Committee strategically to maximize its effectiveness. First, Taylor and other administrators collaborated with Clark to develop the idea, and Clark's involvement helped the Ad-Hoc Committee receive full board support. Second, the district opened up membership to anyone who expressed an interest, which helped to engage parents and community members.

The response was overwhelming. Teachers, retirees, administrators, board members, parents, police officers, clinicians and more turned out to four meetings held between December 2015 and March 2016. About 50 individuals signed up, and interest remained strong with about 40 people in attendance at each meeting.

"After the second suicide, the community came forward, and we listened," said Clark. "After two and a half hours of comments in a public forum, it became clear that there was anger and

frustration – a lot directed toward the district. It was also clear that there was a desire in the community to be involved in a solution."

Following that meeting, Clark joined Taylor and other administrators for a debriefing, and the specifics for the Ad-Hoc Committee were developed. Parents and community members became involved in the district's efforts to address mental health and wellness. They helped craft the message and, therefore, took ownership of it. The first committee meeting began with a presentation about what the school had already done to support students' mental health and wellness. It helped convey the genuine concern the district has for its students' well-being.

A third strategic move made by the district regarding the Ad-Hoc Committee was to enlist the help of a trusted third party to facilitate the meetings. The district partnered with representatives from NJSBA's field services department, specifically Jane Kershner, director of field services, and Charlene Zoerb and Terri Lewis, field service representatives, to facilitate the meetings and to work closely with Taylor and Clark to set agendas, organize working groups and keep participants on task and on topic.

In the end, the committee produced three defined goals:

- **Goal 1:** *Communication in Addressing Youth Mental Health Awareness:* Define, develop and promote a culture of awareness and acceptance of youth mental health and wellness.

- **Goal 2:** *Collaboration in Addressing Youth Mental Health Awareness:* Develop a coordinated roadmap for parents, students and school community stakeholders to address youth mental health and wellness concerns.

- **Goal 3:** *Consistency in Addressing Youth Mental Health Awareness:* Use common language and coordinated actions to promote the importance of youth mental health, wellness awareness and acceptance throughout the school community and with its stakeholders.

Once the Ad-Hoc Committee completed its task of developing the goals and recommending some action steps to accomplish them, Matt Carey, director of student services at the Ocean City school district, took the reins, along with Ocean City High School Principal Dr. Matthew Jamison, and Director of Academic Services Curt Nath, to finalize action plans for each goal.

With board approval, the district hit the ground running to begin implementing the plans. An initial step, and one that affected all goals, was to collaborate with the Society for the Prevention of Teen Suicide for the implementation of its Lifelines program.

The district remains involved in the Lifelines program today, Taylor said, at a cost of roughly $10,000 per year.

As Ocean City's superintendent, Taylor said, she worried about what would happen when troubled students were out of school for the summer.

"If the student is not in summer school, who has eyes on that student? Parents are working," she said. That is why, in collaboration with the Sea Isle school board, her district has been able to contract for mental health services with Cape Assist, a county agency.

Other recent innovations include:

- **A wellness room** – "a large computer room that we converted into one-third college and career counseling center and two-thirds wellness." The wellness room is staffed by a school nurse, who is also certified as a student assistance coordinator. She works with students, doing small group counseling and individual counseling. The nurse, Taylor said, promotes "positive messages — positive self-image, and body image."

- **Community lunch** – where all students are off at the same time.

- **Yoga –** "You can do it, just breathe, and go back to the classroom," she said.

Taylor said she believes the programs are working. Absenteeism is down this year. The number of students who need in-home instruction, due to anxiety issues, has decreased. More of those students have been able to return to class.

She emphasized that all staff are involved in social-emotional learning in Ocean City. "We all have that responsibility."

From the Lifelines training, she said, she knows that "you are considered a 'survivor school' for five years after the last suicide, and in that five-year period, your school is fragile.

"You have to wait for that whole group of students to graduate because everyone has been touched by that suicide."

"From my perspective as a superintendent, and more important, as the parent of four children, I knew this was probably the most difficult issue we would deal with as a district and a community. Teen suicide is difficult, frightening and very, very sad. But not talking about it, doesn't mean that suicide doesn't exist or won't happen again. By being open with students about anxiety, depression, sadness, or despair, we can help students who are struggling with those issues and their families get the support they need. By talking about it, we make sure that every student knows that a 'bad day' is not a 'bad life.' There is always hope."

Hope, she told the mental health task force, is the goal of social-emotional learning programs.

"That's what we are doing," she said. "We are building a foundation for hope."

AT BUSY HIGH BRIDGE ELEMENTARY SCHOOL, a Key Member of the Team Stays Calm and Wags His Tail

There are days at the High Bridge Elementary School when Vern has just about all that he can handle.

Vern is a black Labrador puppy being trained as a service dog, and the kids keep him hopping. When they need a sympathetic ear, they can sit with Vern and read him a story. Kindergartners overcome their fear of leaving their parents if they see the dog wagging his tail, waiting for them near the schoolhouse door. A child having a bad day can have his mood changed by walking the dog.

Driving around the leafy, tranquil Hunterdon County borough, you might think sadness and tragedy, or danger of any kind, might strike elsewhere. But superintendent and principal Dr. Greg Hobaugh explains that, even in his quiet community, his dedicated teachers and staff need to be ready to help children in emotional trouble.

Recently, a young boy in the school who would have entered the fifth grade died of a brain tumor. A young girl died in an accident. Social media has been a threat, with older men posing as friends of classmates on social media, "catfishing" for children, trying to lure them into illicit meetings, goading them to send inappropriate pictures, Hobaugh says.

Hobaugh's answer to all of these problems – as anyone who is passionate about caring for young children knows – is vigilance. Kindness. Finding activities and programs that can help create a culture of safety and awareness in school.

"We are looking at the whole child," he said. "A student is not just a test score."

Teachers, students, cafeteria workers, office secretaries, and even Vern the Labrador are all part of an effort to build a nurturing, caring school environment.

Second grade student Jacob Lombardo reads a story to Vern, a black Labrador puppy and service dog.

Initiatives include:

- A walk-a-thon to raise about $10,000 for school projects.

- A popular "girls on the run" program to help middle-school students get in shape and meet fitness goals.

- The construction of a reef in the school to honor the young boy who died.

- Creation of a garden to honor the girl who died in an accident.

- Implementation of the Wingman program. High Bridge Elementary School was the first in the state to adopt the program where older students mentor and befriend younger students. Program founder Ian Hockley, whose six-year-old son, Dylan, died in the December 2012 mass shooting at the Sandy Hook Elementary School in Newtown, Ct., provided the first year of training free for the early adopters. Now the school is raising money to pay the ongoing training costs.

Superintendent Greg Hobaugh with school counselors Melissa Patane-Schulter (left) and Leslie Chong.

- Participation in the "Daily Mile" program where students get a chance to get outside and walk, meet up with siblings and friends, and return to school energized and refreshed.

- A school climate committee, which discusses issues and provides feedback on needed improvements.

- Collaboration with the Rutgers "Garden Masters" program. The young students grow food that they eat in the cafeteria. Leftover proceeds are donated to the county food bank.

- Implementation of the "Second Step" and "Social Thinking" curricula, with projects and activities that help students learn life skills that can help them be successful in life.

- Designation of "multi-sensory rooms" to help any student overcome frustration, anxiety and tension. Guided by teachers, therapists or administrators, students can listen to calming sounds, observe "motion lighting," or hear a waterfall. The students can bounce, jump, rock, swing, or just rest in the room. The multi-sensory rooms allow the students to be in an environment that "encourages communication of their feelings and the sharing of common experiences," Hobaugh says. "In the multi-sensory rooms, students may be guided through problem-solving, or may be guided through mindfulness activities. The students report feeling better after the experience."

During the fall of 2019, the school community will be introduced to the "Nurtured Heart Approach," a program led by Sonia Rodrigues-Marto of Rutgers University Behavioral Health Care. The "Nurtured Heart" encourages and fosters respectful relationships. The program is already reaching the state agencies that are working with families in their homes, Hobaugh says. "Our district continues to encourage school-to-home outreach, and this program will continue those efforts."

In the school's Wingman program, Hobaugh explains, the emphasis is on fun activities that drive home a lesson. In one group activity, students squeezed out the minty contents of toothpaste and then were told to put the toothpaste back into the tube. The point, he says, was to illustrate to students that, once something gets out – or once a rumor spreads – it's impossible to take it back.

The kids had fun, learned something, and as Hobaugh says, "the school smelled pretty good for a while."

From the Wingman program, to the gardens, to the fundraising walk-a-thons, to story times with Vern the Labrador puppy, Hobaugh trusts his eyes to see the children's happiness and he uses his instinct and the input from his staff to judge the climate in the school.

His board of education supports his programs.

"As I said to the board, if students don't feel safe, and if they don't feel comfortable at school," Hobaugh says, "if their minds are on something else, they are not going to be concentrating on what they need to learn in class."

Down the hall, his day not yet over, Vern wags his tail, sits on the floor, and eagerly waits to hear another story from a student.

AFTER TRAGEDIES, BLOOMFIELD Reaches Out to Every Child

After two completed and two attempted suicides in his district in five years, Bloomfield Superintendent of Schools Salvatore Goncalves decided to partner with Sandy Hook Promise, a national non-profit organization founded and led by several family members whose loved ones were shot and killed at Sandy Hook Elementary School on December 14, 2012.

According to Sandy Hook Promise, thousands of students go through an entire day without having a single conversation with anyone. They have no friends. They sit silently in class and don't participate.

The cost of leaving children to cope alone with depression and dark thoughts can have fatal consequences. According to Sandy Hook Promise:

- More than 90 percent of people who die from suicide had a diagnosable mental disorder.

- Most mass shootings are planned for six months to a year. In almost every documented case, warning signs were given that were not understood, were not acted upon quickly, or were not shared with someone who could help.

- In four out of five school shootings, at least one other person had knowledge of the attacker's plan but failed to report it.

- Seventy percent of people who commit suicide tell someone of their plans or give some other type of warning signs.

- Guns used in about 80% of all incidents at schools were taken from the home, a friend or a relative.

- Approximately half of all gun owners don't lock up their guns in their homes, including 40% of households with children under age 18.

So how, the Bloomfield school administrators asked themselves, could they reach troubled children before they harmed themselves or others?

The answer, according to Sandy Hook Promise, starts simply enough.

It starts with saying "hello."

The annual, week-long program – "Start with Hello" – is a deceptively powerful, comprehensive attempt by the district to make sure that every one of the 6,500 children has at least one, positive friendly contact with someone. The lessons of empathy and positivity learned during the week are revisited and emphasized throughout the rest of the school year.

After the grim reality of the suicides, children worked with adults to communicate a better message.

A group of dedicated parent volunteers drew chalk messages on the sidewalk leading to school, saying, "Be the reason someone smiles today."

Teachers had signs on their desks saying, "Because nice matters."

Doreen Bauer, a counselor in the district's Carteret Elementary, explains how the program works.

"For kindergarten through second grade, we had (student) greeters who would wait at the door, and they had red aprons on. The students that came in were able to choose how they wanted to be greeted. It could be a hug, a smile, a high five," Bauer said. "It was kind of cool seeing how many of the kids actually wanted a hug."

Because Bloomfield made the bold choice to institute the program in every school, at every grade level, the district was given a national award by the Sandy Hook Promise organization, honoring its effort to create a positive school environment, Goncalves said.

"The idea of creating a climate and a culture in a building that is loving and nurturing and caring certainly sets the tone for good educational practices," he said during an assembly filmed while accepting the award from the Sandy Hook group on Feb. 22, 2019.

In a later interview, Bloomfield administrators Keri Regina and Joseph Fleres gave additional detail about the array of social-emotional learning programs at the Essex County district, which involves:

- A budget of $1.5 million annually.

- About 20 staffers, including guidance counselors, who work in a variety of social-emotional programs to help students. (All of the 20 staffers hold other jobs in the district, such as teaching character education or other subjects.)

Bloomfield's social-emotional learning program, Regina said, expanded slowly over time. Crisis counselors continually monitor data collected throughout the district, and they are creating a uniform tracking and referral procedure in each of the district's buildings.

Guidance counselors, she said, received in-service training this year regarding trauma and mental health issues. The Wingman program will be rolled out across all 11 schools in the district in the 2019-2020 academic year.

The Wingman program was founded by Ian Hockley, whose six-year-old son, Dylan, was shot and killed at Sandy Hook. The program trains students to feel empathy, to go above and beyond for each other. It is described in further detail on page 44 of this report.

The guidance department uses Suite 360, an online social-emotional learning platform, and K-12 counselors help plan and organize the "Start with Hello" program, Violence Prevention Week, a Suicide Prevention Walk, and the "Talk Saves Lives" program.

"We started with a department-based analysis of where we wanted to go and what we wanted to do," said Regina. "We have a guidance counselor in every building. Three in the middle school, about eight at the high school. We have a lot of initiatives."

Fleres, the director of elementary education at Bloomfield, said, "The district has dealt with tragedy. It makes you reflect on what you have in place."

He was asked how the social-emotional learning programs have affected the district's test scores.

"If a child is not emotionally well, or not socially accepted by their peers, or is struggling to come to school, the math scores are for naught," he said. "The child cannot perform well academically if they have other stuff going on. We feel that if we can take care of a couple of those other things, the 'test scores' will kind of take care of themselves."

During the Feb. 22 award ceremony, Fleres explained how the power of the district's social-emotional learning programs suddenly became clear to him one day.

He told the crowd about a young student in elementary school.

There was a "Post-it Note" event at the school that day.
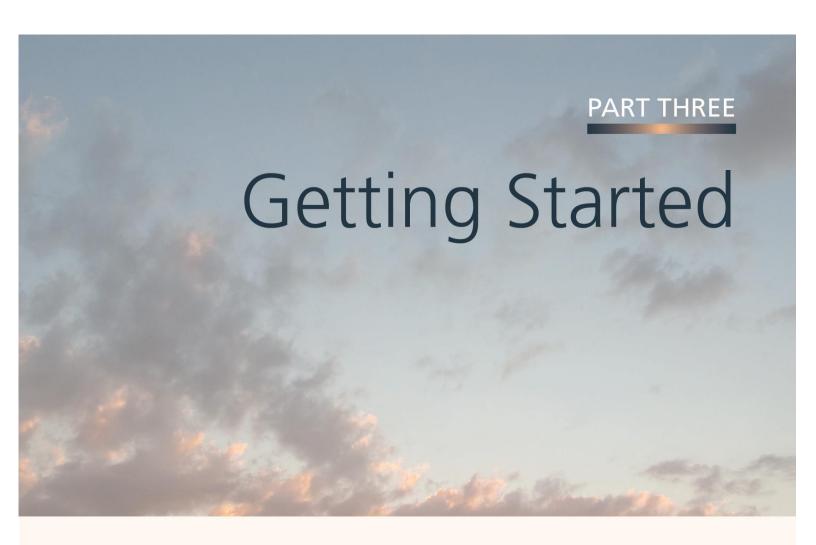
Each student was supposed to write something kind about a fellow student, anonymously, and then those Post-it Notes were given to the student.

The young boy went home, and was so proud of what the Post-it said about him that he showed his mother and father.

"So mom and dad go through the routine of bedtime," Fleres said. "They tuck him in. And as this little student is jostling around in bed to go to sleep, his mom hears the crinkling of a piece of paper. She looks under the pillow, and it was the Post-it Note from the activity that said something kind about this child.

"The mom just wanted us to know that was the nicest thing she's ever seen done," Fleres said. "That story alone made all of this worth it for me."

View the Bloomfield video at

www.njsba.org/Bloomfield-Video

Getting Started

**Suggestions for
Boards of Education to Consider**

- A Climate Survey/Needs Assessment

- Establishing a Community Resource Team

- Possible Funding Sources

How Board Members and Educators Can Make a Difference

If you believe that emotionally healthy students are better prepared to learn, and if you are concerned students in your district need help coping with crippling stress and mental health issues, ask yourself this question: *How can we, as board members and educators, make a difference?*

The NJSBA Task Force on Mental Health Services in the Public Schools recommends that boards of education learn about the social-emotional climate in their schools, that they collect evidence to inform the best course of action, and that they make plans accordingly.

The effort you make to understand the emotional needs of the children in your district can save lives. Communities that come together to solve problems are better able to handle the shattering sense of loss that occurs when a student dies so young. When tragedy strikes, the community will turn to its leaders and demand to know what could have been done to prevent it.

As a police chief said to one member of our task force, "When we shake hands earlier, we don't point fingers later."

The need for action is urgent, but the path will be different for many districts. The needs of a small rural elementary school will be different from those of a large regional high school.

Based on interviews with experts in the field, and superintendents and board members who have already established successful social-emotional learning programs in their schools, the task force recommends that boards of education consider the following:

- Establish a program through a process that begins with a conversation between the superintendent and the board. What is the emotional climate in the school? What data is available to ensure that board members' perceptions are accurate?

- Conduct an emotional climate survey. For example, the Search Institute, based in Minneapolis, offers a research-based survey tool that members of the task force believe will provide useful information. But whatever survey tool is used, make sure that it has been tested and validated to get the results you need while fully protecting the survey participants. Superintendents who conducted workshops at the National School Boards Association 2019 annual conference in Philadelphia said that they found the survey information to be invaluable – and disturbing. When you ask students, teachers and staff to provide honest information, be prepared to listen to what they may say.

- Before going too far in the process, discover what neighboring districts are doing. Engage an expert in the field. In Part Two of the report, superintendents discussed the steps they took and the expert advice they received. In the next section of the report, we will list information about New Jersey experts who can provide essential guidance.

- Formulate an action plan. Plan to fund and implement your values.

- Be aware that federal funding rules have changed. Due to revisions implemented with the federal Every Student Succeeds Act, Title IV funding, and other sources formerly reserved for fighting drugs, can now be used for some aspects of social-emotional learning programs. How can your district qualify? What is available in partnership with neighboring districts, the county, and the state?

- The Association for Supervision and Curriculum Development (ASCD) lists possible sources for federal funding of social-emotional learning programs under Title I, Title II, Title IV and Title V of the Every Student Succeeds Act. The three-page listing of funding sources can be accessed online at http://www.ascd.org/ASCD/pdf/siteASCD/policy/ESSA-Resources_SEL-Funding.pdf

- A 154-page report by the Rand Corporation analyzes programs and possible federal funding sources. The 2017 document is available here: https://www.rand.org/pubs/research_reports/RR2133.html

- Start small. Build consensus. Know that, as George Scott of the Traumatic Loss Coalition says, mental health is a community issue; it is not something that the schools can handle alone. While your efforts to launch a social-emotional learning program may start as a conversation between the superintendent and the board, it can expand to include the mayor, the chief of police and other members of a "Community Response Team" described in more detail below.

- Consider your immediate need. Are you acting to avert a crisis, or has a crisis already occurred? Once a Community Response Team is formed, what is the best way to engage the community? Would a mental health summit be appropriate? A "summit" could provide a day when a wide variety of government, business and faith-based leaders gather to address the issue and volunteer to do more.

- Lifelines, Dylan's Wings of Change, and the Sandy Hook Promise organizations are among the many groups already working in New Jersey schools to train students, faculty and staff about how to treat each other with empathy and respect. The Sandy Hook Promise organization believes that in many schools, children go for days without having a single conversation with anyone, and that these children may develop issues leading them to harm themselves or others. Is such a situation possible in your school? How do you know? What evidence informs your opinion?

Examples of Crisis Prevention Teams and Community Partnerships

The 2,500-student **Madison School District in Morris County** has crisis prevention/intervention teams in each of its five schools. The teams consist of trained staff who assist students in crisis situations. Using nonviolent crises prevention techniques, staff employ verbal de-escalation strategies to address students' needs. Members of the crisis intervention team also conduct risk assessments to assist students who demonstrate a potential to harm themselves or others, according to Dr. Frank Santora, a school psychologist who is Madison's assistant superintendent for pupil personnel services.

In 2018-2019, the Madison Public Schools took the proactive step of forming a committee to increase and enhance social-emotional learning opportunities for students across the district. This committee consists of school counselors, school psychologists, school social workers and Dr. Santora. Through regular meetings, review of current practices and ongoing research, the committee identified areas for intervention as well as specific areas for staff, student, and parent training.

Madison conducts school-wide character education initiatives and implements more targeted interventions for students who demonstrate varying levels of social-emotional needs, according to Dr. Santora. These interventions involve direct supports for students, their parents and school personnel.

The district has established and maintained collaborative relationships and partnerships with numerous community agencies to provide ongoing supports for students and their families. These organizations include local universities, the Madison Area YMCA, Project Pride, the Madison Chatham Coalition, and the Madison Alliance Addressing Substance Abuse (MAASA). A community-based coalition, MAASA is dedicated to preventing and reducing the use and abuse of alcohol, tobacco, and other drugs.

Over the past two school years, the district has focused on continuing to increase specialized supports to address students' social-emotional needs. Such efforts included the addition of one full-time school counselor at each elementary school, Dr. Santora said.

The district added a school psychologist at the elementary level and a part-time behaviorist at the secondary level to provide behavioral training and consultation to students, parents and staff. To address the more intense therapeutic needs of students in grades 9-12, the district partnered with CarePlus New Jersey to provide a full-time clinician, who makes counseling services available to students, and trains and consults with staff and parents.

In response to the program's success, the district plans to expand the partnership with CarePlus to provide supports at the intermediate level. And to meet the increased need for support, the district is expanding the behaviorist position from part-time to full-time, Dr. Santora explained.

Providing Character Education and 'Sage Thrive' Mental Health Services

In Lawrence Township, Mercer County, Linda Mithaug, director of student services, discussed how the 3,800-student district is addressing mental health.

"In the Lawrence Township School District, we have a strong commitment to supporting the mental health needs of our students by creating a multi-tiered system of behavioral, social-emotional and therapeutic supports in our schools," she said.

For at least the past 10 years, Lawrence Township has met the requirements to be designated a "National District of Character," Mithaug said, meaning that the district provides students with opportunities for moral action, fostering shared leadership, and engaging families and communities as partners in the character-building effort. Since 1993, districts that provide exceptional character education programs have been recognized by Character.org. More information about the group is available here: https://www.character.org/who-we-are/

Among the many community-based activities in Lawrence Township are student-staged fundraisers for the American Heart Association and the St. Baldrick Foundation's drive to cure cancer. Students also have also sent holiday baskets to needy families, and letters and gifts to troops stationed overseas.

In May 2019, the district was awarded a three-year grant from School-Based Healthcare Solutions Network, an organization that provides grants to under-resourced public schools to implement and expand access to quality behavioral health services. More information about the SBHSN grant program is available here: https://www.sbhsnetwork.com/

In addition to the SBHSN-funded counselor, Mithaug said the district allocates the following resources to social emotional learning programs:

- As a National District of Character, each school in the district has specific character education activities that are featured on its individual website.
- All elementary schools (K-3) are using the *Second Step* social skills curriculum, which is infused into the classroom structure.
- All K-6 classrooms are using the *Responsive Classroom* structure, which includes "sharing circles" and teaches students the vocabulary to resolve conflicts with peers.
- Lawrence Township is implementing *Restorative Practice* in some of its special education classrooms. The district plans to provide more training to expand the use of *Restorative Practice* to address student disciplinary issues instead of in-school or out-of-school suspensions.
- District administrators and staff are participating in trauma-informed training to increase staff understanding of how to support students who have high Adverse Childhood Experience (ACE) scores.
- Lawrence has added one therapeutic counselor to the high school and one to the middle school through the Sage Thrive program to support the social-emotional needs of the 30 most at-risk students in grades 7-12. More information about Sage Thrive's in-school mental health services for students can be found here: https://www.sagethrivetoday.com/

In all, Lawrence has eight school counselors working with students in the kindergarten through the eighth grade, four counselors at the high school and one substance abuse counselor at the high school. All 13 staff members involved in social-emotional learning also have other responsibilities in the district, Mithaug said.

Led by Superintendent Kasun Ross, Mithaug said she thinks the district is making significant strides in beginning to meet the mental health needs of its students.

"I think we're moving in a positive direction," she said. "Our board members are fully committed to this kind of work, attending workshops and training." Social emotional learning, she said, is "very much on forefront of what the board of education has identified as goals for the district."

Using Social-Emotional Learning to Prepare for the Future

In our technological world today where kids are playing electronic games alone in their bedrooms or on the family room couch instead of playing outside with their peers, the task force believes students need guidance on how to interact with others in-person.

Collaboration is among the three characteristics that the high school class of 2030 will need to succeed in the workplace. Schools, therefore, should review their potential role in supporting this characteristic to facilitate their students' future success.

Processes like daily elementary school morning meetings or periodic team meetings at the middle school level will help our students learn how to build relationships with their peers and adults.

However, there must be a conscious effort under a district umbrella that sanctions, emphasizes and values social-emotional learning techniques like team-building – emphasizing what we share rather than what separates us, while teaching how to communicate through listening, speaking, and writing, verbally and non-verbally, including body language.

When a foundation of positive relationships is nurtured by the adults in a school, it facilitates the solving of interpersonal problems among students without disrupting learning in the classroom.

According to school climate research, these practices have a positive impact on student learning and achievement. To implement these activities requires intentionality that begins with the board of education's endorsement of a social-emotional learning (SEL) culture that includes professional development, and dedicates time for SEL-related activities, and a comprehensive review of policies and practices, including but not limited to student discipline.

A Social-Emotional Action Plan

The school district's planning should include goals that address the emotional and mental health of the entire school community (students, their families, the staff, and those who interact with the district). Many aspects of a district's responsibilities are intertwined and require the support of its stakeholders.

The planning process should identify a district's values and resources, to create an action plan that can effectively contribute to the health of students and staff.

Needs Assessment

As part of a comprehensive plan, and in collaboration with the Community Response Team or an alliance of community groups, the board and community should consider jointly conducting a needs assessment to determine the mental health challenges and strengths of the community.

This assessment will also inform the district and community of the areas that need their attention, whether it is during curricular and co-curricular activities or in those sponsored through the governing body, local youth activity and sports groups, or faith groups.

A needs assessment, to determine how mental health issues can be addressed, could be a review of student discipline and juvenile officers' data, and community focus groups with elected officials, parents, senior citizens, students, clergy, and business leaders, among others.

Many communities have chosen research-based instruments like the Search Institute's 40 Developmental Asset survey because it also provides an analysis of risky behaviors and the specific traits or assets that are present when children make healthy choices.

The Search Institute's Developmental Assets are listed in a chart on page 65 of NJSBA's Final Report of the Task Force on Student Achievement, accessible at www.njsba.org/student-achievement2017.

The Search Institute provides information on the Developmental Asset Profile at https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/.

Additional information about the Developmental Asset Profile can also be found here: https://www.search-institute.org/surveys/choosing-a-survey/dap/

Establishing a Community Resource Team

The task force believes that establishing a Community Resource Team can help a board of education respond to a variety of issues, including students' mental health. Many districts already have such teams.

Task force members who have experience working with community resource teams say that membership should include the following:

- Superintendent
- Mayor/Town Administrator/Assistant Administrator
- Police chief
- Juvenile officers
- High school administration, counselor or Student Assistance Coordinator (SAC)
- Middle school administration, counselor or SAC
- Elementary school administration, counselor or SAC
- School Resource Officer/Class 3 Special Law Enforcement Officer
- Director of student services
- Parents
- Clergy
- Representatives of social service agencies, the municipal alliance, recreation/arts/cultural organizations, citizen advocacy groups, local businesses that serve youth as customers (e.g., convenience stores, bowling alleys, movies, gaming, and others), and local organizations involved with youth.

Community Resource Team Responsibilities

- Meet monthly.
- Proactively identify and address the challenges youth face and the decisions they are making in the community.
- Collaborate to plan and implement healthy youth activities and spaces.
- Coordinate with the Traumatic Loss Coalition to respond to community tragedies.

- Collaborate with the school district on parent academy programs.

Widespread Training and Professional Development

Repeatedly, when we asked superintendents to tell us how many people worked in their social-emotional learning programs, we heard the same answer: "Everyone in the school."

Everyone in the school worked together, superintendents said, and all teachers, staff and non-certificated employees, from the bus drivers to cafeteria workers, to the crossing guard, were made aware about how they played important roles in communicating with students throughout the day.

That is why it is important for everyone involved with the students to be aware of any social-emotional learning program in a school.

Districts should communicate with parents and families, educators, including non-certificated staff, the board of education, and those who work with kids formally (coaches, youth group leaders) and informally (stores, businesses). Those who work with students should be made aware of their roles in encouraging healthy behaviors and understanding the signs of a child in crisis, and they should also know the resources and responses available to a child in crisis.

Boards of education, administrators and other leaders should participate in social-emotional learning professional development so that they can understand the program and help lead the effort.

Mental Health First Aid

Students choose to communicate with those they feel the most comfort. Knowing that, the task force believes that every school employee who comes in contact with students should have some level of professional development and training so that they can help students who may be experiencing some level of emotional crisis.

In programs like Youth Mental Health First Aid, school staff learn what warning signs to listen for, what language to use and how to ask their students the right questions about mental health. The training gives school staff the skills they need to start critical – even potentially life-saving – conversations about mental health and substance use in their classrooms.

https://www.mentalhealthfirstaid.org/2017/06/teaching-mental-health-in-the-classroom/

Team Building for Staff and Students

Staff

- Members of the task force, who had direct experience in team building, said that induction/on-boarding programs for newly hired staff should establish the district's expectations in all areas, including social-emotional learning.

- Prior to the first day of school, there should be team-building activities that will establish the climate and facilitate the building of professional relationships that share

communication practices, and create interdependency among all who work in the school to meet the goals of the organization.

- Team building is not effective if not practiced on a regular basis. Collaboratively, the staff and building administration can develop an annual plan to build relationships among all staff, task force members said.

Students

- Throughout the year, not just in September, there should be planned activities that build teams. Orientation programs prior to the first day of school that include team building are optimal. However, throughout the first weeks of a school year, both independent and infused in academic instruction, there should be activities that bring students together and develop relationships among them. Class picnics (at a park, on school grounds or in a classroom), games of all types, and other supervised opportunities to teach social skills while building teams are additional examples.

Character Education

Regardless of the age group, discussions regarding character are beneficial. Character.org, which oversees the National Schools of Character Program (https://www.character.org/schools-of-character/), has identified 11 principles of effective character education that, when adopted, contribute to a healthier school community. The 11 principles are:

- Defines, implements and embeds core values.
- Defines character by including thinking, feeling, and doing.
- Uses a comprehensive, intentional and proactive approach to develop character.
- Creates a caring community.
- Provides opportunities for moral action.
- Provides meaningful, challenging learning in respectful ways that develops character and leads to success in life.
- Fosters self-motivation.
- Creates an accountable learning community.
- Creates shared moral leadership that sustains the character work.
- Engages families and community members.
- Assesses and adjusts the character initiative regularly.

Invitational Schools

- Schools that make students, staff and visitors feel welcomed and valued are places where people excel. Practices and programs like those advocated by the International Alliance for Invitational Education create supportive places.

- The International Alliance for Invitational Education is a not-for-profit group of educators and allied professionals throughout the world, dedicated to the development of positive school, work, and home environments. More information is available here: https://www.invitationaleducation.org/

Programs, Strategies, Resources

- Ian Hockley's Wingman program teaches students how to be leaders and to care for others.

- Free mental health services for students and families.

- Maurice J. Elias, director of the Rutgers Social-Emotional Learning Lab, provides information on social-emotional character development.

- A listing of some of the respected experts in social-emotional learning who can provide guidance to boards of education considering their own programs.

IAN HOCKLEY'S 'WINGMAN' PROGRAM Counters Hate with Kindness, Respect and Compassion

"Wingman" is not just a social-emotional learning program that is inspiring thousands of students across New Jersey to learn how to respect and help each other.

"It's a movement. This is the 'Butterfly Effect' made real," said founder Ian Hockley, who established the program in memory of his six-year-old son, Dylan.

The "Butterfly Effect" refers to the idea that even the smallest action, as small as the beating of a butterfly's wings, can create a current of change that spreads throughout the world.

Dylan, a young boy with autism, once told his mother that he was a beautiful butterfly. He was one of 26 people shot and killed in Newtown, Conn., at the Sandy Hook Elementary School in 2012.

"We're facing an epidemic of social isolation and exclusion," Hockley said in an interview. "Those behaviors are learned, the behaviors of excluding people, and can be countered by — not teaching — but by instilling inspiring and positive behaviors that lead to inclusion. You instill kindness, generosity, respect, and the courage to reach out to others who are different."

In the face of increasing pressures on students, rising opioid abuse and self-harming behaviors, Hockley said his program makes sure that kindness, and the willingness to reach out to others, become part of a school's program.

"You break down the barriers so that everybody understands not only that they're the same, but that they have this obligation to treat other human beings with dignity and respect," he said.

The Wingman program is necessary, he said, "because isolation and exclusion is leading to people hurting themselves, through drugs and suicide, or it is leading them to hurt others because it is their way of dealing with what has been done to them."

Ian Hockley

Already operating in 17 schools in New Jersey, and set to increase to more than 40 next year, Hockley explained that the program, supported by the Dylan's Wings of Change foundation, costs $4,000 for an individual school to start. This fee covers two full days of training for the student leaders, a one-day workshop for school staff who will be the students' support crew, and all Wingman activity content. The cost per school is reduced if more schools in a district enroll.

The program kicks off with a certified Wingman trainer visiting the school to hold two full-day training sessions for student volunteer leaders to prepare them to run the program in their school. The first morning, the students work on team-building and trust-building activities, creating a safe place so that they can share information about themselves to whatever degree feels right.

"Getting to know you is the first level to getting to trust you. That's the morning," Hockley said.

The afternoon of the first day focuses on culture and climate.

The student leaders are "asked what they love about the school, what they wish they could change about the climate, what behaviors they want to see more of…and what empathy means to them, what they believe a leader should be."

Students draw on a huge flip chart to say what they think an ideal school would be like.

"They get creative: They draw schools in tree houses, they draw rocket ships or have school as the planet earth. But what they are talking about is what it feels like and sounds like to be in that environment, and how they can help each other be the best they can be," Hockley explained.

During the second day, students practice by leading groups of other students so that they can try out their ideas and get a feel for the program before the trainers leave.

The curriculum can be adapted for each school, at all grade levels.

Once they are trained, students lead the program.

If a student Wingman hears that a fellow student is in serious trouble, suffering abuse at home, or contemplating self-harm, the problem is turned over to a trusted adult at the school who finds appropriate help. Wingman volunteers don't solve problems by themselves or try to do more than they can handle, Hockley said.

Being a Wingman, Hockley said, is a self-esteem-building honor.

"It's something to aspire to be. We are asking the kids, don't be good just because I told you to, be a Wingman. Be this fine, upstanding person." With the Wingman program, children in trouble, or children who just need encouragement and friendship, know that someone is there, looking out for them. "These kids are making real change," said Hockley – one friendship and one healthy relationship at a time.

Important Resources

Free Mental Health Services for Youth Struggling with Emotional Needs, Behavioral Challenges, Substance Use, and/or Developmental Disabilities

New Jersey Children's System of Care (CSOC)
Contracted system administrator: PerformCare

Families can work with schools to obtain free mental health services through PerformCare, which coordinates services for every county in the state.

"Let's say a child is presenting unhealthy behaviors in the school setting, and the school is concerned about the safety and/or mental health of the child. The school could call in the parent or guardian and together place a call to PerformCare if the parent or guardian provides consent. From the initial conversation, PerformCare determines the severity of the current situation and what the next steps could be," said April Young-DiPietro, community resource director for the Camden County Partnership for Children (Camden CMO).

Based on the safety needs of the child, PerformCare may decide to dispatch that county's Children's Mobile Response Stabilization Services (CMRSS) to meet the youth and family right away. The response team can link the family with a licensed clinician for in-home therapy in an expedited manner.

"During that period when mobile response is linked," Young-DiPietro said, "they're involved for what we call the eight-week stabilizing period. They're essentially trying to de-escalate the original crisis situation that led to the call to PerformCare while also assessing, 'Was this an isolated situation? Or does this child have a deeper, underlying mental health challenge?' If Mobile Response suspects that a youth is not yet stable and could benefit from an extension of services, they would put in a recommendation to PerformCare for CMO services. PerformCare then determines if the youth meets clinical criteria for CMO services."

PerformCare is the contracted system administrator for the New Jersey Children's System of Care. PerformCare provides a family-centered, community-focused single point of entry for New Jersey's eligible children to obtain publicly available behavioral health, substance use treatment, and developmental disability services.

The Department of Children and Families (DCF)'s Children's System of Care uses PerformCare to provide 24-hour, seven-days-a-week access for families to obtain services for children with behavioral health, substance use, and/or developmental disability challenges. New Jersey Children's System of Care (CSOC) covers all 21 counties with 15 care management organizations throughout the state. Each local system is comprised of the same elements: Children's Mobile Response Stabilization Services (CMRSS), Family Support Organization (FSO) and a Care Management Organization (CMO).

PerformCare has been helping families' access public behavioral health services in partnership with the Department of Children and Families Division of Children's System of Care since 2001.

"CMO services are voluntary and at no cost to the family," Young-DiPietro said. Medicaid and N.J. FamilyCare are the primary funding sources for most of the services offered under CSOC that are traditionally not covered by commercial insurance. Medicaid or N.J. FamilyCare provides access to and coverage for these services. If the youth and family do not qualify for Medicaid, the child may qualify for other public funds to cover the cost of certain behavioral health services.

Last year, about 1,300 youth per month received services in Camden County alone.

Statewide, about 61,800 youth under 21 received services during the past year, Young-DiPietro pointed out. It is her goal to make sure every school in New Jersey is aware of the services available under the Children's System of Care. The number of young people who could be receiving services could "possibly be doubled" if more teachers, counselors and/or parents knew about these available mental health resources and how to access them, she said.

To seek help for youth under 21, parents and guardians may call PerformCare at 1-877-652-7624. School personnel may participate in the call and meetings if the parent or guardian is present and gives consent. A video about how PerformCare works can be accessed here: http://www.performcarenj.org/families/index.aspx

Information about intellectual and developmental disability services is accessible here: http://www.performcarenj.org/families/disability/index.aspx

A PowerPoint presentation is here: www.njsba.org/PerformCarePresentation

Resources may also be accessed online in each county. Links are provided through the interactive map at the following website: https://www.njresourcenet.org.

Important Resources: School Psychologists and Social Workers Are Most Effective When They Are Part of the Staff

Sol Heckelman

Sol Heckelman, a member of the executive board of the New Jersey Association of School Psychologists, believes that school psychologists and social workers who are full-time school staff members are in the best position to address the emotional health of children.

In addition to their training in assessing children's psychoeducational capabilities and disabilities, school psychologists can help analyze and promote mental and social-emotional competencies, Heckelman says. He cited the following examples of services psychologists can provide to school districts:
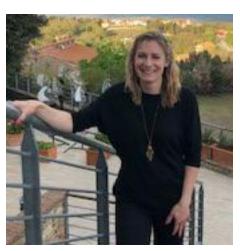
- Counseling children to promote mental stability and growth.
- Providing support for children with anxiety, depression, and suicidal ideation.
- Focusing on interpersonal relationships such as bullying and poor self-esteem.

- Improving school climate by developing and analyzing data while collaborating in the implementation of more effective patterns and dynamics within schools and districts.
- Consulting with school staff with respect to their interactions with students, other staff, and families.
- Consulting with families to improve family dynamics in collaboration with school staff.

Similarly, school social workers possess the training and skills to do much more than recording family histories for possible classification. Their understanding of children's mental health potential and needs, and their counseling skills, can help serve *all* children, along with staff and families, Heckelman says.

The advantage to employing *school* psychologists and *school* social workers, Heckelman says, is that, by being regular ongoing members of the school district staff, they have the experience and knowledge of intra-school and intra-district staff patterns of functioning, children's relationships with various teachers, and networks of personal and social relationships.

Instead of Detention and Suspension, Consider 'Restorative Justice,' 'Restorative Practice' as Better Ways to Change Students' Behaviors and Improve School Climate

Amanda Montani, school psychologist

School psychologist Amanda Montani discussed the concepts of "restorative justice" and "restorative practices" with the task force on May 20, 2019.

During the task force meeting, and in subsequent correspondence, Montani said she has observed injustices in schools. These include unequal facilities, different treatment of children in poverty and of color, with inappropriate — and ineffective — applications of school discipline.

Frustrated by what she encountered during her years of teaching in districts, she received additional training, earning a graduate certificate from the International Institute for Restorative Practices (IIRP) in Bethlehem, Pa.

"Restorative practice" is a philosophy encompassing restorative justice, and it is embedded in the broader construct of social justice. Social justice as applied in schools ensures the protection of education rights, opportunities and well-being of all children, especially those whose voices have been muted, identities obscured, or needs ignored.

Philosophically, practitioners of restorative practices view discipline as a way to teach students new behavior. By using affective questions, genuinely listening to the views of those experiencing the harm, and working with those causing the harm to establish a new pattern of behavior, students feel respected and are more willing to change and grow.

"Human beings are happier and more productive, and make positive changes in behavior when those in positions of authority do things *with* them rather than *to them* or *for them*," Montani told the task force, citing the principle of Ted Wachtel, the founder of the IIRP graduate program.

"Defining Restorative," a November 2016 article published by the International Institute of Restorative Practices, describes the practice in detail. Several theories from various fields feed the philosophy, including "fair process."

"Fair process" focuses on leadership decisions. Working with students, by making sure that everyone has a part in change and clearly understands outcomes and future expectations creates an environment of commitment, according to the November 2016 "Defining Restorative" article, which can be found at https://www.iirp.edu/images/pdf/Defining-Restorative_Nov-2016.pdf,

Using a restorative script in a school setting, for example, students being disciplined for inappropriate behavior might be asked the following questions:

- What happened?
- What were you thinking of at the time?
- What have you thought about since?
- Who has been affected by what you have done?
- What do you think you need to do to make things right?

Students who were the target of another's bad behavior would likely be asked:

- What did you think when you realized what happened?
- What impact has this incident had on you and others?
- What has been the hardest thing for you?
- What do you think needs to happen to make things right?

When appropriate, students speak to each other, addressing what has happened and what they can do about it together.

According to restorative practice principles, by participating in their own discipline, students have a better chance of understanding the effect of their actions, and they have a better sense of fairness since they helped create and agreed to the plan for behavior going forward.

The aim, Montani said, is to diminish school suspensions and detentions so that schools don't punish students but help them understand and change their behavior.

Amanda Montani is a school psychologist in Allentown, Pa., and a former member of the Executive Board of the New Jersey Association of School Psychologists. For more information about restorative practices, contact her at amandabmontani@gmail.com

> *"We must prepare our children for the tests of life, not a life of tests."*
>
> — *Maurice J. Elias*

On Dec. 20, 2018, Dr. Maurice J. Elias, director of the Rutgers University Social-Emotional and Character Development Lab, and co-director of the Academy for Social-Emotional Learning in Schools, addressed the NJSBA school mental health task force. What follows is a summary of his presentation, with additional information added from the Collaborative for Academic, Social, and Emotional Learning (CASEL), as noted. Elias's full presentation can be accessed at www.njsba.org/EliasPresentation.

Social-Emotional Learning Skills Undergird Mental Health

Treatments for problem behaviors and "mental health problems"— anxiety, depression, suicidality, anti-social behavior, opposition-defiant disorder, school refusal, elective mutism, and other phobias – all rely on improving children's social-emotional skills and providing a safe, supportive, encouraging environment. Hence, school mental health, social-emotional learning (SEL), and positive culture and climate are convergent and interdependent.

To thrive in the 21st century, students need more than traditional academic learning. They must be adept at collaboration, communication and problem-solving, which are some of the skills developed through SEL. Coupled with mastery of traditional skills, social and emotional proficiency will equip students to succeed in the swiftly evolving digital economy, according to the 2016 Report of the World Economic Forum.

The Equity of Developmental Rights

All children need a supportive environment created by caring adults for them to succeed, and all children can succeed.

Those working in the educational context, in any position, must act with respect, challenge their students, care for them, provide a safe environment, and treat them with civility. Support them. Inspire them. Encourage opportunity and resilience.

Achievement and Mental Health Are Linked to Social-Emotional Character Development: Climate, Character, and SEL Competencies

True achievement in school and in life integrates the intellectual, emotional, and social facets of learning and positive mental health. These are inextricably interconnected.

- *What is Social-Emotional and Character Development (SECD)?*
    - A set of coping and interaction skills, and dispositions/essential life habits to guide the use of those skills which can be built developmentally if we do so with intentionality, focus and continuity.
    - Schools are ecologically crucial as the place where most children can be reached systematically and all services can converge.

- o The same set of skills and habits, acquired through social-emotional learning, ultimately mediate academic, mental health, civic, and workplace success later in life.

The New Jersey State Board of Education Has Adopted the [CASEL SEL Competencies](#)

The New Jersey State Board of Education has adopted the core competency standards proposed by the Collaborative for Academic, Social, and Emotional Learning (CASEL), which is one of the leading social-emotional organizations in the country.

According to CASEL, SEL enhances students' capacity to integrate skills, attitudes, and behaviors to deal effectively and ethically with daily tasks and challenges. CASEL's integrated framework promotes intrapersonal, interpersonal, and cognitive competence. There are five core competencies that can be taught in many **ways** across many **settings.** Many educators and researchers are also exploring how best to **assess** these competencies.

The five core competencies identified by CASEL are as follows:

1) *Self-awareness*
The ability to accurately recognize one's own emotions, thoughts, and values and how they influence behavior. The ability to accurately assess one's strengths and limitations, with a well-grounded sense of confidence, optimism, and a "growth mindset." Skills/goals include:

- Identifying emotions
- Accurate self-perception
- Recognizing strengths
- Self-confidence
- Self-efficacy

2) *Self-management*
The ability to successfully regulate one's emotions, thoughts, and behaviors in different situations — effectively managing stress, controlling impulses, and motivating oneself. The ability to set and work toward personal and academic goals. Skills/goals include:

- Impulse control
- Stress management
- Self-discipline
- Self-motivation
- Goal-setting
- Organizational skills

3) **Social awareness**
The ability to understand the perspective of others and empathize with them, including those from diverse backgrounds and cultures. The ability to understand social and ethical norms for behavior and to recognize family, school, and community resources and supports. Skills/goals include:

- Perspective-taking
- Empathy
- Appreciating diversity
- Respect for others

4) *Relationship skills*

The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed. Skills/goals include:

- Communication
- Social engagement
- Relationship-building
- Teamwork

5) *Responsible decision-making*

The ability to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms. The realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others. Skills/goals include:

- Identifying problems
- Analyzing situations
- Solving problems
- Evaluating
- Reflecting
- Ethical responsibility

6) *Benefits of Social-Emotional Character Development*
- Social-emotional skills
- Improved attitudes about self, others, and school
- Positive classroom behavior
- Gains on standardized achievement tests

Recognize one's emotions, values, strengths, and limitations

Manage emotions and behaviors to achieve one's goals

Make ethical, constructive choices about personal and social behavior

Show understanding and empathy for others

Form positive relationships, work in teams, deal effectively with conflict

Self-awareness · Responsible decision making · Relationship skills · Social awareness · Self-management · **Life Success**

Three Essential Principles for Achievement in School, Social-Emotional Competence, and Character

- Caring relationships form the foundation for all lasting learning.
- Emotions affect how and what we learn.
- Positive goal setting and problem-solving provide direction and energy for learning.

An Initial, Informal Assessment of the Climate in Your School

Dr. Elias suggests that you take a walk through your school and take note of where you see strong feelings of caring. Close your eyes and picture yourself arriving, walking in, moving from place to place over the course of a typical day. Look in on classes, lunch and recess times, meetings, extracurricular activities, and after-school and evening events – the entire gamut of what occurs on regular school days. Finally, imagine yourself preparing to leave and then departing.

Ask yourself:
- Where and when do you experience "caring" and related emotions such as pride, joy, and respect?
- Where and when do you experience a lack of caring, respect, or pride?
- What is happening in these places to cause these emotions?

Formalizing Goal-setting in School toward a Positive Purpose
- On a half-year or marking period basis, set the expectation by through four goals to:
  - Make myself better
  - Make my classroom better
  - Make my school better
  - Make the wider community and world better

Best Practices for Student Engagement and Empowerment in Addressing Problem Areas
- Create authentic opportunities for communication and relationship-building, involving student ambassadors and government
- Promote service learning (e.g., Lions-Quest International, https://www.lions-quest.org/)
- Allow staff/student committee involvement especially for bullying, substance abuse
- Have open forums for school problem-solving
- Use voice/diversity monitoring in class and elsewhere
- Encourage buddying, across age and ability

Art Is Equity

"Art reaches a segment of children who have not found their way in another specialty. If we can help those kids find themselves in any way possible, then we've helped this generation get that much further along in how they will eventually contribute to society."

— Heather Becker, Chicago Conservation Center CEO

Social-Emotional Learning 2.0: Purpose, Mindset, and Social Action

Social-emotional and character development (SECD) competencies are as basic, foundational, and essential to academic achievement as reading competence, and must be fostered in schools of character that focus on supporting and actualizing students' sense of positive purpose. When students have a positive purpose and a mindset of contribution, they are willing to learn and cooperate for social action.

Links to Programs and Curricula on Social-Emotional Learning

Target Audience	Title	Description
K-12	**Second Step: Social-Emotional Learning** https://www.secondstep.org/	Second Step Social-Emotional Learning (SEL) gives students the tools to excel in and out of the classroom. The program has been well-received by educators who say they have noticed school-wide improvement while seeing even the most challenging students make progress in emotion management, situational awareness, and academic achievement.
K-6	**The Toolbox: A Social-Emotional Learning (SEL) Curriculum** https://www.dovetaillearning.org/what-is-toolboxtrade.html	Toolbox is a research-based social-emotional learning curriculum. It teaches critical social competencies necessary for academic and life success such as resiliency, self-management, and responsible decision-making skills.
6-12	**Habitudes Curriculum for Social and Emotional Learning** https://growingleaders.com/habitudes/habitudes-for-middle-and-high-school/social-emotional-learning-curriculum/	The Habitudes for Social and Emotional Learning curriculum uses memorable imagery, real-life stories and practical experiences to teach timeless skills in a way that is relevant to students today. Students use images to communicate via emojis, Instagram, and Snapchat.
K-12	**Edutopia** **https://www.edutopia.org/**	Founded by filmmaker George Lucas, Edutopia helps educators find and share resources for creating a healthy school culture by helping students develop skills to manage their emotions, resolve conflicts, and make responsible decisions.
K-12	**PlayWorks** **https://www.playworks.org/**	PlayWorks creates a place for every child on the playground to feel included, be active

		while building valuable social and emotional skills.
K-12	**National School Climate Center (NSCC)** **https://www.schoolclimate.org/**	NSCC measures and improves the climate for learning in schools, promoting safe, supportive learning environments that nurture social and emotional, civic, and academic growth for all students.
Parents	**Parent Toolkit** **https://www.parenttoolkit.com/topics/social-and-emotional**	Produced by NBC News Learn, Parent Toolkit offers information for parents looking to help their children grow and mature. Social-emotional skills can be taught and learned, Parent Toolkit says, and those with higher social-emotional skills have better attention skills and fewer learning problems, and are generally more successful in school and the workplace.
K-5	**Camp Timber** **https://taprootlearning.com/camp-timber/**	Camp Timber K-5 provides schools and districts with a simple yet effective way to deliver classroom social-emotional learning to students. The program uses digital animations, real-life video modeling, songs, ebooks, and offline activities.
K-12	**Overcoming Obstacles** **https://www.overcomingobstacles.org/curriculum**	The free Overcoming Obstacles life skills curriculum is organized into elementary, middle, and high school levels, each beginning with the three fundamental skills on which all other skills can be built: communication, decision making, and goal-setting.
9-12	**School-Connect** **https://www.school-connect.net/**	*School-Connect* provides high school social-emotional learning (SEL) curriculum. The 80-lesson multimedia curriculum is designed to improve high school students'

		social, emotional, and academic skills and strengthen relationships among students and between students and teachers.
9-12	**OneDer** **https://academy.oneder.com/catalog/23**	OneDer Academy's Social-Emotional Learning Curriculum is a series of five hybrid courses designed to help high school students be successful in and out of the classroom.
K-12	**Committee for Children** **https://www.cfchildren.org/**	For 40 years, Committee for Children has been helping children learn, grow, and thrive by teaching them how to understand emotions, build meaningful relationships, and resolve conflicts. Its research-based social-emotional learning program improves the lives of over 14 million students worldwide every year.
K-5	**Navigating SEL from the Inside Out** http://www.selresources.com/sel/a-detailed-guide-to-25-widely-used-sel-programs-in-the-us-navigating-sel-from-the-inside-out/	A detailed guide to 25 widely-used social-emotional learning programs in the U.S.
K-12	**Kickboard** **https://www.kickboardforschools.com/**	Kickboard offers classroom behavior management solutions and training to help schools implement successful social-emotional learning programs.
K-12	**RethinkEd** **https://www.rethinked.com/pages/Sel**	RethinkEd SEL develops social-emotional competencies to create safe and supportive school, family and community environments where children thrive and are both respected and show respect .

Dr. William Dikel: *Beware of Possible Complications; Adopt Guidelines to Clarify the Role of Schools in Addressing Students' Mental Health*

The task force believes that schools should address the mental health needs of their students, but they should be aware of the possible complications involved in offering diagnostic and treatment services.

Dr. William Dikel, in a 2012 paper posted by the National School Boards Association, offers guidance about the role schools should play. School counselors, social workers and psychologists may provide counseling services, but in general, they do not provide mental health diagnostic and treatment services.

Some schools take the approach of having their staff provide diagnostic and treatment services, whereas others are reluctant to address mental health issues at all, using the rationale that schools are educational, not clinical institutions. In Dikel's opinion, both extremes are problematic.

If school staff provide diagnostic and treatment services, they need to recognize that their records containing sensitive student and family information become part of the educational record. Schools cannot get malpractice coverage, and their existing coverage may not be sufficient to protect them from liability. Schools would need to provide evening, weekend and vacation coverage for their therapists.

It is also important to recognize, he writes, that when schools avoid addressing mental health issues, they continue to address them indirectly, through time-consuming visits to the principal's office, educational failure, and one-to-one aides and other educational interventions that would have been more successful had the student been receiving effective mental health services.

Dikel says the best approach is for schools to "stay out of the mental health business" of diagnosing and treating students, but to play a crucial role in a continuum of collaborative services that includes parents, medical and mental health providers, community agencies and county services. Schools can build bridges to community mental health providers while maintaining firewalls to protect them from legal and financial liability.

Mental Health Procedures and Guidelines

According to Dikel, schools can adopt mental health procedures and guidelines that assist them in building bridges to mental health services for students, while protecting themselves from liability risks. These procedures and guidelines should 1) clarify the roles of school personnel; and 2) implement an effective system that integrates the school's work with that of mental health services providers. He suggests taking following steps:

1) Clarify the roles and responsibilities of the school social workers, counselors, psychologists, nurses, teachers and administrators in their work with students who have mental health disorders.

When these roles are not clearly defined, we see overlap of activities in some areas, and major gaps in others. It is important to clarify who performs activities such as:

- Conducting educational evaluations of students who have mental health disorders;

- Providing counseling as a related service;
- Providing skills training, individually and in groups;
- Attending IEP meetings;
- Providing ongoing documentation of special education interventions and their outcomes;
- Monitoring behavioral symptoms of disorders that are being treated (e.g., inattention in a student being treated for ADHD), and documenting their nature, frequency and severity;
- Communicating, with appropriate signed releases, the documentation of behavioral symptoms to the treating clinician;
- Obtaining (with appropriate signed releases) mental health diagnostic and treatment records from the treating clinician;
- Reviewing diagnostic and treatment records, and translating the information they contain into educational terms that result in appropriate accommodations and modifications for the student's disability;
- Assisting teachers in understanding the nature of the student's disorders and helping them in their work with the students;
- Communicating with parents about the student's challenges and successes, and seeking information and suggestions from parents about interventions;
- Assisting in pre-referral mental health interventions that might prevent the need for special education services;
- Screening for mental health and chemical health disorders when appropriate; and,
- Conducting a functional behavioral analysis with a recognition that the student's behavior may be due to intrinsic causes rather than external behavioral influences.

2) Develop effective procedures and guidelines that integrate the efforts of schools with those of outside mental health service providers. These procedures and guidelines should:

- Clarify methodology of crisis intervention (e.g., when a student makes suicidal statements);
- Clarify the protocol for putting mental health related services on IEPs;
- Assure that mental health data generated from within the school or obtained from outside professionals is dealt with appropriately;
- Provide for in-service presentations to educational staff on mental health disorders: their manifestations, appropriate interventions in the classroom, understanding the basics of medication treatment, monitoring for effects and side effects of medication, etc.;
- Provide for collaboration with professionals outside of the school district (county social workers, probation officers, community agencies, medical and mental health clinics, etc.);
- Call for transition planning for re-entry into the school environment from psychiatric hospitals and residential facilities;
- Maximize funding streams for collaborative services, including Medicaid billing for services as appropriate;
- Address effective use of consultation (autism specialists, child psychiatrists, etc.);
- Address supervision of school mental health staff (counselors, psychologists and social workers) to assure accountability in performance of defined roles and responsibilities; and,

- Establish methods of identifying baseline and outcome measures to determine the success of interventions.

Co-Locating Mental Health Services within the School

One way to more effectively address students' mental health needs is to co-locate mental health professionals into the school setting, so that mental health diagnostic and treatment services are provided within the school, but not by the school.

In this service model, Dikel says, the school district provides space within the school for a clinician, preferably from a community mental health clinic, to see students. Information about the students can only be shared if parents sign releases of information. If releases are signed, then clinicians and school staff can share information on a need-to-know basis. The clinician is thereby better informed in the diagnostic and treatment process, and school staff better understand the underlying symptoms that are contributing to or causing school difficulties.

Contractual relationships between the school district and the mental health provider clarify the scope of activities of each party, outline requirements for the clinic (criminal background checks, ID badges, data privacy, compliance with school policies, licensure issues, indemnification requirements, etc.) and assure that the school personnel understand their boundaries, roles and responsibilities in regard to the co-located clinicians.

This co-located services model provides access to mental health services to students who otherwise would not have meaningful access. Many parents cannot leave their workplace on a weekly basis to pick up the child at school, bring him/her to a clinic, and then return him/her to the school after the session. When necessary, the mental health services provider can contact the parent via phone during the session. Also, parents and families can be seen at the community mental health clinic in addition to the appointments at the school.

In this model, the clinic is essentially operating a branch office located within a school. Generally, health insurance covers, or at least partially reimburses, the cost of mental health services. In fact, some HMOs have provided an increased reimbursement rate for school-based services, given the extra time involved in teacher consultation and other ancillary services.

The co-located services model offers an array of benefits. The clinic benefits from reduced fail and cancel rates, and a steady source of clients. County or grant funds may help cover the cost of uninsured clients. Families benefit from increased access to services. The school benefits from the reduction in the student's symptoms that had resulted in academic and/or behavioral difficulties. The clinic is responsible for malpractice coverage, data privacy, backup coverage and psychiatric consultation, thus protecting the school from liability.

Co-located services can be very effective for both general education and special education students, and may even result in preventing the need for special education referrals for some students. The success of this model depends on the clinicians' clinical skills and their ability to work within a school setting, and upon the school staff's adaptation to the onsite services. It is important for the procedures and guidelines outlined above to be successfully addressed, in order for the co-located clinical services to be optimally effective.

Schools can be an effective partner with parents, medical and mental health providers, county programs and community agencies in the process of addressing students' mental health disorders. By taking a middle path that neither ignores mental health issues, nor takes the responsibility to diagnose and treat them, schools can clearly define their roles in the process and ultimately improve educational outcomes and realize cost savings. Most importantly, the process is likely to result in greater success for vulnerable and at-risk students. There is even the possibility of preventing severe violent behavior for those "tip of the iceberg" students who have the most severe and dangerous mental health disorders.

Summary

Mental health disorders are pervasive in the student population. It is essential for school districts to have appropriate procedures and guidelines, Dikel writes, that identify both what they should be doing, as well as clarifying services that need to be provided by other systems. With the right procedures and guidelines in place, schools can effectively address this complex topic, and be a successful collaborative partner in the provision of services to vulnerable students.

Dr. William Dikel's paper can be viewed in its entirety online at
https://tinyurl.com/WilliamDikelPaper

Underlying Educational Developmental Theories that Support Social-Emotional Learning Programs

Recommendation: Adopt the 'Whole Child' Philosophy to Prepare Students for Life

Districts should consider adopting the "whole child" philosophy to prepare their students to be contributing members of the society they will enter as adults. Instead of compartmentalizing academic and social-emotional learning, a whole child approach recognizes the interdependence between social-emotional and academic efforts. The Association of Supervision and Curriculum Development (ASCD) provides a school improvement toolkit that can guide the work as districts transition from a narrow definition of academic achievement to one that considers all aspects of a child's development including academic and social-emotional successes.

The "whole child" approach is an effort to transition from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of all children. The whole child approach incorporates social-emotional learning as a component of all instruction.

Activities in the classrooms of American schools in the 1970s included values clarification, addressing the "affective domain" in instruction, peer student courts, outdoor/environmental education, and physical activity with academics and the arts.

However, the 1980s response to concerns about student learning and, for some, schools helping students clarify their personal values, was to reject or deprioritize those practices. Critics complained that schools were increasingly experiencing "mission creep" which required them to teach many of the skills once taught at home.

Since the late 1990s, studies show there has been an increase in school violence and a gradual increase in the interest of incorporating social-emotional learning into the daily life of school. Many of those who initiated that violence have been described as loners and individuals with emotional and mental health challenges. The task force believes that school boards, educators, families and communities should consider adopting a whole child approach to all aspects of a child's development including education.

The task force also believes that all those who interact with children should be familiar with the developmental needs of the age group(s) with whom they work. This includes teachers, administrators, bus drivers, paraprofessionals, lunch, playground and hall monitors plus the School Resource Officers/Class III Officers who work with kids.

All educators want to improve the work they do for students, their families, and the community. Whether it's instruction, school climate, leadership, family engagement, or any of the other issues schools face on a daily basis, all educators need tools to help them improve their actions and methods. A whole child approach, which ensures that each student is healthy, safe, engaged, supported, and challenged, sets the standard for comprehensive, sustainable school improvement and provides for long-term student success.

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
A collaborative approach to learning and health

ASCD's Whole Child approach is an effort to transition from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of all children. Through this approach, ASCD supports educators, families, community members, and policymakers as they move from a vision about educating the whole child to sustainable, collaborative actions. ASCD is joined in this effort by Whole Child Partner organizations representing the education, arts, health, policy, and community sectors.

Whole Child Tenets

- Each student enters school healthy and learns about and practices a healthy lifestyle.
- Each student learns in an environment that is physically and emotionally safe for students and adults.
- Each student is actively engaged in learning and is connected to the school and broader community.

- Each student has access to personalized learning and is supported by qualified, caring adults.
- Each student is challenged academically and prepared for success in college or further study and for employment and participation in a global environment.

More information about the Whole Child philosophy is available at the following websites:

- https://www.edutopia.org/blog/whole-child-education-social-emotional-learning-maurice-elias
- http://www.progressiveteacher.in/the-whole-child-approach-in-education/
- http://www.wholechildeducation.org/about
- http://www.ascd.org/whole-child.aspx

Consider Implementation of NJ PBSIS

The task force believes that the New Jersey Positive Behavior Support in Schools program (NJ PBSIS) can improve discipline and school climate.

NJ PBSIS is a collaboration between the New Jersey Department of Education Offices of Special Education and The Boggs Center, Rutgers Robert Wood Johnson Medical School. NJ PBSIS is funded by I.D.E.A. Part B funds and is in its 14th year of providing comprehensive professional development support to school personnel across New Jersey. Since 2003, NJ PBSIS has trained 15 cohorts of schools to implement the tiered intervention system known as Positive Behavior Interventions and Supports (PBIS).

PBIS is a decision-making framework grounded in practices demonstrated effective through research. The PBIS decision-making framework focuses on practices that establish a system of prevention to address issues pro-actively. The core components include consistent expectations for student conduct, a process for teaching and reinforcing the conduct expectations, a continuum of responses to bad conduct, and using a data-driven evaluation process to determine planning needs.

When all of these components are consistently in place, data suggest students are less likely to engage in conduct infractions and more likely to display positive behaviors.

More information is available here: http://www.njpbs.org/PBSIS_Initiative/description.html

Understanding Maslow's Hierarchy of School Needs

Recommendation: Districts should consider providing professional development in Maslow's Hierarchy of School Needs to all staff in order for all to understand the basic needs of all students to succeed by any definition.

Recommendation: Districts should consider providing professional development in the developmental needs of each respective age group (i.e., lower elementary, upper elementary,

middle school, high school) to all staff in order for all to understand the basic needs of the students with whom they work.

Maslow's Hierarchy of School Needs

Self-Actualization — Student Is Available to Learn

Esteem — Positive Classroom Culture Present (positive feedback, time for reflection, encouragement to take risks)

Belonging — Forming Relationships (advisory, adult role models, friendship groups, peer relationships)

Safety — Emotional and Physical Safety (clear school/class routines, access to counselors/nurse, ok to take risks)

Physiological — Basic Needs Are Met (eats breakfast, has clean clothing, safe place to go home, able to sleep)

@sguditus / Steve Guditus

The Developmental Needs of Students

The task force believes that *all those who interact with children* should be familiar with the developmental needs of the age group(s) with whom they work.

Those who interact directly with students and those who supervise or coach adults who work directly with children in grades P-12 should have a general understanding of the respective needs of the age groups with whom they work as well as Maslow's overarching needs of students to be successful in school. Additionally, a child (or adult) must feel safe, have a sense of belonging, and self-esteem to truly meet their potential. Being aware of these needs and, more importantly, developing relationships with students so they will welcome the assistance of the adults in having these needs met is an important responsibility

Maslow's Hierarchy of School Needs provides guidance to understanding the basic human needs before a child is able and available to learn. The media has published stories about educators who literally wash the clothing of students and provide a place in school for them to shower so they are not embarrassed to go to class. It is imperative that those who work with students are aware of the needs that are basic to learning, including physiological health, safety, a sense of belonging, and esteem, plus having the resources to address them.

The same belief system applies to the unique developmental needs of age groups. The Association for Middle Level Education (AMLE), formerly the National Middle School Association (NMSA), has identified the seven essential development needs of adolescents.

More information is available on the next page:

- https://www.deyproject.org/denishas-blog/applying-maslow-to-schools-a-new-approach-to-school-equity
- http://www.changekidslives.org/actions-4
- https://exploringyourmind.com/five-levels-maslows-hierarchy-of-needs/
- https://www.amle.org/BrowsebyTopic/WhatsNew/WNDet/TabId/270/ArtMID/888/ArticleID/455/Developmental-Characteristics-of-Young-Adolescents.aspx
- http://www.ncmle.org/research%20summaries/ressum5.html
- https://www.understood.org/en/learning-attention-issues/signs-symptoms/age-by-age-learning-skills/social-and-emotional-skills-what-to-expect-at-different-ages

Understanding Emotional Intelligence Can Increase Student Success

The ability to express and control our emotions is essential, but so is our ability to understand, interpret, and respond to the emotions of others, according to a June 17, 2019 posting by verywellmind.com, an online resource written by healthcare professionals. The posting says:

"Imagine a world in which you could not understand when a friend was feeling sad or when a co-worker was angry. Psychologists refer to this ability as emotional intelligence, and some experts even suggest that it can be more important than IQ in your overall success in life. Emotional intelligence (EI) refers to the ability to perceive, control, and evaluate emotions. Some researchers suggest that emotional intelligence can be learned and strengthened, while others claim it's an inborn characteristic."

Since 1990, Peter Salovey and John D. Mayer have been the leading researchers in the field. In their influential article "Emotional Intelligence," they defined it as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions."

Emotional intelligence as a term didn't come into our vernacular until around 1990. Despite being a relatively young term, interest in the concept has grown tremendously over the last 20 years, according to the verywellmind.com article.

"Salovey and Mayer proposed a model that identified four different levels of emotional intelligence, including emotional perception, the ability to reason using emotions, the ability to understand emotion, and the ability to manage emotions," the article continued. The article outlined the following model:

1. **Perceiving emotions:** The first step in understanding emotions is to perceive them accurately. In many cases, this might involve understanding nonverbal signals such as body language and facial expressions.
2. **Reasoning with emotions:** The next step involves using emotions to promote thinking and cognitive activity. Emotions help prioritize what we pay attention and react to; we respond emotionally to things that garner our attention.
3. **Understanding emotions:** The emotions that we perceive can carry a wide variety of meanings. If someone is expressing angry emotions, the observer must interpret the cause of the person's anger and what it could mean. For example, if your boss is acting angry, it

might mean that he is dissatisfied with your work, or it could be because he got a speeding ticket on his way to work that morning or that he's been fighting with his wife.

4. **Managing emotions:** The ability to manage emotions effectively is a crucial part of emotional intelligence and the highest level. Regulating emotions, responding appropriately, and responding to the emotions of others are all important aspects of emotional management.

According to Salovey and Mayer, the four branches of their model are "arranged from more basic psychological processes to higher, more psychologically integrated processes. For example, the lowest level branch concerns the (relatively) simple abilities of perceiving and expressing emotion. In contrast, the highest level branch concerns the conscious, reflective regulation of emotion."

A video explaining emotional intelligence can be accessed here: https://tinyurl.com/y2z7seos

Consider the True Colors System of Improving Teaching and Connecting with Students

The True Colors system can help teachers address social-emotional learning, climate, and interpersonal relationships among and between adults and students. It is a key component to establishing appropriate and positive relationships, especially for educators when they do not have healthy interactions with others – students or adults. The positive impact of True Colors in a classroom, a school, for adults and for students is significant. True Colors provides a process, a structure, and activities that enhance positive communications and relationships.

True Colors is a global consulting and training company with a proven model for maximizing organizational performance. For more than 40 years, True Colors has helped millions of people find personal success and improve their inter-personal relationships.

The True Colors system is built upon a teaching model of personality identification that recognizes and celebrates people's true character, and translates complex temperament theory into practical information and actionable programs. The program uses colors — orange, gold, green and blue — to differentiate the four central primary personality types. These colors lay the foundation of True Colors' fun and insightful personality-identification system.

For more information, go here: https://truecolorsintl.com/personality-assessment/

The Seven Developmental Needs of Adolescents

Districts should consider providing professional development that furthers the understanding of the developmental needs of the age groups with which they work. The Association for Middle Level Education (formerly known as the National Middle School Association) has published research briefs that describe the seven developmental needs of adolescents. Also provided are links to descriptions of the developmental needs of each age group.

1. *The Need for Physical Activity.* Early adolescents need many opportunities to exercise their growing bodies and explore their emerging large and small muscle capacities. They need

ample quantities of nutritious food to support their physical growth and increased activity levels. They need opportunities to learn new physical skills and how to keep their bodies safe and healthy as they grow. They need opportunities to challenge their growing physical capacities and test their limits with support and help from caring adults in a safe, secure environment. They also need opportunities to pace themselves by balancing periods of physical activity with needed rest and relaxation.

2. *The Need for Competence and Achievement.* It is common for young adolescents to feel self-conscious and unsure of their abilities during this period of rapid growth. As they encounter more and more opportunities to connect with the real world, they need matching opportunities to demonstrate to themselves and to others that they can do things well. They need opportunities to learn and develop new skills and understandings related to all areas of life. Positive acknowledgment encourages them to build on their accomplishments. Related to the need for competence and achievement is the need to set realistic goals, which are likely to lead to success, while also learning to deal with setbacks and disappointments effectively when they do occur.

3. *The Need for Self Definition.* Rapidly growing youth need opportunities to explore who they are and what they are becoming. They need opportunities to reflect on their gender, race, culture, religion, and ethnicity. They need to reflect on their place in their family, community, and country. They need to participate in experiences that help them discover their interests, talents, and abilities and shape their attitudes, beliefs, values, and character. They need to make choices and decisions about what is most important to them and how they want to spend their time and energy. They need to participate in experiences and activities that allow them to dream about the future and create personal goals that will help them fulfill their dreams.

4. *The Need for Creative Expression.* As their physical and mental capacities grow and develop, youth need lots of opportunities for creative expression. They need to participate in verbal and nonverbal experiences that allow them to explore, shape, and express emerging thoughts, feelings, interests, talents, abilities, values, attitudes, and beliefs about themselves and the world around them.

5. *The Need for Positive Social Interaction.* Though the family remains of primary importance to early adolescents, they need increasing opportunities to experience positive social relationships that allow them to explore emerging ideas, views, values, and feelings with peers and adult friends.

6. *The Need for Structure and Clear Limits.* As early adolescents grow in their need for both independence and freedom, they also need the security of structure and clear limits to help them cope with new areas of exploration and learning, increasing individual responsibilities, and increasing opportunities for social interaction.

7. *The Need for Meaningful Participation.* Research from the Center for Early Adolescence stresses that adolescents "need to participate in activities that shape their lives." That is, they need opportunities to identify, develop, and use individual talents, skills, and interests in the context of the real world. They need to participate in activities and experiences that allow

them to reflect on and shape their personal values, beliefs, and goals. They need opportunities to make positive connections between their personal priorities and the needs and interests of others in order to become contributing members of the local and global community. More information is available here:

https://www.cdc.gov/ncbddd/childdevelopment/facts.html

Preventions

Initiatives such as SEL4USA and SEL4NJ create a balance in addressing the academic and emotional needs of all students.

Since schools are reflective of the communities they serve, school districts and municipal governments should collaborate on initiatives that address the social and emotional needs of students. Recreation coaches and activity advisors should be provided with professional development on the warning signs of kids in stress as well as how to create SEL friendly climates in their respective activities.

Research reports that children with a strong foundation in SEL are not only emotionally healthy, but they are learning and achieving. In our society where impersonal, technology-based communications are increasing, where individuals, especially adolescents, feel isolated, where the schools have been overly focused on academics and not on the social-emotional well-being of students and staff, it is imperative that districts develop strategic plans to address SEL, school climate, and the emotional/mental health of students, their families and staff.

Educators and education organizations should be able to agree on what SEL looks like in a classroom, a school, a school district, or a community.

Districts should consider adopting research-based student management practices that focus on preventions, interventions, consequences and building self-esteem.

Team-building strategies should be embedded in classroom instruction via cooperative learning structures. Activities that support team-building activities should also be implemented regularly. Morning meetings or team meetings are marvelous opportunities to create classroom communities and relationships among and between the students and adults in the classroom.

Peer mediation and conflict resolution skills should be taught, and schools should incorporate those programs as part of the way they do business.

There is no comprehensive list of rules for a school. In lieu of rules, educators should collaboratively develop "codes of conduct" with three to five general statements that guide students to make appropriate behavior choices. Codes that address concepts like respect or consideration of others teach kids how to treat each other while empowering them to do so.

It is imperative that adults deliberately behave and communicate in ways that build the self-esteem of all children. Research reports that the building blocks of self-esteem are Capable, Connected and Contributing. To feel good about oneself, one must feel they are capable of succeeding, connected to two to three non-parent adults (grandparents, uncles, aunts, teachers,

coaches, youth group leaders), whom they feel they can confide in, and that what they do contributes to their class, family, or team. A proactive measure to support the emotional health of all children could be an informational campaign conducted jointly by the school district, governing body, the police and those the community determines appropriate to learn how adults can contribute to detract from nurturing the esteem of its youth.

We must also ensure that when a student makes a behavior mistake, they are treated with respect and that it isn't the end of their relationships. We should never give punishments, since they have a negative undertone. We should assign consequences that are respectful, related to the infraction, and reliably enforced.

We should also incorporate peer leadership and mentoring across the grades. Older elementary students can help their younger peers, or high school juniors/seniors can lead peer transition programs for freshman or teach middle schoolers about the value of school and the dangers of substances.

In conjunction with the faith community, parent organizations and social services as well as the local governing body, districts should consider administering the Search Institute's Developmental Assets Profile or a similar needs assessment.

The Developmental Assets Profile helps the community, including the school district:

- Discover the strengths and supports that young people have.
- Listen to the perspectives of young people themselves.
- See the profile provide information about young people's own strengths as well as the supports they have (or don't have) in their families, schools, organizations, and community.
- Gain a road map to guide proactive and focused planning to increase positive outcomes.

The DAP can help the community/district understand the following about their kids:

- Do they feel surrounded by people who love, care for, appreciate and accept them?
- Do they feel valued, valuable and safe?
- Do they feel they have been provided with clear rules, consistent consequences for breaking rules, and encouragement to always do their best?
- Do they have opportunities outside of school to learn and develop new skills and interests with other youth and adults?
- Do they understand the lasting importance of learning and believe in their own abilities?
- Are they developing strong guiding values that will help them make healthy life choices, including responsibility, empathy and self-control?
- Do they have the skills to interact with others, to make difficult decisions, and to cope with new situations?
- Do they believe in their own self-worth and feel that they have control over the things that happen to them?

Search Institute's 40 Developmental Assets

(https://www.search-institute.org/our-research/development-assets/)

New Jersey Sustainability for Schools Programs

- Districts and their individual schools should consider joining this alliance. Included in programs that address sustainability are those directed specifically at supporting mental health.

Health Education

Health curricula and instructional practices should not only be guided by the standards, but should reflect the needs of the student body. Programs like Peer Mediation/Conflict Resolution are often incorporated in health classes.

NJSBA Health & Wellness Task Force Report / Health and Wellness Programs for Students, Families, and Staff

- The report of the NJSBA Health & Wellness Task Force (www.njsba.org/health-and-wellness) includes numerous suggestions for boards of education to consider that support the emotional, mental and physical health of students, their families and staffs.

NJSBA Student Achievement Task Force Report (Community Schools)

- The report of the NJSBA Student Achievement Task Force (www.njsba.org/student-achievement2017) includes numerous suggestions for boards of education to consider that support the emotional, mental and physical health of students, their families and staffs including Community Schools that provide medical services within the building.

Time-outs, Mindfulness, ISS and OSS

The structure and use of both in school (ISS) and out of school (OSS) suspensions should be revisited. Districts should identify their alternatives to suspensions that will provide a consequence while teaching appropriate behaviors. They should consider practices that empower students to make better behavior choices through structures like time-outs and practices like mindfulness.

School-Based Counseling

Providing opportunities for families to benefit from counseling is another service that districts should consider. District partnerships with local hospitals or other agencies can accomplish that. For advice on how to structure partnerships with local agencies and clinicians, consider the advice offered by Dr. William Dikel on page 58 of this report.

Climate Survey

Annual climate surveys of the staff, students and a random sampling of parents provides an insight into the successes and challenges of a school organization. This data should be used as one of the factors to develop strategic plans to improve climate.

Advisor/Advisee

Advisor/Advisee is a program in grades preK-12 and beyond that provides each student with an advocate/advisor in addition to guidance counselors in a school. Every certified and non-certified staff member is eligible to be an advisor for a group of students and meet with them approximately weekly.

Advisor/Advisee characteristics that foster connectedness include the following:

- Strong advisory programs address issues of community.

- Strong advisories promote open communication.

- Strong advisors know and care about their advisees.

- Strong advisors closely supervise their advisees' academic progress.

- Strong advisors are problem-solvers and advice-givers.

- Students and advisors perceive that advisory directly improves academic performance.
- Students and advisors perceive that advisory functions as a community of learners.

http://www.amle.org/BrowsebyTopic/WhatsNew/WNDet/TabId/270/ArtMID/888/ArticleID/279/Culture-of-Connectedness-through-Advisory.aspx

Professional Development Needs, SEL, Assets – these programs should be among the foci of a district's professional development plan.

Assess SEL

Districts should consider assessing the state of SEL among their students and staff in order to continue to develop, review and revise programs that address this need.

Professional Learning Communities

While Professional Learning Communities (PLCs) have become widely adopted in school improvement efforts, a review of the 12 traits of PLCs demonstrates their role in improving climate and facilitating healthy professional relationships. Several of the 12 traits result in an allegiance to the school organization – a good emotional feeling about the school. The emotional/mental health benefits of PLCs are clear:

- Honest, open communication in a trusting climate that facilitates risk-taking and "out of the box" thinking

- Involvement in decision-making

- Distributed leadership and initiative

- Protecting that which is important – the things shareholders value

- Respect and confidence

- Appreciation and humor

- Celebrating, caring, humor, traditions, ritual and ceremonies

- High expectations and accountability for adults

- Systematic examination of data

- Non-defensive self-examination of teaching practices

- Reaching out to the knowledge base

- Experimentation, analysis, lesson study, and self-critique in groups – sharing, listening and encouraging

NEW JERSEY EXPERTS

The task force recommends that school boards receive expert guidance from practitioners of social-emotional learning. The people and organizations listed below have interacted with our task force and are held in high regard by their peers.

Maurice Elias
Director, Rutgers Social-Emotional Learning Lab and the Academy for Social-Emotional Learning in Schools
Professor, Rutgers University Department of Psychology
Email address: melias@psych.rutgers.edu

The unifying themes in Dr. Maurice Elias's nationally recognized action-research, clinical work, and policy/advocacy are the development of positive, constructive life paths for children and youth and the organization of opportunities to allow this to happen in equitable ways. This has brought him into areas such as social-emotional learning (SEL), its more recent variation, social-emotional and character development (SECD), emotional intelligence, social competence promotion, character education, primary prevention, school-based, evidence-based intervention, and socialization of identity. It has also brought his work increasingly into the areas of implementation and sustainability of interventions, and innovative issues such as the link of SECD and academics, and the distinguishing features of sustainable, versus well-implemented, empirically supported innovations.

Dr. Elias has worked to establish the field of prevention, school-based preventive intervention, and social competence promotion as a credible, important, and rigorous area of research, practice, and public policy. To accomplish the latter, collaborative models are necessary, as are programs of longitudinal, synergistic action-research with an explicit eye to practice and policy. Thus, his work is organized within the Rutgers Social-Emotional and Character Development Lab (www.secdlab.org and www.edutopia.org/profile/maurice-j-elias) and the Academy for SEL in Schools, offering certificate programs for teachers, school mental health professionals and educational leaders (SELinSchools.org). The Lab is dedicated to conducting action-research in public, private, and religious school settings to build children's

skills for facing the tests of life, and not a life of tests. It focuses on understanding the relationship of academic achievement, social-emotional competencies, and the development of character and a core set of life principles, and the development of school-based interventions to strengthen social-emotional skills, character, and one's Laws of Life, while preventing bullying, violence and victimization, substance abuse, and related problem behaviors.

Alisha De Lorenzo MS, NCC, LPC, SAC
Founder and Owner of Living YES, LLC
Email address: alishadelorenzo@icloud.com

Created from her passions for education, equity, mental health and yoga, Alisha has created an integrated approach for systemically implementing social-emotional learning (SEL), and mind-body wellness practices into education to create educational equity and address the emotional literacy of all members of the school community. Alisha received her Baccalaureate degree in Movement Sciences and Education. She worked in public education as a teacher, Student Assistance Counselor, and Social-Emotional Learning Coordinator for over 15 years. As the former SEL coordinator at the Asbury Park school district, Alisha designed and implemented an "Integrative Education" model district-wide. She received her Master's degree in Psychological Counseling from Monmouth University and has been trained in an integrative mental health model using conventional and complementary approaches to help clients access physical, emotional and spiritual freedom. She has a private practice in Red Bank where she sees adolescents, adults, and couples for therapy. In addition, she has been trained in the Baptiste methodology and is certified in kids' yoga through the Baptiste Institute.

Alisha is an experienced presenter and keynote speaker who has provided quality professional development on social-emotional learning, mindfulness, trauma, equity and mental health at the local, state and international levels. She has provided training for the six major educational associations and the United States Army and has worked with many school districts throughout New Jersey. Living YES, LLC is a trusted partner for K-12 and higher education students, educators and administrators working to create safe, healthy and equitable learning environments. Alisha provides expert consultation and facilitates experiential workshops and retreats to promote inclusion, well-being and connection. School programs are customized to meet the needs of specific communities. Alisha can provide support to schools in consulting, keynote presentations, customized workshops, and retreats.

Sonia Rodrigues-Marto
Co-owner of the Center for Intrapersonal Wellness, LLC and Program Director of School and Community-Based Programs at Rutgers Health - University Behavioral Health Care
Email address: rodrigs2@ubhc.rutgers.edu

A bilingual clinician with expertise in Latinx issues, Rodrigues-Marto designs programs to address student behavioral and emotional challenges including family violence, trauma, deportation concerns, life in homeless shelters, and many other issues. Sonia Rodrigues-Marto is a Licensed Professional Counselor (LPC), a National Certified Counselor (NCC) and an Approved Clinical Supervisor (ACS). She is co-owner of the Center for Intrapersonal Wellness, LLC and the Program Director of School and Community Based Programs at Rutgers Health - University Behavioral Health Care. She provides professional development and intensive mental health services to at-risk youth in public, private and out-of-district school settings.

She has also previously taught courses in psychology and in school counseling at Monmouth University and Middlesex County College. Sonia received her Bachelor's degree in Psychology from The College of New Jersey, a Masters and Post-Master's degree in Psychological Counseling from Monmouth University, a Master's degree in Forensic Psychology from John Jay College of Criminal Justice and is currently working on her Ph.D. in clinical psychology with a concentration in Forensic Psychology from Fielding Graduate University. She has presented at a variety of workshops for parents and for teens on topics related to stress and anxiety, suicide assessment and non-suicidal self-injury. She also made a presentation on sexual violence and the media at the Annual Conference for the New Jersey Counseling Association. Her clinical and research interests are within the areas of acculturation among Latino populations, multicultural factors in counseling, suicide and at-risk assessments, sexual abuse, trauma and factors related to resiliency.

George Scott
Statewide Coordinator for the Traumatic Loss Coalition;
Licensed Marriage and Family Therapist
Email address: george.centerforcounseling@verizon.net

George Scott is known throughout New Jersey as an energetic and engaging speaker. He is certified in post-traumatic stress management and is a statewide coordinator for the Traumatic Loss Coalition, New Jersey's primary youth suicide prevention program. In addition, he was previously a training and consultation specialist for the New Jersey Youth Suicide Prevention Project (managed by Rutgers University Behavior Health Care), and a former adjunct faculty member at The College of New Jersey.

Suicide knows no social, racial or economic barriers, he says, pointing out that the number of children and teens in the U.S. who visited emergency rooms for suicidal thoughts and suicide attempts doubled to more than 1.12 million cases between 2007 and 2015. A follow-up survey in August 2018 reported that, in the U.S., one child under the age of 13 dies by suicide every five

days and this has doubled for boys and tripled for girls. Suicide remains the second leading cause of death for youth aged 10-24 in New Jersey. More teenagers and young adults die every year from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, combined.

Why do some children consider dying as the only way to stop their pain? "Suicide is a topic which can be filled with shame and embarrassment and because it is, we don't talk about it," Scott has told groups of educators, students and parents. "Failing to talk about suicide makes matters worse," he said. "We need to talk about it." During a presentation, in open, direct conversation, Scott will examine the causes that can sabotage adolescent success. He will show what families can do to help recognize risk factors and warning signs of suicidal behavior; discuss practical options to help mitigate the increased problems that we are seeing today, and address the stigma of suicide and discuss how a community can offer support and help to families that have suffered tragic loss.

SEL4NJ
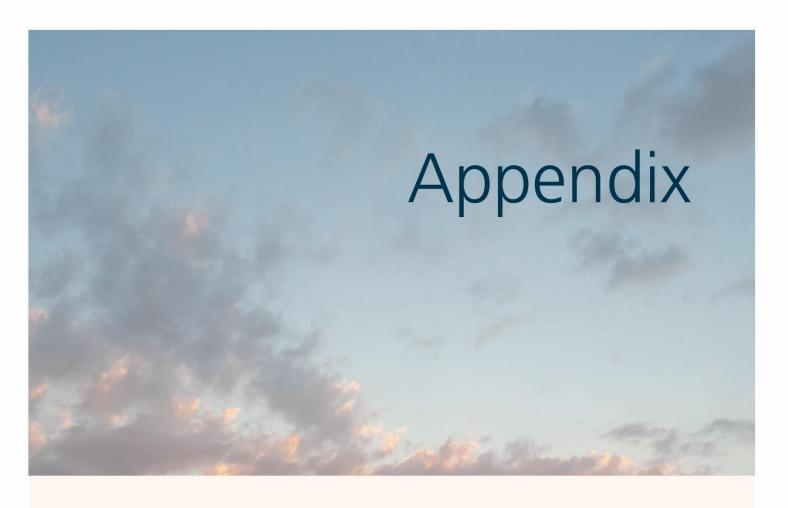
Social-Emotional Learning Alliance for New Jersey
https://sel4nj.org/about/what-is-sel-2/
Email address: info@sel4nj.org

The mission of SEL4NJ is to continuously build a network of organizations and individuals in New Jersey that are committed to the importance of developing students' social and emotional competencies, and through this collaboration, promote a systematic and intentional integration of SEL, as broadly defined, in schools and other organizations, including before and after school programming. The vision of SEL4NJ is that all students in New Jersey have access to schools providing a culture and climate that is respectful, caring, challenging, engaging, inspiring, safe and healthy. These schools are civic-minded and culturally responsive, promoting educational equity and helping students and adults build social-emotional competencies while developing positive relationships connecting them to the school, their community, and each other.

To successfully accomplish the goal of promoting SEL for all students, collaboration is required within schools, across schools, and among child-serving organizations and agencies. A partnership between schools, health and mental health organizations, professional associations, higher education, corporate/business organizations, and local community is necessary. SEL4NJ provides a framework for this partnership by bringing together these institutions and organizations to form one strong voice advocating for SEL.

While there are many definitions, SEL4NJ defines "SEL" as an umbrella term that includes social and emotional development, character education, positive youth development, whole child/whole school approaches, caring schools and communities, and efforts to create positive school climate and culture. SEL also includes efforts to promote mental and physical health and to prevent substance use and bullying. Promoting SEL includes building an essential set of life skills that includes self-awareness, self-regulation, social awareness, problem-solving/responsible decision-making and relationship skills. These skills are necessary to ensure

all students receive an appropriately challenging academic foundation in reading, writing, math, the visual and performing arts, and other subject areas. Schools that embrace an institutional commitment to educational equity develop these values in all students including vulnerable populations.

Appendix

Appendix I:

A sample social-emotional learning strategic plan from Watchung Hills Regional High School

Appendix II:

The 2017 New Jersey Youth Suicide Report.

Appendix III:

New law, c. 222, requires health curriculum to include instruction on mental health.

Appendix IV:

Joint Resolution 17, declaring September "Suicide Prevention Month" in New Jersey.

Sample Social-Emotional Learning Strategic Plan

Watchung Regional High School shared its social-emotional learning strategic action plan with the task force. Part 1A details plans to increase awareness of the importance of social-emotional wellness for student growth and development. Part 1B shows how students can access wellness information through curriculum, presentations, programs, technology, counseling and health services. Part 1C explains how, two to four times per year, the Wellness Committee facilitates programs aimed to reduce stress, increase school spirit and provide community service.

STRATEGIC PLAN 2015-2020

Goal 1: Create and expand programs and services that enhance the social and emotional wellness of all students within a compassionate learning community.

Performance Indicator 1A : WHRHS community will increase their awareness of the importance of social emotional wellness for student growth and development through a comprehensive wellness initiative.

ACTION PLAN

Action Step	Person(s) Responsible	Suggested Timeline for Completion	Communication Needed	Result	Status
SEL Action Team forms Wellness Committee (at a minimum the committee should include a student, teacher, SAC, ESL teacher, school nurse, CST member, coach, parent, and health teacher)	SEL Action Team Wellness Committee	September 30, 2016	Communicate the formation of the committee to the community and school. Description of the function of the committee, including time requirements.	Formation of Wellness Committee Meeting minutes	**February 2019:** Wellness Comm. was formed in Sept. 2016 – eight sub-committees were formed. Sept. 2017 – Monthly Wellness Comm. meetings scheduled for 2017-18 (last Wed. of month, lunch period). Sub-committee updates provided at meetings: – Website – Database Coord. – Professional Develop. – Suggestion Boxes – Wellness/Spirit Activ. – Lunch Groups – Classroom Curric. – Wellness Day Dec. 2017 - Teen Action Group (TAG) sub-committee formed; Monthly wellness themes for 2018 have been established. 2018/2019: Wellness Committee meets regularly as does the Teen Action Group. New activities this year include a greater focus on employee wellness through a grant.
Wellness Committee creates name and develops website– suggest The Healthy Edge with PSA's, videos, and vloggers	Wellness Committee	December 31, 2016	Sharing with the school and larger community that the web page is available	Production of public service announcements Website/page on SchoolWires	**February 2019:** The Healthy Edge website has been an active link on the WHRHS website since Nov. 2016. *The Healthy Edge* is now located in the QUICK LINKS section on the WHRHS website. Content will continue to be developed and updated. Publicity of website will continue. Website has been updated to include contact information for new SAC
Wellness Committee researches and develops resources regarding speakers, agencies (such as NAMI), and tools (such as apps)	Wellness Committee	December 31, 2016	Assuring the gathered information is shared with the targeted audience.	Technology	**Database Coordinator: February 2019:** Continuing to collect resources and information on wellness resources; Wellness Comm. has provided resources for: -Prof. Develop. - Oct. 2017 presentations on mindfulness; -Faculty Health Fair - Dec. 2018 -Health classes - gr. 9-12 -Parent/community education Faculty Health Fair 1/11/19 - Parent programs being presented in April of 2019
The School Improvement Panel, and the Wellness Committee develop Professional Development for Faculty and Staff (to begin September 2017)	ScIP Wellness Committee	June 30, 2017	Communication between the ScIP and Wellness Committee Communication to school and community regarding PD opportunities	Development of PD Plan for 17/18 that includes PD for social and emotional education and support	**Professional Development Sub-committee: February 2019:** Continuing to research and plan PD opportunities regarding wellness. Plan for 2017-18 includes: - 9/5/17 "Opening Day" – keynote speaker from CASEL, Linda Lantieri, on mindfulness; - 9/6/17 "Student Wellness" - Care Plus - 10/10/17 "Oct. PD Day" - 2 speakers on mindfulness - 10/24/17 "Day in the Life" – 2 teachers followed a student's schedule all day - 12/11/17 "Health & Wellness Fair for Staff" - 1/9/18 " Day in the Life" – 2 teachers followed a student's schedule all day - 2018/2019: Shared PD Day with sending districts included many wellness topics and were well subscribed to by faculty

Action Step	Person(s) Responsible	Suggested Timeline for Completion	Communication Needed	Result	Status
Provide a suggestion box (real or virtual) to obtain feedback and ideas from the school community for wellness-related activities	Wellness Committee	September 2016	Communicate the suggestions and the planning to the school and larger community	Availability of the suggestion box Review of the suggestions by the Wellness Committee monthly, or more frequently if there are urgent issues	**Suggestion Box Sub-committee:** **February 2019:** "The Healthy Edge" suggestion boxes were installed in Library (students) and room 107 (faculty) in Nov. 2016. Suggestions continue to be reviewed regularly, and staff have been reminded at faculty meeting and in weekly email.
The Wellness Committee investigates incorporating wellness and school spirit activities through hallway and/or door decoration of social and emotional wellness topics	Wellness Committee ASC Advisor Supervisor of Co-curriculars	Begin planning in October of 2016	Communicate the activities to the school Creation of events and guidelines	School spirit events planned and carried out	**Wellness/Spirit Sub-committee: February 2019: 2018/2019:** ASC created the Shout Out Bulletin Board for student and faculty wellness TAG is teaching 9th grade health students on Wellness Topics 2017/2018: ASC/GLC has selected NAMI (National Alliance on Mental Illness) to sponsor this year. Fundraising and educational/social activities will focus on mental health. Activities include 18/19 Social - ASC Pep rally, ASC Homecoming, Junior LC Halloween Volleyball Tourn., ASC Ghost Grams; Hypnotist; coffeehouse cabaret, talent show 17/18: Community service - INTERACT Club visit to Sunrise Assisted Living Fitness - after-school yoga for students and staff; planning "Color Run" for spring
Wellness Fair for the Faculty	Wellness Committee Human Resources Health Office Administration	Fall of 2017	Communicate the opportunity to the faculty Registration	Wellness Fair Event Occurs in the Fall of 2017	**February 2019:** Health & Wellness Fair for faculty was held 12/11/17 and 1/11/19, as part of WHRHS Wellness Day. Faculty and community input was considered in scheduling. Vendors were available to staff in faculty cafeteria during the day - info. available from nutritionist, mental health professional, Rescue Squad, Aetna, dental and pharmacy providers, Optical Academy, Costco. Handouts, healthy snacks, and free raffle prizes provided. Health Fair was publicized to staff and community.

Quantitative/Qualitative Data to be Collected to Assess Impact on Student Wellness:
- Increase in the number of school spirit events
- Increase in the number of students and faculty participating in school events
- Full "staffing" of the Wellness Committee
- Data collected through the suggestion box

Goal 1: Create and expand programs and services that enhance the social and emotional wellness of all students within a compassionate learning community.

Performance Indicator 1B: Students will be able to access wellness information through curriculum, presentations, programs, technology, and counseling/health services

ACTION PLAN

Action Step	Person(s) Responsible	Suggested Timeline for Completion	Communication Needed	Result	Status
Administration and the Wellness Committee arranges annual presentations for parents, faculty, and students during the course of a school year beginning September of 2017*	Wellness Committee Principal Director of Guidance Director of C&I	June 30, 2017	Communication to the larger community Registration for events	A school wide presentation, at least once a year	**Database Coord.: February 2019:** Continuing to gather and preview potential resources for presentations. Collaborating with community resources (Municipal Alliance, Youth Service Commissions, PTO, Communities in Crisis, YWCA). Current presentations for 2017-18 include – - 10/11/17 - "Mindfulness" for 9th graders - 10/2017 - "Consent 101" for 9th graders - 12/11/17 - Wellness Day, including Challenge Day, Wellness in the Curriculum, and Health Fair for faculty - 1/10/18 - "Rebound - The Chris Herren Story" - substance abuse prevention speaker for students, parents

Action Step	Person(s) Responsible	Suggested Timeline for Completion	Communication Needed	Result	Status
					- 3/6/18 – Let's Talk: Drugs and Alcohol – panel presentation on substance abuse for students, parents - 3/14/18 – "If They Had Known" – opioid abuse video and community discussion, sponsored by the Municipal Alliance - 4/12/18 – Let's Talk: Mental Health – panel presentation on mental health issues, sponsored by PTO - 6/2018 – Wellness Day school-wide – April 2019– Angst Movie Presentation to community and health class presentations - April 2019 – Substance Abuse Awareness presentation to parents and community
Wellness Committee to investigate Lunch group facilitators meeting with students during the common lunch (guidance, SACs, CST, admin)	Wellness Committee VPs (to coordinate coverage)	Plans completed by June 30, 2017 for a September 2017 implementation	Communication to parents and students regarding the purpose and how to sign up to participate.	Lunch groups meet	**Lunch Groups Sub-committee:** **February 2019:** Lunch time "Drop-In Center" has been open daily all year, staffed by Care Plus. Library conf. room will be used for small group discussions, stress-relief activities during lunch. Lunchtime activities will be publicized through website, posters, announcements.
Academic Council and Director of &I to examine curriculum for the inclusion of wellness topics.	Academic Council Director of C&I Wellness Committee	June 30, 2017	Communication with departments and faculty Sharing curricular ideas Reporting back on outcomes	The curriculum includes wellness topics	**Classroom Curriculum Sub-committee:** **February 2019:** Held "Wellness in the Curriculum Day", as part of 12/11/17 Wellness Day. All classes presented lessons that include an aspect of wellness in their subject matter. Comm. provided lesson plan template to supervisors, and created Google Classroom for staff support and questions. Feedback was gathered from faculty and students. 18/19 School Year: The Wellness Committee and Academic Council recommended changing from structured Wellness Days in the curriculum to teacher selected topics and times for including wellness in lesson plans.
Academic Council, Director of C&I, and Director of HR&PD to work with teachers on instructional strategies for including wellness opportunities and activities in the classroom.	Academic Council Director of C&I Director of HR & PD Wellness Committee	June 30, 2017	Sharing instructional strategies with teachers and departments Reporting back on outcomes in the classroom	PD Opportunities are provided to faculty and staff	**Classroom Curric. Sub-committee:** **February 2019:** Coordinated "Wellness in the Curriculum Day" with Admin. and Supervisors; lesson plan template was provided to supervisors, who created sample lesson plan for their department members to assist with instructional strategies and ideas for including wellness In all subjects. For 18/19 Wellness Committee representatives from each department have turn-keyed wellness lesson plan ideas at Wellness Committee meetings to share ideas with other departments.
At least once a year, teachers include a wellness topic in lesson plans	Director of C&I Department Supervisors Principal Faculty	2017/2018 school year implementation	Sharing information between departments Sharing information on outcomes of lessons with students	Lesson Plans addressing wellness	**Classroom Curric. Sub-committee:** **February 2019:** Held "Wellness in the Curriculum Day" on 12/11/17, incorporating wellness in all lesson plans. Feedback was gathered from staff and students. Future wellness days may involve a partial day instead of a full day. 2018/2019: Teachers have been self selecting days and lessons to infuse wellness topics. Plans have been shared at the Wellness Committee meetings and Department Meetings

Quantitative/Qualitative Data to be Collected to Assess Impact on Student Wellness:
- Annual student/staff/parent surveys
- The number of faculty volunteers and student attendees for the lunch groups
- The number of parents attending wellness presentations
- The number of teachers attending PD on including wellness in lessons
- The number of lesson plans including wellness topics

Goal 1: Create and expand programs and services that enhance the social and emotional wellness of all students within a compassionate learning community.		
Performance Indicator 1C: Two to four times per year, the Wellness Committee will facilitate a district-wide Healthy Edge Program focused on stress reduction, school spirit, and service.		

ACTION PLAN					
Action Step	**Person(s) Responsible**	**Suggested Timeline for Completion**	**Communication Needed**	**Result**	**Status**
The Wellness Committee plans two to four days (one each marking period or semester) centered on social and emotional wellness	The Wellness Committee Principal Director of C&I	Planning September through June of 2016-2017 for implementation in the 2017-2018 school year.	Sharing the vision and purpose with the school community Sharing the guidelines for the events	Two to four wellness days are held Surveys following each of the four wellness days for all stakeholders	**Wellness Day Sub-committee: February 2019:** "Wellness in the Curriculum Day" was held on 12/11/17, and a school-wide "Wellness Day" was held on 6/8/18. 2018/2019: Faculty Wellness Day 1/11/19 Infused wellness topics in curriculum throughout the year Possible school wide wellness day in June
Communication plan to share information with the school community	Wellness Committee Principal	January 2017		Communication activities to the community Communication plan	**Wellness Day Sub-committee: February 2019:** Admin., supervisors and faculty are being updated as plans are made; parent and community groups are aware and supportive; Wellness activities are publicized through flyers, emails, social media, newsletter, and announcements.

Quantitative/Qualitative Data to be Collected to Assess Impact on Student Wellness:
- Surveys for staff/students distributed after wellness days

New Jersey Department
of Children and Families

New Jersey Youth Suicide Report

2017

Introduction

In accordance with N.J. Statute. 30:9A-27, the New Jersey Department of Children and Families (DCF) in collaboration with the New Jersey Department of Health (DOH) presents this annual report of suicide attempts and youth who have died by suicide in New Jersey.

This report is issued to the New Jersey Youth Suicide Prevention Advisory Council (Council), the Governor, and the Legislature. In accordance with statute, this report contains a summary of aggregate demographic information about youth who attempt or die by suicide.

This report normally relies on data from the Centers for Disease Control and Prevention (CDC), which has undertaken an effort to strengthen the scientific integrity of its data. The CDC's ongoing effort has caused two significant data sets (Death of New Jersey Residents Occurring Out-of-State and Suicide Attempt) to be unavailable for this report.

Therefore, we have included in this report updates to Death of New Jersey Residents Occurring Out-of-State data and Suicide Attempt data published in last year's report. The update reflects new information and data adjustments unavailable when last year's report was issued.

Fourteen suicide-related deaths from 2013-2015 have been identified and added to our data since the 2016 annual suicide report. These newly identified suicides are due to a combination of several factors, including corrections to data submitted to DOH's online query system (New Jersey State Health Assessment Data) and new information about the cause of the death. This report identifies where changes were made and if such changes significantly altered data trends or conclusions.

DCF's Family and Community Partnerships (FCP), in collaboration with DCF's Office of Research, Evaluation, and Reporting (ORER), and DOH, compiled the presenting data for tables, graphs, and trends.

Rates are not calculated for fewer than 20 observations due to high standard errors associated with the statistic.

Estimates based on a random sample of a population are subject to error due to sampling variability, known as the "standard error". Rates and percentages based on a full population count may also be considered estimates, and as such also have a standard error that describes the variation of the estimate from the true or "underlying" rate. This error may be substantial when there are fewer than 20 observations; combining multiple years is a common way to minimize this effect.

Two or more years of data may be combined to increase the number of observations and thereby reduce the standard error to produce a more stable

For this report, as in previous years, annual figures are provided when the number of observations is 20 or more, and in the case of small numbers, 3 years are combined to produce a three-year average rate.

Cell sizes of fewer than 5 observations (and complimentary cells) may be suppressed in order to reduce the chance of unintentionally identifying an individual.

For more information, contact the Center for Health Statistics and Informatics at chs@doh.nj.gov.

Data Surveillance Systems on Youth Suicide in New Jersey

DATA COLLECTION SYSTEM

The New Jersey Violent Death Reporting System (NJVDRS) enables the state to analyze accurate and timely suicide data. And because it participates in the National Violent Death Reporting System, New Jersey can reliably compare its data with other participating states.

Data on non-fatal suicide attempts/self-inflicted injury is from DOH's hospital visit billing data set. This data set includes information on discharge disposition, including whether the patient lived or died. NJVDRS provides data only on fatalities.

NJVDRS collects data from a variety of sources, including:			
Death Certificates	Medical Examiner Reports	Law Enforcement Reports	Toxicology and Ballistics Reports

NJVDRS data includes all violent deaths of New Jersey residents, whether they occur within or outside the state:				
Homicides	Suicides	Deaths Resulting from Legal Intervention*	Unintentional Firearm Injury Deaths	Injury Deaths of Undetermined Intent

* Individuals are killed by law enforcement personnel in the line of duty.

A "violent" death is defined as a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community.
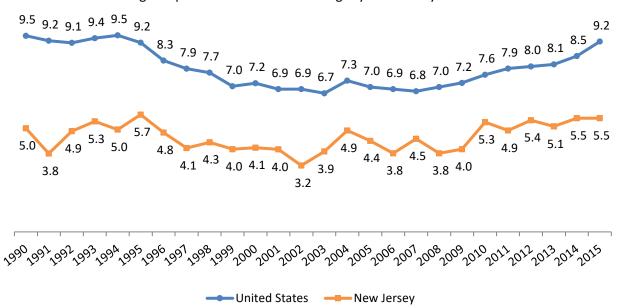
NJVDRS links data from multiple sources into a single standardized record of a violent death incident.

Confirmed Suicides: New Jersey Compared to National Trends

Chart 1:

Rates of Total Deaths by Suicide Among 10 - 24 Year Olds are Consistently Lower in New Jersey than the United States Overall

NJ rates are increasing compared to the last decade slightly less severly than the overall U.S. rates

Source: WISQARS, CDC (August 2017). Rates are per 100,000 age-specific population.

The CDC usually releases national data one year later than New Jersey releases its preliminary NJVDRS data. This is why the CDC data for 2015 in **Chart 1** is new to this report. New Jersey continues to show a lower rate of total deaths by suicide among 10 – 24 year olds. While there appears to be a slight increase since the start of this decade, it is far less severe than the yearly increases reported nationally.
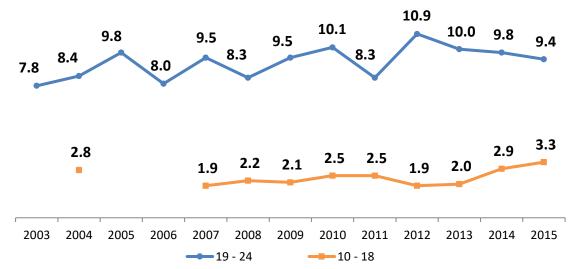
The national rate increased 0.07 percent from 2014 to 2015. New Jersey's rate was unchanged.

Confirmed Suicides: Trends by Age

Chart 2:

Rates are Declining for Older Youths and Increasing for Younger

NJVDRS Death by Suicide Rates 2003 - 2015, 19 - 24 vs. 10 - 18

Rates are per 100,000 age-specific population.

*2015 NJVDRS data are preliminary and subject to change.

**2003, 2005 & 2006 rates not calculated because there were fewer than 20 observations.

While preparing its data set for its online query system (New Jersey State Health Assessment Data), DOH carefully re-analyzed its data and adjusted the number of deaths for eight of 13 years (see **Table 1** below). The adjustments added 40 deaths and slightly changed the trend for 19 – 24 year olds.

The original data pointed to large decreases in rate in 2008 and 2011, and a significant increase in 2012. **Chart 2** (above), which reflects the adjusted data, presents a steadier trend that shows the rate of death by suicide for older youth has remained between 7.8 and 10.9 per 100,000 over the past 13 years. The spike reported for 2012 has since been declining.

Table 1. Suicide rate, New Jersey, ages 10-18 and 19-24 years, 2003 -2014						
	10-18		**19-24**		**Total**	
	N	Rate	N	Rate	N	Rate
2003	17		47	7.8	64	3.8
2004	31	2.8	51	8.4	82	4.8
2005	17		60	9.8	77	4.5
2006	19		49	8.0	68	4.0
2007	21	1.9	59	9.5	80	4.7
2008	24	2.2	52	8.3	76	4.4
2009	23	2.1	61	9.5	84	4.9
2010	27	2.5	66	10.1	93	5.4
2011	27	2.5	55	8.3	82	4.7
2012	20	1.9	73	10.9	93	5.4
2013	21	2.0	68	10.0	89	5.2
2014	30	2.9	67	9.8	97	5.6
2015	33	3.3	64	9.4	97	5.7

*Red font indicate changes.

Confirmed Suicides: Demographic Data

Updated demographic data is shown in red and highlights any significant changes to conclusions in last year's report.

Table 2. Suicides by age group and gender, New Jersey, 2013-2015						
	Age Group				**Total**	
	10-18		**19-24**		**10-24**	
Gender	N	Rate	N	Rate	N	Rate
Male	52	3.2	152	14.4	204	7.7
Female	32	2.1	47	4.7	79	3.1
Total*	84	2.7	199	9.7	283	5.5
*Total includes 1 youth of unknown gender.						

Source: New Jersey Violent Death Reporting System v.09/15/2017, NJDOH. Rates are per age-specific 100,000 population. *Red font indicates changes.

Eight of the newly identified deaths were males and four were females. Seven of the eight males were between 19 and 24 years old. This adjustment increased the rate for males between 19 and 24 year of age from 13.8 to 14.4. The overall trend remained the same, males die by suicide at a much higher rate than females.

This difference is much less stark for 10 – 18 year olds. Younger Males between 10 – 18 years of age die by suicide at a rate of 3.2, while the female rate is slightly lower at 2.7. Males between 19 – 24 years of age die by suicide at a rate of 14.4, while the female rate is only 4.7. The gender differences in suicide rate within the 19 – 24 age segment is likely due to older males using more lethal means (e.g. firearms) more often than younger males and females. (see Chart 3 on methods)

Keep in mind the rate of death by suicide for 10 – 18 year old females may be unstable because the number is small. The confidence interval ranges from 2.8 to 1.4, which is greater than 30% from the rate estimate. Conclusions from a rate this volatile should be made with caution.

Updated gender statistics remain consistent with the conclusion identified in last year's report. While the overall rate for males who die by suicide has decreased slightly, the overall rate for females has increased. In comparison to the 2012 – 2014 report period, the overall rate for males decreased from 7.9 to 7.7 while the overall rate for females increased from 2.2 to 3.1.

> Two additional deaths were confirmed among 10 – 18 year old females, bringing the total to 32. This is a sharp increase from the 16 deaths reported for this group in the 2012 – 2014 reporting period. **Over this time the total number of young female suicides increased by 100%.**

Table 3. Suicides by age group and race/ethnicity, New Jersey, 2013-2015						
	Age Group				**Total**	
	10-18		**19-24**		**10-24**	
Race/ethnicity	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**
White Non-Hispanic	42	2.5	113	11.0	155	5.7
Black Non-Hispanic	12	**	33	9.6	45	5.6
Hispanic	18	**	23	4.7	41	3.4
Asian/Pacific Islander	8	**	20	11.4	28	6.1
Other/Unknown Race	4	**	10	**	14	**
Total	84		199		283	

Source: New Jersey Violent Death Reporting System v.09/15/2017, NJDOH. Rates are per 100,000 population. *Red font indicates changes.

Consistent with prior reports, New Jersey's non-Hispanic White and Black youth between 10 and 24 die by suicide at nearly the same rate, with White Non-Hispanic youth rate slightly higher. DOH did identify additional deaths for each of these two race/ethnicity categories, but the data adjustments left the trend for both groups nearly unchanged. Researchers have noted

that nationally blacks generally tend to have significantly lower rates of suicide than whites (Bridge, et al, JAMA Pediatr. 2015; Sheftall, et al, Pediatrics, 2016).

There were no changes to the data on New Jersey's Hispanic population. As in past reports, race and ethnicity data should be interpreted with caution because Hispanic youth are often reported in other categories.

One additional Asian/Pacific Islander death was confirmed, bringing the total to 28. This is a significant increase from the 2012 – 2014 period, when there were 19 deaths by suicide among Asian/Pacific Islanders. **This represents a 47% increase in suicides for the Asian/Pacific Islander population.**

Suicide Completions by Region (Map 1)

Bergen (28), Monmouth (22), and Essex (21) counties each had 20 or more deaths by suicide between 2013 and 2015 and each had two confirmed deaths added to their count since publication of the *2016 New Jersey Youth Suicide Report*. That report also showed Morris County had 20 suicide related deaths, but that figure has been adjusted downward because two deaths are no longer listed as suicide.

Suicide rates are not calculated for fewer than 20 suicides. Small numbers are statistically unreliable because of a large standard error. Due to this limitation, New Jersey's 21 counties are grouped into regions to more reliably determine the suicide rate in these regions.

The updated data in **Map 1** is consistent with the data reported in the 2016 report. The Skyland Region has the highest rate of deaths by suicide, followed by the Shore, Delaware, and Gateway regions. However, there is a slight change in the suicide trends seen in each region from 2012 – 2014. The new data shows the Delaware region's suicide rate increased rather than decreased. The Gateway region's suicide rate increased rather than remained unchanged, as reported in the 2016 report.   The following are details for each region:

Skyland Regions (7.5 per 100,000) again has the highest rate of youth suicide.

Skyland's rate increased from 7.4 per 100,000 in 2012-2014 to 7.5 per 100,000 in 2013-2015.

Shore Regions (6.5 per 100,000) has the largest rate increase among all 4 regions.

Shore's rate increased from 5.4 per 100,000 in 2012-2014 to 6.5 per 100,000 in 2013-2015.

Delaware Regions (5.6 per 100,000)

Delaware increased from 5.2 in 2012-2014 to 5.6 per 100,000 in 2013-2015.
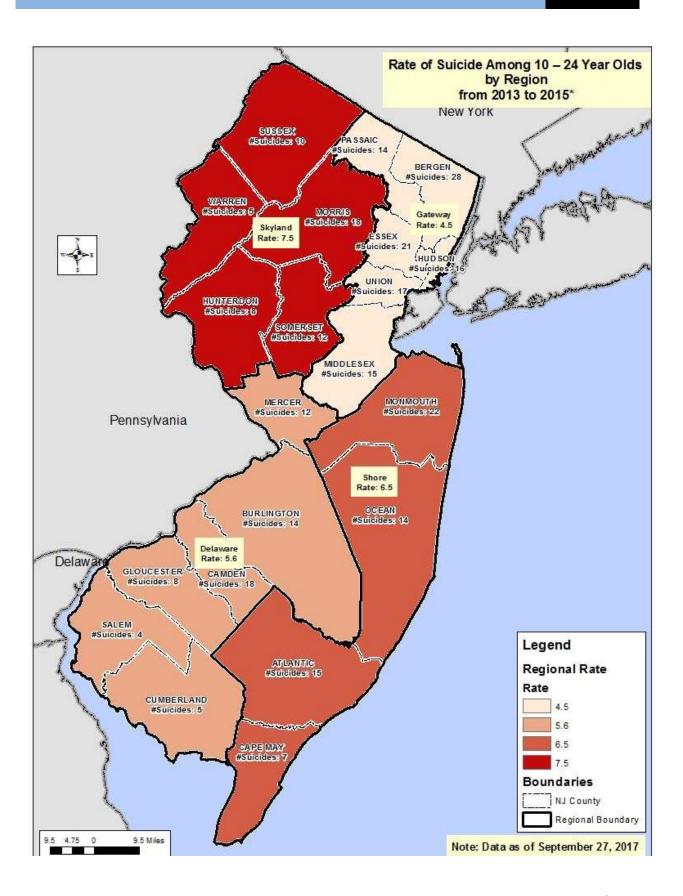
Gateway Regions (4.5 per 100,000) has the lowest rate of youth suicides.

Gateway increased from 4.3 in 2012 – 2014 to 4.5 per 100,000 in 2013 – 2015.
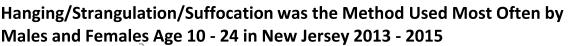
Although the Gateway region has a greater number of youth suicides,
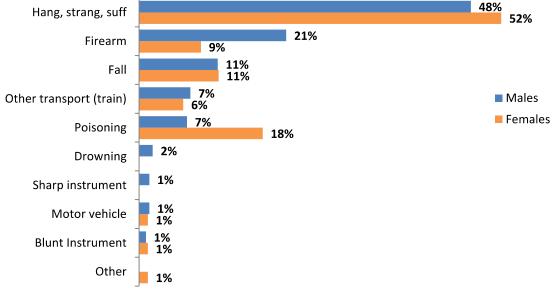
fewer youth die by suicide per capita than in less densely populated regions.

Rate of Suicide Among 10 – 24 Year Olds
by Region
from 2013 to 2015*

New York

SUSSEX
#Suicides: 10

PASSAIC
#Suicides: 14

BERGEN
#Suicides: 28

WARREN
#Suicides: 5

MORRIS
#Suicides: 18

Gateway
Rate: 4.5

Skyland
Rate: 7.5

ESSEX
#Suicides: 21

HUDSON
#Suicides: 16

UNION
#Suicides: 17

HUNTERDON
#Suicides: 8

SOMERSET
#Suicides: 12

MIDDLESEX
#Suicides: 15

Pennsylvania

MERCER
#Suicides: 12

MONMOUTH
#Suicides: 22

Shore
Rate: 6.5

BURLINGTON
#Suicides: 14

OCEAN
#Suicides: 14

Delaware
Rate: 5.6

Delaware

GLOUCESTER
#Suicides: 8

CAMDEN
#Suicides: 18

SALEM
#Suicides: 4

ATLANTIC
#Suicides: 15

CUMBERLAND
#Suicides: 5

CAPE MAY
#Suicides: 7

Legend

Regional Rate

Rate

4.5

5.6

6.5

7.5

Boundaries

NJ County

Regional Boundary

Note: Data as of September 27, 2017

9.5 4.75 0   9.5 Miles

Primary Method of Suicide Death

Chart 3:

Hanging/Strangulation/Suffocation was the Method Used Most Often by Males and Females Age 10 - 24 in New Jersey 2013 - 2015

The 14 additional identified deaths did not significantly change any of the overall method of suicide trends or gender differences reported in the 2016 suicide report.

- Hanging, strangulation, and suffocation remain the most common method of suicide among male and female youth age 10-24.
- Consistent with prior years, males are more likely to use firearms and females are more likely to use poisoning.

Jumping/falling continued to increase during this period as compared to 2012 – 2014, replacing poisons as the third most common method of suicide.

The updated data did slightly change the observed differences between the younger and older age groups. The 2016 report identified death by train as the second most common method for 10 – 18 year olds, followed by firearms. The increased firearm deaths identified for this report made the rates of death by train and death by firearm equal. Regardless of these rates, it remains more common for the younger age group to die by the method of *other transport - train*. Additionally, *death by other transport-train* was the fifth most common method with older youth (19 – 24 year olds) who are more likely to use firearms.

For youth age 10-18, the top three methods were:
- Hanging, Strangulation, Suffocation – 64%
- Other Transport (Train) - 10%
- Firearm – 10%

For youth age 19-24, the top three methods were:
- Hanging, Strangulation, Suffocation - 41%
- Firearm – 21%
- Fall- 13%

.

Table 4. Suicides by age group and method/weapon used, New Jersey, 2013-2015	10-18		19 - 24		Total	
Method/Weapon	N	%	N	%	N	%
Hanging, Strangling, Suffocation	54	64%	84	42%	138	49%
Firearm	8	10%	42	21%	50	18%
Fall	6	7%	26	13%	32	11%
Poisoning	6	7%	22	11%	28	10%
Other transport (train)	8	10%	12	6%	20	7%
Drowning	0	0%	4	2%	4	1%
Motor vehicle	1	1%	3	2%	4	1%
Blunt Instrument	1	1%	2	1%	3	1%
Sharp instrument	0	0%	3	2%	3	1%
Other	0	0%	1	1%	1	0%
Unknown Weapon	0	0%	0	0%	0	0%
Total	84	100%	199	100%	283	100%

Source: New Jersey Violent Death Reporting System v.09/15/2017, NJDOH. *Red font indicate changes.

Suicide Circumstance—*gender differences highlighted in green*

Table 5. Suicide circumstances by age group, New Jersey, 2014-2015														
Suicide Circumstance	Male						Female						Total	
	10-18		19-24		10-24		10-18		19-24		10-24		10-24	
	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*
Crisis within 2 weeks	12	36%	24	24%	36	27%	12	40%	5	16%	17	28%	53	27%
Current depressed mood	4	12%	17	17%	21	16%	8	27%	5	16%	13	21%	34	18%
Current mental health problem	13	39%	25	25%	38	29%	13	43%	11	35%	24	39%	62	32%
Current mental health treatment	9	27%	20	20%	29	22%	12	40%	7	23%	19	31%	48	25%
History of mental health treatment	11	33%	25	25%	36	27%	13	43%	11	35%	24	39%	60	31%
Substance abuse problem	4	12%	15	15%	19	14%	3	10%	2	6%	5	8%	24	12%
Alcohol problem	2	6%	7	7%	9	7%	0	0%	0	0%	0	0%	9	5%
History of suicide attempts	1	3%	13	13%	14	11%	8	27%	3	10%	11	18%	25	13%
Disclosed intent	7	21%	9	9%	16	12%	9	30%	2	6%	11	18%	27	14%
Suicide note	12	36%	18	18%	30	23%	10	33%	5	16%	15	25%	45	23%
Recent death of friend or family	2	6%	1	1%	3	2%	2	7%	0	0%	2	3%	5	3%
Recent suicide of friend or family	1	3%	1	1%	2	2%	2	7%	2	6%	4	7%	6	3%
School problem	8	24%	3	3%	11	8%	8	27%	1	3%	9	15%	20	10%
Financial problem	0	0%	2	2%	2	2%	0	0%	0	0%	0	0%	2	1%
Physical health problem	1	3%	2	2%	3	2%	0	0%	1	3%	1	2%	4	2%
Recent criminal legal problem	2	6%	14	14%	16	12%	1	3%	0	0%	1	2%	17	9%
Intimate partner problem	4	12%	11	11%	15	11%	5	17%	4	13%	9	15%	24	12%
Job problem	1	3%	6	6%	7	5%	0	0%	0	0%	0	0%	7	4%
Legal problem	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other relationship problem	1	3%	2	2%	3	2%	4	13%	0	0%	4	7%	7	4%
Perpetrator of interpersonal violence	1	3%	1	1%	2	2%	0	0%	1	3%	1	2%	3	2%
Victim of interpersonal violence	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other addiction	1	3%	1	1%	2	2%	0	0%	0	0%	0	0%	2	1%
Family stressors	6	18%	10	10%	16	12%	10	33%	0	0%	10	16%	26	13%
Eviction, loss of home	1	3%	1	1%	2	2%	0	0%	0	0%	0	0%	2	1%
Anniversary of a traumatic event	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
History of childhood sexual abuse	0	0%	0	0%	0	0%	3	10%	0	0%	3	5%	3	2%
Other suicide circumstance	5	15%	19	19%	24	18%	9	30%	9	29%	18	30%	42	22%
Number of suicides in age group	33		100		133		30		31		61		194	
Number of suicides w/ known circs	29		60		89		25		20		45		134	
% of suicides w/ known circs		88%		60%		67%		83%		65%		74%		69%

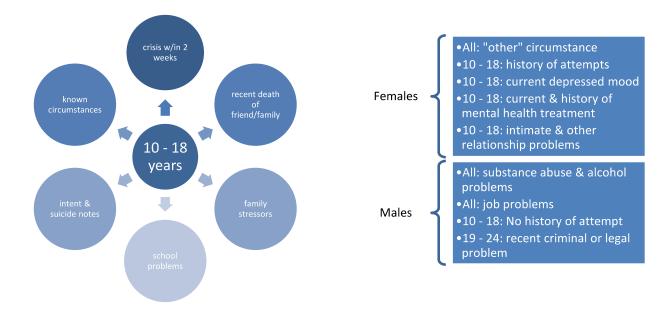Source: New Jersey Violent Death Reporting System v.09/15/2017, NJDOH

Table 5 highlights data captured to understand the circumstances associated with a youth who died by suicide from 2014 to 2015.

Collecting and analyzing information regarding the circumstances surrounding a youth's suicide is difficult because many circumstances may be involved. This usually delays the inclusion of such data in this report by one year. For this 2017 report, 2015 data on suicide circumstances reflect minimum estimates because of coding changes described earlier in this report.

With that in mind, at the time of this report only 69 percent of the circumstances associated with the suicide death of youth were known. The available data for 2014-2015 are consistent with the 2016 suicide report.

- Approximately one third of the youth (32 percent) were reported as having a current mental health problem, and only 25 percent were receiving treatment.
- The number receiving treatment was slightly higher than 2013–2014 (20 percent) and 2012 – 2013 (16 percent).
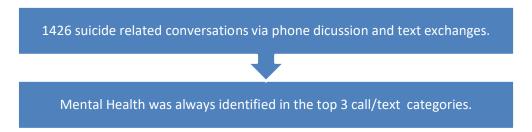
There were a number of differences between age groups and gender as illustrated below. The details of these differences are also highlighted in green in **Table 5** above.

Females
- All: "other" circumstance
- 10 - 18: history of attempts
- 10 - 18: current depressed mood
- 10 - 18: current & history of mental health treatment
- 10 - 18: intimate & other relationship problems

Males
- All: substance abuse & alcohol problems
- All: job problems
- 10 - 18: No history of attempt
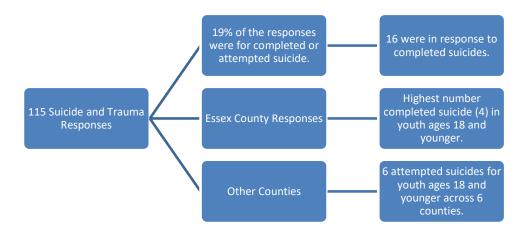- 19 - 24: recent criminal or legal problem

July 1, 2016-June 30, 2017 Data Highlights for NJ Statewide Suicide Prevention Programs

Two state-funded programs help educate the public and support youth suicide prevention efforts.

2NDFLOOR Youth Helpline: A confidential, anonymous helpline for New Jersey youth (ages 10-24). Youth are provided with solutions and resources to the problems they face at home at school or at play. Youth receive quality service, support, and information from trained counselors, volunteers, and interns. Trained counselors help youth make healthy decisions and manage worries about peer relationships, bullying, mental health issues, dating, sex/sexuality issues, and more. 2NDFLOOR services include a 24/7 Helpline, an interactive website and online message board, text support, Youth Advisory Council, and information and referral services.

1426 suicide related conversations via phone dicussion and text exchanges.

Mental Health was always identified in the top 3 call/text categories.

Traumatic Loss Coalitions for Youth: Traumatic Loss Coalitions for Youth (TLC) promote mental health awareness and healing. It helps build an informed and competent school community equipped to prevent suicide and recover after a traumatic incident. TLC curricula include suicide prevention, intervention, postvention, trauma response and technical assistance to schools and communities.

115 Suicide and Trauma Responses

19% of the responses were for completed or attempted suicide. — 16 were in response to completed suicides.

Essex County Responses — Highest number completed suicide (4) in youth ages 18 and younger.

Other Counties — 6 attempted suicides for youth ages 18 and younger across 6 counties.

Suicide Prevention Activities

DCF is the lead state agency responsible for facilitating efforts to prevent youth suicide. In this role, DCF recognizes this work cannot be accomplished by any one entity. DCF works through partnerships across all systems and communities, including but not limited to federal, state, county and local government, individuals and families, community service providers, private organizations, foundations, universities, and media. Here is a list of suicide prevention activities within the state along with current legislation as it relates to suicide:

New Jersey Suicide Prevention Hopeline

1-855-654-6735 www.njhopeline.com
The Hopeline is New Jersey's dedicated in-state peer support and suicide prevention hotline staffed by mental health professionals and peer support specialists 24 hours a day, seven days a week. The service is available to callers of all ages for confidential telephone support (except when a suicide attempt is in progress), assessment, and referral. Crisis chat is also accessible through the website and the service can be reached by texting njhopeline@ubhc.rutgers.edu.

Screening and Screening Outreach Programs

Available in each county 24-hours a day, seven-days a week to individuals in emotional crisis needing immediate attention.   An individual may be seen without an appointment, or be brought to the screening center by a parent, friend, spouse, law enforcement official, mental health worker, or any other concerned individual.   For information visit the DHS Division of Mental Health and Addiction Services' website at
www.state.nj.us/humanservices/divisions/dmhas/.

Perform Care

PerformCare partners with the New Jersey Children's System of Care (CSOC) as the single point of entry for children, adolescents and young adults (up to age 21). When a child is facing challenges to their functioning and well-being, finding the right services and support can be overwhelming. To access care, including Mobile Response services, please call Perform Care at 1-877-652-2764. For more information, please visit www.performcarenj.org.

2NDFLOOR Youth Helpline

www.2ndfloor.org: **888.222.2228**
Accredited by the American Association of Suicidology, 2NDFLOOR confidentially serves youth and young adults (ages 10 to 24). Youth who call are assisted with their daily life challenges by professional staff and trained volunteers.

Trevor Project

www.thetrevorproject.org
The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13 to 24.

Traumatic Loss Coalitions for Youth Program
The dual mission of TLC is suicide prevention and trauma response assistance to schools following suicide, homicide and deaths that result from accidents and/or illnesses. Functioning as an interactive, statewide network, TLC offers collaboration opportunities and support to professionals working with school-age youth via education, training, consultation and coalition building to:

- prevent suicide, and to promote recovery of persons affected by suicide and
- provide guidance and support in the response to a traumatic event

For more information and support related to suicide prevention visit
http://ubhc.rutgers.edu/tlc/index.html

New Jersey Youth Suicide Prevention Advisory Council
Established in the New Jersey Department of Children and Families, the New Jersey Youth Suicide Prevention Advisory Council is comprised of appointed New Jersey citizens and representatives from state departments. The purpose of the Council is to examine existing needs and services and make recommendations for youth suicide reporting, prevention and intervention; advise on the content of informational materials to be made available to persons who report suicide attempts or deaths by suicide; and advise in the development of regulations required pursuant to N.J.S.A. § 30:9A-25 et seq. For more information related to the Council, email dpcp@dcf.state.nj.us

References

New Jersey Violent Death Reporting System (NJVDRS) v.08/15/2016. Center for Health Statistics and Informatics, Office of Population Health, New Jersey Department of Health.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed 2016 Aug 15. Available from www.cdc.gov/ncipc/wisqars

CHAPTER 222

AN ACT concerning the health education curriculum in public schools and supplementing chapter 35 of Title 18A of the New Jersey Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

C.18A:35-4.39 Health curriculum to include instruction on mental health.

1. a. A school district shall ensure that its health education programs for students in grades kindergarten through 12 recognize the multiple dimensions of health by including mental health and the relation of physical and mental health so as to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity. The instruction in mental health shall be adapted to the age and understanding of the students and shall be incorporated as part of the district's implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The instruction shall include, as appropriate, information on substance abuse provided pursuant to the implementation of these standards and to section 1 of P.L.2016, c.46 (C.18A:40A-2.1).

b. The State Board of Education shall review and update the New Jersey Student Learning Standards in Comprehensive Health and Physical Education to ensure the incorporation of instruction in mental health in an appropriate place in the curriculum for students in grades kindergarten through 12. In its review, the State board shall consult with mental health experts including, but not limited to, representatives from the Division of Mental Health and Addiction Services in the Department of Human Services.

2. This act shall take effect immediately and shall first apply to the 2020-2021 school year.

Approved August 9, 2019.

A JOINT RESOLUTION permanently designating September as "Youth Suicide Prevention Awareness Month" in New Jersey.

WHEREAS, Suicide is the third leading cause of death for youth ages 10 to 24 in the State of New Jersey, and the second leading cause of death for youth in that age group in the United States; and

WHEREAS, Youth suicide statistics from the American Association of Suicidology show that in the United States, one young person under the age of 24 dies of suicide every one hour and 43 minutes, and for every suicide death, it is estimated that approximately 200 teens and young adults make suicide attempts; and

WHEREAS, According to the Youth Suicide Report released by the Department of Children and Families in 2015, between 2012 and 2014, 4,796 young people ages 10 to 24 made suicide attempts that resulted in hospitalization, and 265 of these attempts were fatal; and

WHEREAS, Of the 256 completed suicides, 197 of these deaths involved youth ages 19 to 24, with young men completing suicide at a rate approximately 3.6 times higher than young women. The number of deaths by suicide among male youth ages 10 to 18, at 52, was also higher than female youth in the same age category, at 16; and

WHEREAS, Among New Jersey youth ages 10 to 24, non-Hispanic White and Black youth complete suicide at nearly the same rate, with the rate for Non-Hispanic White youth just slightly higher. Hispanic youth complete suicide at a rate 25 percent lower than the overall Statewide rate; and

WHEREAS, There are many risk factors for youth suicide, including trauma, abuse, prior suicide attempt, and a history of family members committing or attempting to commit suicide; and

WHEREAS, Data from the Youth Suicide Report also show that among New Jersey youth who completed suicide, mental health, relationships, and substance abuse were prevalent challenges; and

WHEREAS, Although New Jersey has a lower suicide rate in comparison to the rest of the United States, suicide affects youth in the entire State, regardless of race, ethnicity, gender, or economic background; and

WHEREAS, Youth suicide's impact reverberates through families, friends, and communities, and many suicide attempts that do not result in death do end in serious injury to the victims and lifelong trauma to their family and those who know them; and

WHEREAS, A young person considering suicide may exhibit behavioral warning signs prior to a suicide attempt; and

WHEREAS, Suicide warning signs include: previous suicide attempts; current talk of suicide or making a plan to attempt suicide; a strong wish to die or a preoccupation with death; giving away prized possessions; moodiness; increased alcohol or other drug use; hinting at not being around in the future; or saying good-bye to family and friends; and

WHEREAS, Early identification of these warning signs as well as recognition by family, friends, and members of the community of depressive behavior and other mental or behavioral health issues may help reduce the number of teens and young adults who commit or attempt to commit suicide; and

WHEREAS, Increased public awareness of the risk factors and warning signs for youth suicide and community involvement in creating strategies to prevent teens and young adults from taking their own lives are key factors in youth suicide prevention and in the development of Statewide comprehensive anti-suicide initiatives; now, therefore,

BE IT RESOLVED *by the Senate and General Assembly of the State of New Jersey:*

C.36:2-369 "Youth Suicide Prevention Awareness Month," September; designated.

1.   September of each year is designated as "Youth Suicide Prevention Awareness Month" in New Jersey in order to increase public awareness of the risk factors and warning signs for youth suicide, increase community involvement in creating strategies to prevent teens and young adults from taking their own lives, and to encourage the development of Statewide comprehensive anti-suicide initiatives.

C.36:2-370 Annual observance.

2.   The Governor is respectfully requested to annually issue a proclamation recognizing September as "Youth Suicide Prevention Awareness Month" in New Jersey and calling upon public officials, the citizens of the State, and other interested groups to observe the month with appropriate activities and programs.

3.   This joint resolution shall take effect immediately.

Approved July 19, 2019.