

TO: Members of the State Board of Education

FROM: Carey M. Wright, Ed.D., Interim State Superintendent of Schools 

DATE: April 30, 2024

SUBJECT: Trauma-Informed Prevention

Purpose

The presentation aims to provide a briefing to the State Board of Education regarding trauma-informed prevention practices across the State.

Background

Increases in poor mental health outcomes call for improved access to comprehensive mental health support in school and at home as well as increasing positive childhood experiences through peer supports, school-based extracurricular activities, and adult support. On February 22, 2022, the State Board of Education granted permission to adopt amendments to the original regulation, Code of Maryland Regulations (COMAR) 13A.07.11 *Student Suicide Prevention and Safety Training*, which required each local board of education to ensure that all certificated school personnel who have direct contact with students on a regular basis shall complete training, in the skills required to: (1) understand and respond to youth suicide risk; (2) understand and respond to student mental health, student trauma, student safety and other topics related to student social and emotional well-being; (3) identify professional resources to help students in crisis; (4) recognize student behavioral health issues; (5) recognize a student experiencing trauma or violence out of school and refer the student to behavioral health services, which includes, but is not limited to, the school counselor, school psychologist, school nurse, school social worker, and student support team; and (6) if the school is a community school, support any students needing the services at a community school.

Executive Summary

The presentation will address Maryland and national data, Maryland statute and COMAR regulations, the national perspective, local education agency (LEA) suicide prevention practices, and next steps.

Action

No action is required; the presentation is for information and discussion.

Attachments

Trauma-Informed Prevention PowerPoint.pdf

DIVISION OF STUDENT SUPPORT, ACADEMIC ENRICHMENT,
AND EDUCATIONAL POLICY

Trauma-Informed Prevention

April 30, 2024

Presented By | Mary Gable, Student Support and Federal Programs



Presentation Outline

1. Maryland and National Data
2. Maryland Statute and COMAR Regulations
3. National Perspective
4. Local Education Agency (LEA) Suicide Prevention Practices



Importance of Suicide Prevention

1. Maryland and National Data
2. Maryland Statute and COMAR Regulations
3. National Perspective
4. Local Education Agency (LEA) Suicide Prevention Practices

The Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)

A biennial surveillance of public middle school and high school youth health risk behaviors implemented by the Maryland Department of Health and the Maryland State Department of Education.

58,000

Maryland middle school and high school students participated in the 2021-2022 MD YRBS/YTS

Maryland Youth Risk Behavior Survey/ Youth Tobacco Survey (YRBS/YTS)

- **Student demographics**
- **Youth health behaviors and conditions:** sexual, injury and violence, bullying, diet and physical activity, obesity, gambling, disability, and mental health, including suicide
- **Substance use behaviors:** tobacco product use, secondhand smoke, alcohol use, and other drug use
- **Student experiences:** positive childhood experiences, adverse childhood experiences, and unstable housing

Key Disparities: Considered Suicide (HS)

Statewide percentage - 21%

- **Multiracial (25.5%) youth** significantly more likely to consider suicide.

In 2021:

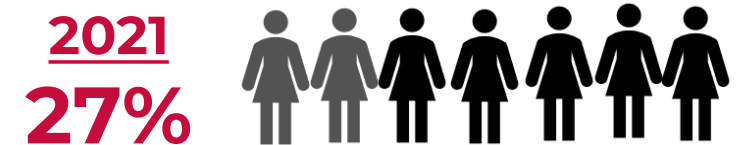
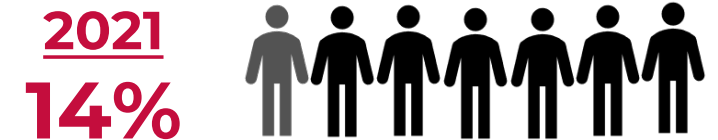
42% of students identifying as **Lesbian, Gay, or Bisexual** considered suicide

40% of students identifying as **Other/Questioning** considered suicide

52% of students identifying as **Transgender** considered suicide

7,598

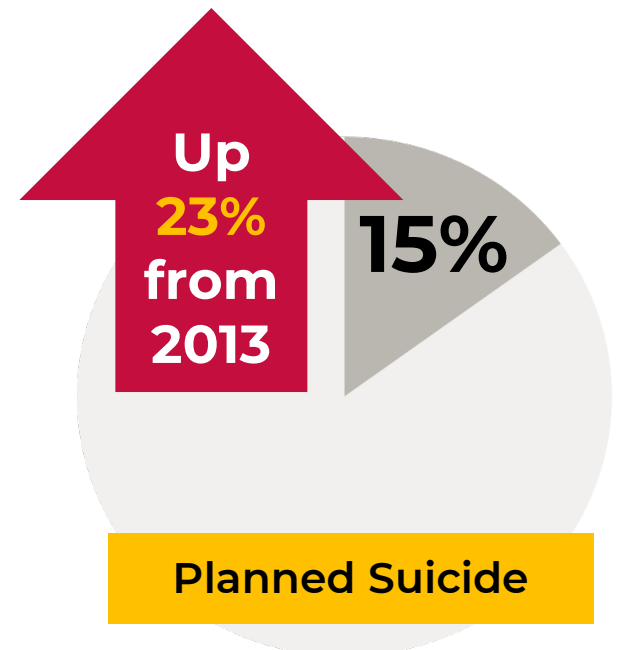
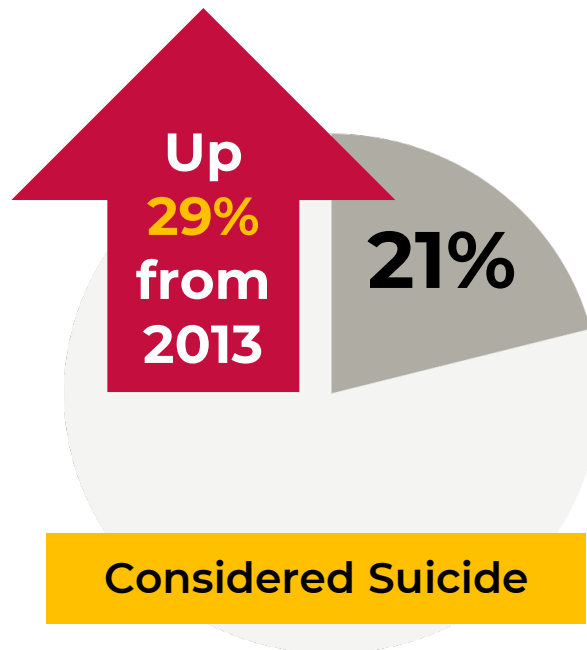
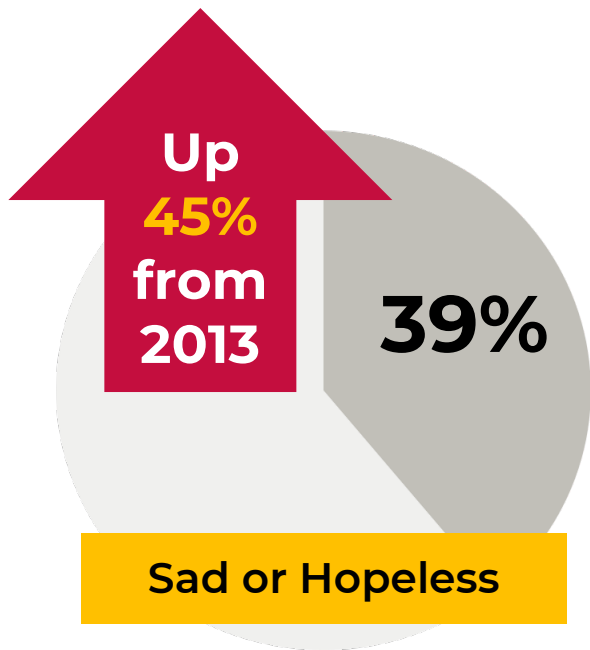
High school students reported considering suicide (past 12 months)



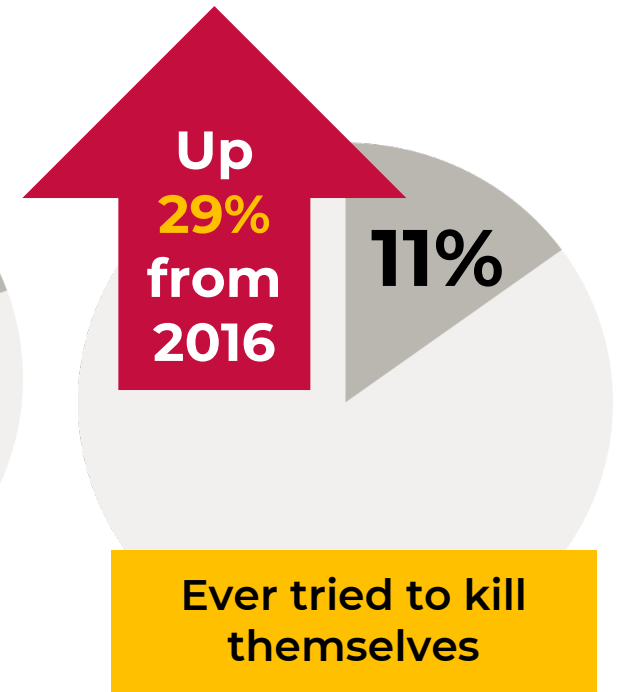
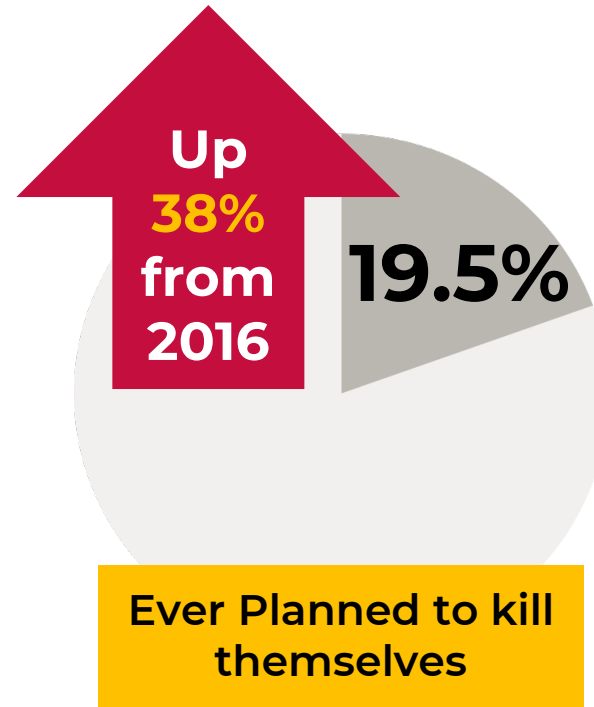
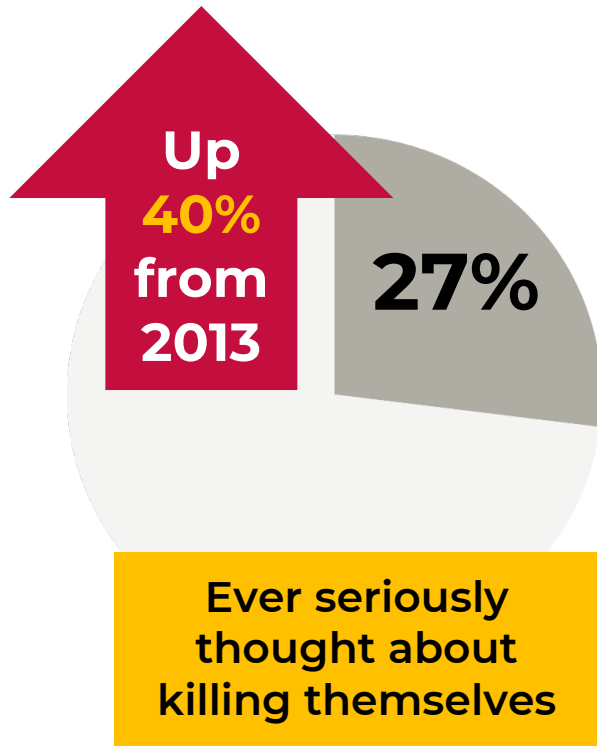
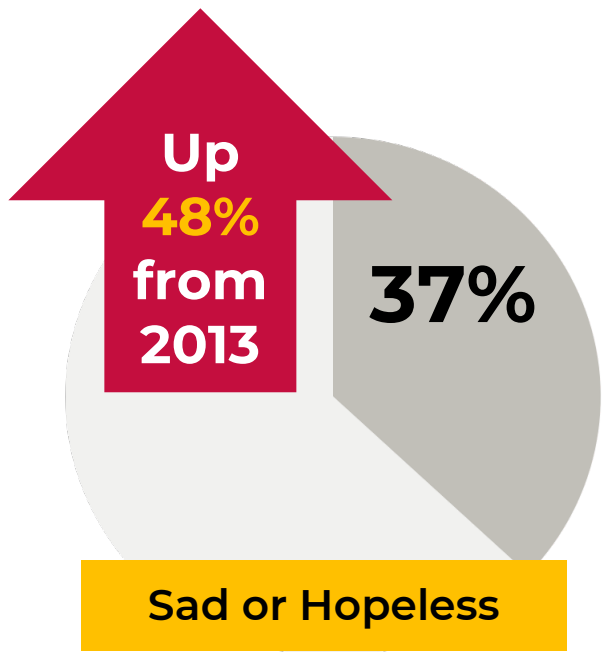
Mental Health Trends (High School)

The COVID-19 pandemic has exacerbated growing mental health issues among youth.

Suicide is the second leading cause of death among youth and young adults ages 10-24.



Mental Health Trends (Middle School)



Youth Health Risk Behaviors from 2021-2022 YRBS/YTS

- Health risk behaviors begin in adolescence and have a negative impact on the development, health, and well-being of youth
- Youth health risk behaviors continuing into adulthood can contribute to the leading causes of death, disability, mental and social problems.
- These risk behaviors can impact the youth themselves and those around them.

Mental health indicators:

- Sad or hopeless
- Suicidal ideation
- Suicide attempt

Substance indicators:

- Tobacco
- Alcohol
- Marijuana
- Other drugs

Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS):

Key Takeaways

The most recent data from SY 2021-2022 indicates:

Increases in poor mental health outcomes call for improved access to comprehensive mental health support in school and at home as well as increasing positive childhood experiences through peer supports, school-based extracurricular activities, and adult support.

Youth programs should promote open communication with students on health and wellness topics as it relates to youth mental health risk behaviors.

Schools must aim to promote inclusivity in the school/program culture to support emotional safety.

National statistics

- The suicide rate among people aged 10–24 remained stable from 2001 through 2007 and then increased 62% from 2007 through 2021 (from 6.8 deaths per 100,000 to 11.0). (CDC National Center for Health Statistics)
- The suicide rate for people aged 10–14 declined from 2001 through 2007 (from 1.3 deaths per 100,000 to 0.9), tripled from 2007 through 2018 (from 0.9 to 2.9), and then did not change significantly through 2021.
- The suicide rate for people aged 15–19 did not change significantly from 2001 through 2009, then increased 57% from 2009 through 2017 (from 7.5 deaths per 100,000 to 11.8). From 2017 through 2021, the trend did not change significantly.
- The data continues to be impacted by the pandemic.

Mental Health Matters

Contributing Factors

Biological factors

Physical health
Genetics
Sleep hygiene
Long-term physical health condition

Psychological factors

Experiencing discrimination and stigma, including racism
Severe or long-term stress
Mental health diagnoses
Childhood abuse, trauma, or neglect
Body Image
Self-Esteem

Social factors

Social isolation or loneliness
Social disadvantage, poverty or debt
Homelessness or poor housing
Drug and alcohol misuse

<https://www.cdc.gov/healthyyouth/mental-health/index.htm>



Maryland Statute

1. Maryland and National Data
2. Maryland Statute and COMAR Regulations
3. National Perspective
4. Local Education Agency (LEA) Suicide Prevention Practices

Maryland Statute

Effective July 1, 2021, the Blueprint for Maryland's Future-Implementation legislation (MD. Education Code § 6-122) **added requirements to the previously mandated suicide prevention training** in *Education Article, Sections 2-205, 6-122, and 6-704, Annotated Code of Maryland*.

In addition to providing training to understand and respond to youth suicide risk and identify professional resources to help students in crisis, the new legislation required that:

- the in-service also include training in the skills to recognize student behavioral health issues,
- recognize students experiencing trauma or violence out of schools, and
- refer students to behavioral health services.

If the school is a community school, support any student needing the services at a community school.

COMAR Regulations

On February 22, 2022, the State Board of Education granted permission to adopt amendments to the original regulation, COMAR 13A.07.11 Student Suicide Prevention and Safety Training, which required each local board of education to ensure that **all certificated school personnel who have direct contact with students on a regular basis shall complete training** on or before December 1 of each year, by a method determined by each county board, in the skills required to:

- 1) Understand and respond to youth suicide risk;
- 2) Understand and respond to student mental health, student trauma, student safety and other topics related to student social and emotional well-being;
- 3) Identify professional resources to help students in crisis;
- 4) Recognize student behavioral health issues;
- 5) Recognize a student experiencing trauma or violence out of school and refer the student to behavioral health services, which includes, but is not limited to, the school counselor, school psychologist, school nurse, school social worker, and student support team; and
- 6) If the school is a community school, support any students needing the services at a community school.

COMAR Regulations

In addition, COMAR 13A.12.03.02F Special Provisions states that;

- 1) Prior to the renewal or reinstatement of the current certificate, an **educator certified as a school counselor** shall provide one of the following:
 - a) One semester hour of coursework from an Institution of Higher Education;
 - b) One Department-approved continuing professional development credit; or
 - c) An equivalent number of continuing education units.
- 2) The coursework, professional development, or continuing education unit required by §F(1) of this regulation shall address:
 - a) The need for intervention or referral in response to indicators of mental illness and behavioral distress, including, but not limited to: (i) Depression; (ii) Trauma; (iii) Violence; (iv) Youth Suicide; and (v) Substance Abuse.
 - b) The identification of professional resources and best practices for distributing resources to parents or guardians to help students in crisis.

Emergency Plans

Each LEA develops an emergency plan in compliance with COMAR 13A.02.02.03-.04 *Emergency Plans*.

This COMAR regulation is consistent with the Maryland Safe to Learn Act of 2018 (Md. Educ. Art. §7-1510).

MSDE provided guidance in the Maryland Emergency Planning Guidelines for Local School Systems and Schools published in December 2019.

Information related to response to suicide should be listed under the response section of the emergency plan for each LEA.

Behavior Health Coordinators

The Senate Bill 1265, The Safe to Learn Act (2018) and the Blueprint for Maryland's Future (House Bill 1300) established that each LEA must appoint a master's level Behavioral Health Coordinator to coordinate existing mental health services and referral procedures within the LEA.

Working with specified local entities, the coordinator:

- (1) Coordinates existing mental health services and referral procedures for mental health services within the LEA;
- (2) Works in collaboration with the local health department, the local department of social services, and other local entities that provide mental health services, ensure that a student who is referred for mental health services obtains the necessary services;
- (3) Maximizes external funding for mental health and wraparound services; and
- (4) Develops plans for delivering behavioral health and wraparound services to students who exhibit behaviors of concern.



National Perspective

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State Mandated Annual Training for School Personnel

Every state has some form of suicide prevention training or awareness program available.

More than half of all states in the U.S. currently require that educators receive training on suicide prevention.

There are currently 14 states (California, Delaware, Georgia, Hawaii [charter schools only], Idaho, Iowa, Kansas, Louisiana, Maryland, Nebraska, New Hampshire, North Carolina, Rhode Island, and Tennessee) that mandate annual suicide prevention training for school personnel.

State Example: California

	California	Maryland
State Legislation	California Education Code (EC) Section 215 , added by Assembly Bill 2246, (Chapter 642, Statutes of 2016) and AB 1767 (Chapter 694, Statutes of 2019) mandates the governing board of an LEA to adopt a policy on pupil suicide prevention.	MD. Education Code § 6-122 added requirements to the previously mandated suicide prevention training in Education Article, Sections 2-205, 6-122, and 6-704, Annotated Code of Maryland.
Crisis Team Development	The Statewide Suicide Postvention Response Team (SSPRT) was convened to support districts in navigating the journey after a youth or staff suicide.	The Maryland Mental Health Response Team provides crisis support upon request. Additionally, most LEAs have a district level crisis response team.
Suicide Awareness and Prevention Training for School Staff	At least annually, all staff receive training on mental health awareness and suicide prevention that includes risk and protective factors, warning signs of suicide, intervention, referral processes, and postvention. The program(s) or training(s) selected is left at the discretion of the LEA.	COMAR 13A.07.11 Student Suicide Prevention and Safety Training, which required each local board of education to ensure that all certificated school personnel who have direct contact with students on a regular basis shall complete annual training.
Re-Entry and Supporting Students after Mental Health Crisis	State guidance regarding supporting students after a mental health crisis, re-entry to school after a suicide attempt,	Each LEA develops guidance for students returning from a mental health crisis.



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Crisis Response Teams

Crisis response teams provide support, consultation and guidance to school staff following a crisis event.

LEA Level

- Many LEAs have a district level crisis response team.
- This team is requested by school administration to provide support for students and staff.
- The LEA crisis team works in conjunction with the school clinical staff and school leadership.

Community Resources

- Some LEAs work with their local behavior health authority and mobile crisis support.
- These resources would be used during or after a crisis to provide support for staff and students.

State Level Support

- The Maryland Mental Health Response Team, upon request, can dispatch members of the team made up of school social workers, school psychologists, school counselors, and a child and adolescent psychiatrist to support the LEA crisis response.

Maryland School Mental Health Response Program Provides On-Site Crisis Support

Dispatches members of the team made up of school social workers, school psychologists, school counselors, and a child and adolescent psychiatrist to support the LEA's effort.

This connection begins with either outreach from the team or in response to a request for support. Once on site, the team differs to the direction of the LEA on how to best utilize our support.

Support examples include:

- Remain available for staff and students who want to process or discuss incident in a school designated space.
- Co-facilitate support/restorative circles for students.
- Co-facilitate support/restorative circles for school staff.
- Provide resources for staff resilience and self-care strategies.
- General front office support (phones, front desk).
- Classroom-based support (monitor classrooms, follow student's schedule).
- Hallway support (assist monitors, take students to/from office).
- Dismissal support (make sure students leave building, assist with pick-up).
- Materials preparation (cut posters, make copies).

Maryland Student Suicide Prevention and Safety Training

COMAR 13A.07.11 Student Suicide Prevention and Safety Training and The Blueprint for Maryland's Future (MD. Education Code § 6-122) requires that **all certificated school personnel** who have direct contact with students on a regular basis complete annual training to understand and respond to youth suicide risk, identify professional resources to help students in crisis, recognize student behavioral health issues, and recognize students experiencing trauma or violence out of school and refer students to behavioral health services.

Staff training is updated and reviewed by the LEA annually based on emerging best practices and previous professional development feedback.

Maryland Student Suicide Prevention and Safety Training

Data Collection Summary

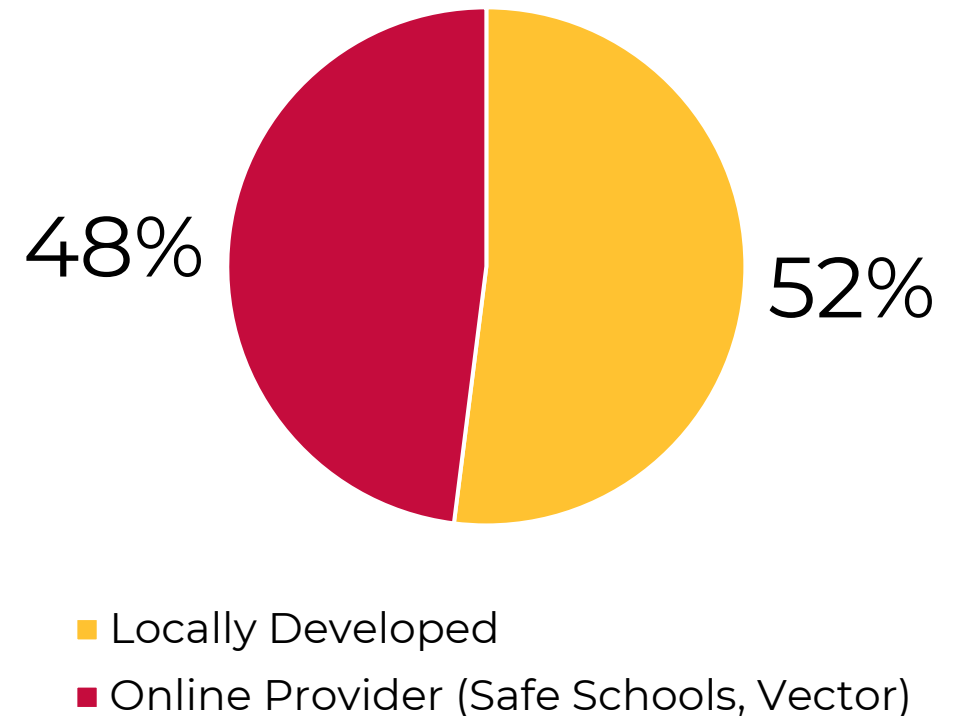
MSDE collects documentation of suicide prevention training annually via survey of local education agencies (LEAs) through the suicide prevention contact person in each LEA.

During the 2023-2024, all 24 LEAs reported that certificated staff were trained in accordance with COMAR 13A.07.11.

As of December 1, 2023, over 70,000 certificated staff were reported to have been trained. Thirteen of the LEAs use locally developed materials and twelve use an online provider such as *SafeSchools/Vector*.

Though each LEA develops their own trainings, MSDE has samples of the materials used by LEAs.

Method of Training



Next Steps

- MSDE will develop model training materials as outlined in *Education Article, Sections 2-205, 6-122, and 6-704, Annotated Code of Maryland*. These materials will incorporate emerging best practices and previous professional development feedback.
- MSDE will develop sample communication materials which LEAs can share with school staff, parents, and community members.
- MSDE will work with LEAs to provide training and technical assistance, upon request.