A LMCH WEBINAR
NPM #9: BULLYING

Local Health Departments collaborating with community partners to reduce bullying

February 24, 2021

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THIS MEETING IS BEING RECORDED

- Remaining in the webinar is your consent to be recorded and subsequently have recording in public domain (LMCH web page)
- If you do not want to be part of the recording, you can leave the session at any time.

2

Virtual webinar guidelines & norms

- Please stay on mute to avoid background noise and disruptions.
- Share your video if able – we want to see one another!
- Use the chat box for comments/questions.
- Try to stay present and engaged.
- Resist multi-tasking.
- Practice patience and understanding.
- Be gracious and flexible of where each of us is at in our own learning and understanding.

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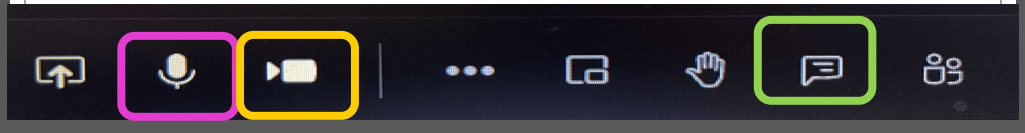
HOW WILL WE WORK TOGETHER?

We will use the chat feature for interaction.
Feel free to unmute yourself for comments/discussion.
Share your video if able – we want to see one another!



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Title V: NPM #9 Bullying

- Percent of adolescents, ages 12 through 17, who are bullied or who bully others

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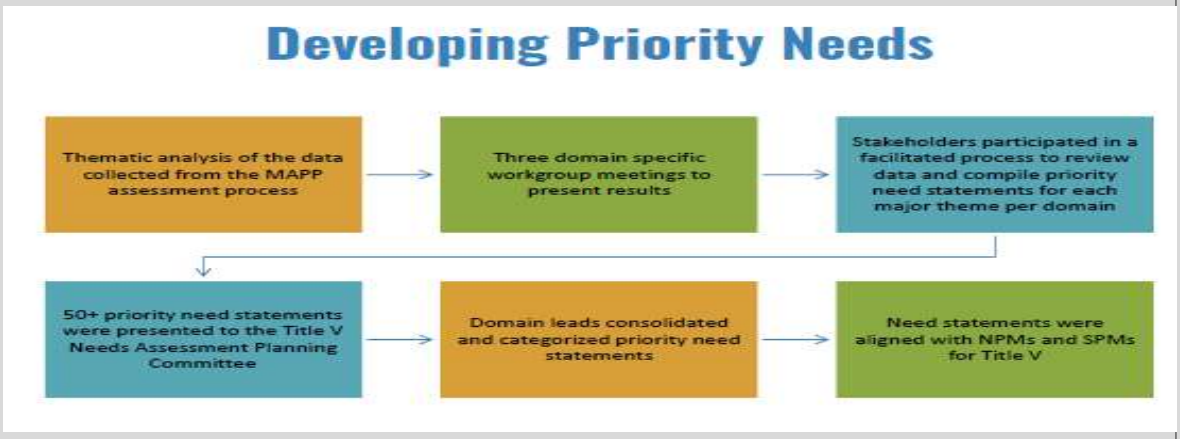
Title V MCH Needs Assessment in Michigan

Why was NPM #9 added as a new performance measure?



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Title V State priority needs based on 2020 NA

- Develop a proactive and responsive healthcare system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, and gender identity.
- Improve access to high-quality community health and prevention services in the places where women, children, and families live, learn, work, and play.
- Ensure children with special health care needs have access to continuous health coverage, all benefits they are eligible to receive, and relevant care where they learn and live.
- Expand access to developmental, behavioral, and mental health services through routine screening, strong referral networks, well-informed providers, and integrated service delivery systems.
- Improve oral health awareness and create an oral health delivery system that provides access through multiple systems.
- Create and enhance support systems that empower families, protect and strengthen family relationships, promote care for self and children, and connect families to their communities.
- Create safe and healthy schools and communities that promote human thriving, including physical and mental health supports that address the needs of the whole person.

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Title V NPM/SPM/Priority Need for FY21-FY25

NPM	Priority Area	*National Performance Measure*
2	Low-risk cesarean delivery (NEW)	Percent of cesarean deliveries among low-risk first births
4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
5	Safe sleep	A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding
9	Bullying (NEW)	Percent of adolescents, ages 12 through 17, who are bullied or who bully others
12	Transition	Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
13	Preventive dental visit	**13.1** Percent of women who had a dental visit during pregnancy; and **13.2** Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

SPM	Priority Area	*State Performance Measure*
1	Childhood lead poisoning prevention	Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test
2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series)
3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine
4	Medical care and treatment for CSHCN	Percent of children with special health care needs enrolled in CSHCS that receive timely medical care and treatment without difficulty
5	Intended pregnancy (NEW)	Percent of women who had a live birth and reported that their pregnancy was intended
6	Behavioral/ Mental Health (NEW)	Support access to developmental, behavioral, and mental health services through Title V activities and funding

Available – Appendix A of LMCH Guidance Document for FY 2021

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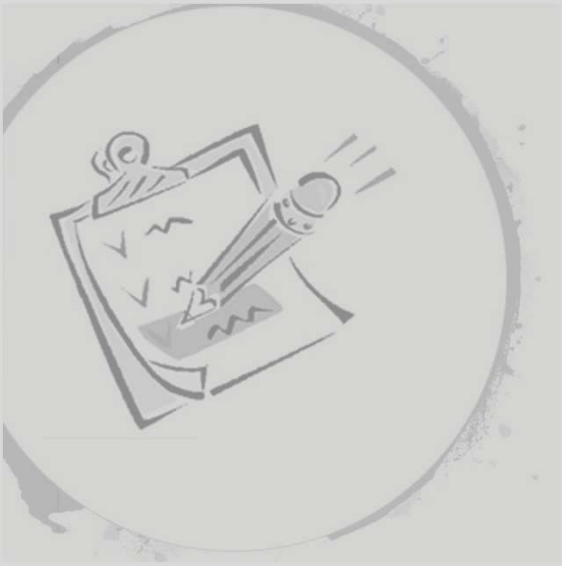

Learning Objectives

Participants will…..

1. Learn about bullying trends in Michigan
2. Develop collaborative approaches to identify and strengthen cross-sector partnerships to prevent bullying
3. Discuss opportunities for utilizing NPM #9/bullying prevention in LMCH Plans

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The Data on Bullying

Lindsay Townes, MPH
Child & Adolescent Health Epidemiologist

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Agenda – Data Section

- Overview of YRBS data
- Trends in bullying, 2011-2019
- Bullying in Michigan in 2019
  - By major outcome domains: Violence, Mental Health, Substance Use, and Social Disconnection
- A Note on Adverse Childhood Experiences (ACEs)
- Bullying by race/ethnicity in Michigan (2017/2019 pooled data)
- Bullying among LGBT students (2017/2019 pooled data)
- Conclusions
- Questions

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Overview of YRBS data on bullying

- The Youth Risk Behavior Survey (YRBS) is administered every two years to high school students
  - Sampled and weighted to be representative of Michigan high school-aged population
  - 2019 is the most recent data year available
- YRBS is a cross-sectional survey, which in epidemiology-speak means that exposures and outcomes are assessed simultaneously
  - Therefore, using YRBS data, it is not possible to say whether Variable X caused Variable Y to happen – merely that they are associated
- YRBS data is statewide and is not possible to break down into counties or school districts
  - To learn more about how these data look at your own schools, consider administering the MiPHY survey!
- YRBS includes two questions on bullying:
  - Whether a respondent has been bullied on school property in the past year
  - Whether a respondent has been electronically bullied in the past year
  - For the purposes of the following analyses, I have mostly used a variable that combines both of the above bullying variables

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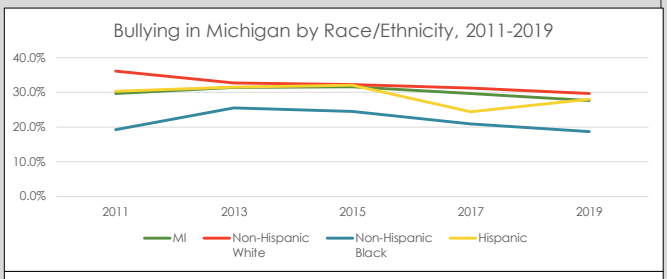
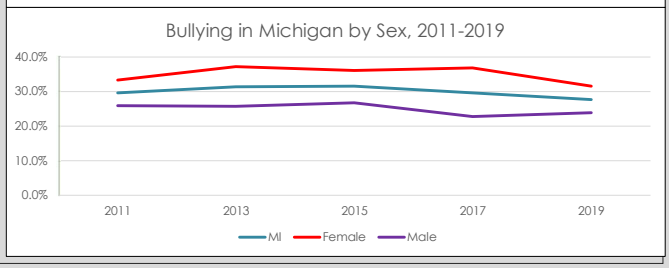
Trends in bullying, 2011-2019

- Overall, Michigan has not seen a significant trend upward or downward in reported bullying from 2011-2019
  - Consistently within 2-3 points of 30% of high schoolers reporting having been bullied in the past year
- No significant trend among the three largest racial/ethnic groups in Michigan – Non-Hispanic white, Non-Hispanic Black, and Hispanic
  - Due to low annual numbers of respondent, it is not possible to calculate trend for American Indians, Asian/Pacific Islanders, and Non-Hispanic Multiracial respondents
- No significant trend by sex of respondents
  - Female respondents consistently are more likely to report bullying than male respondents





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Bullying in Michigan in 2019

- In 2019, 27.7% of MI high school students reported in-school or online bullying
  - 21.4% reported in-school bullying, while 18.1% reported online bullying
  - This represents a slight, but statistically non-significant decrease from the 29.6% who reported experiencing bullying in 2017
- Students who reported bullying were significantly more likely to report adverse outcomes in the domains of
  - Violence
  - Mental health
  - Substance use
  - Social disconnection

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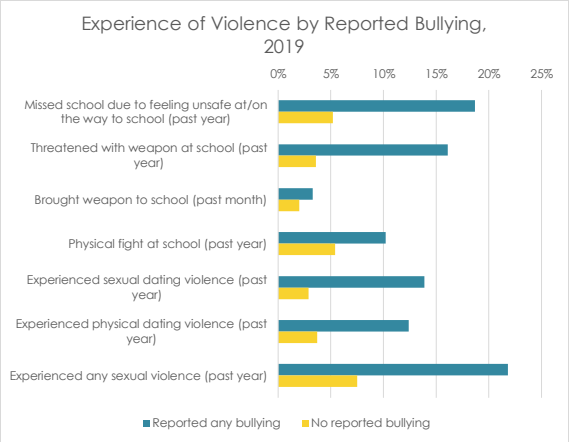
Violence and Experiencing Bullying

- Students who reported any bullying in the previous year were significantly more likely than students who did not report bullying to report:
  - Having missed school due to feeling unsafe (3.6x as likely)
  - Being threatened with a weapon at school (4.5x as likely)
  - Bringing a weapon to school in the past month (1.7x as likely)
  - Being involved in a physical fight at school (1.9x as likely)
  - Experiencing physical and sexual dating violence (3.4x and 4.8x as likely, respectively)
  - Experiencing any kind of sexual violence (2.9x as likely)



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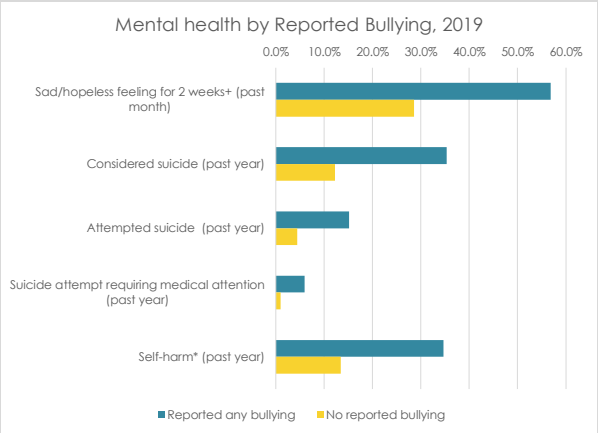
Mental health and Bullying

- Students who reported any bullying in the previous year were significantly more likely than students who did not to report:
  - Feeling sad/hopeless for 2+ weeks in the past month (2.0x as likely)
  - Having considered suicide in the past year (2.9x as likely)
  - Having attempted suicide in the past year (3.4x as likely)
  - Having a suicide attempt requiring medical attention in the past year (6.0x as likely)
  - Engaging in self-harming behaviors (2.6x as likely)



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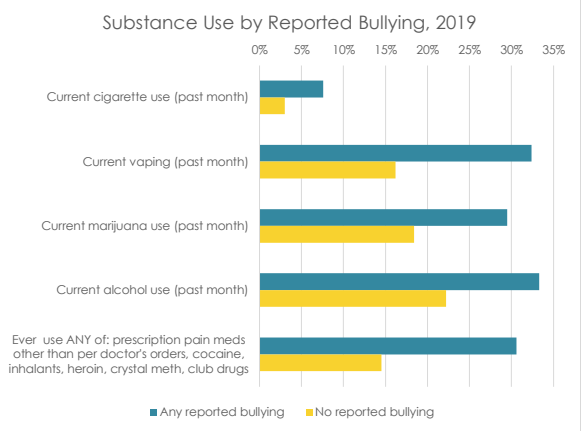
Substance Use and Bullying

- Students who reported any bullying in the past year were significantly more likely than students who did not to report:
  - Smoking at least 1 cigarette in the past month (2.5x as likely)
  - Using an electronic vapor product in the past month (2.0x as likely)
  - Using marijuana at least once in the past month (1.6x as likely)
  - Using alcohol at least once in the past month (1.5x as likely)
  - Ever having used any of cocaine, heroin, prescription medications, inhalants, crystal methamphetamine or club drugs (2.1x as likely)



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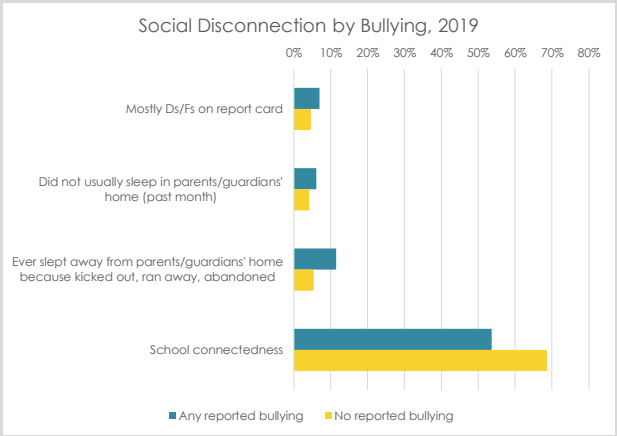
Social Disconnection and Bullying

- Students who reported any bullying in the previous year were significantly more likely than students who did not to report:
  - Mostly Ds and Fs on their report card (1.5x as likely)
  - Not usually sleeping in their parents' or guardians' home in the past month (1.5x as likely)
  - Ever having been kicked out, run away from, or abandoned by their parents or guardians (2.1x as likely)
- They were also significantly less likely to report feeling close to people at school (0.8x as likely)



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A Note on ACEs and Bullying

- Since 2017, Michigan's YRBS has included an item on adverse childhood experiences
- Asks whether respondents have experienced any of 8 experiences:
  - Death of a parent or caregiver
  - Mental abuse
  - Physical abuse
  - Sexual abuse
  - Saw violence in their home or neighborhood
  - Lived with a person who had mental illness or attempted suicide
  - Lived with a person who was an alcoholic or addicted to drugs
  - Lived with a person who went to jail or prison
- In 2019, students who reported being bullied **were more than twice as likely to report 4 or more ACEs** than students who did not report being bullied
  - This suggests that students who are already struggling with difficult experiences are more likely to be targeted for bullying by other students

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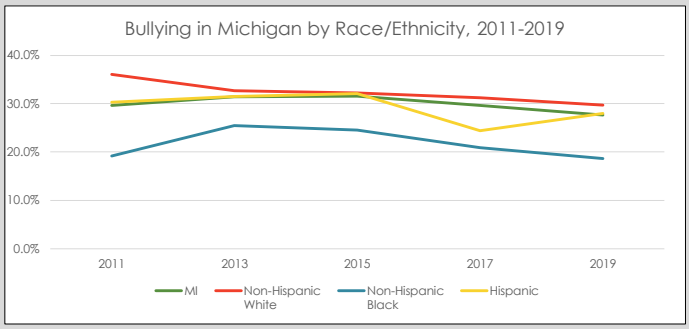
Bullying by Race/Ethnicity

- The following analyses look at the effects of bullying by assessing within-race/ethnicity differences between those who reported bullying and those who did not
  - In order to have an adequate sample size for cross-tabulations, these analyses use pooled 2017 & 2019 YRBS data



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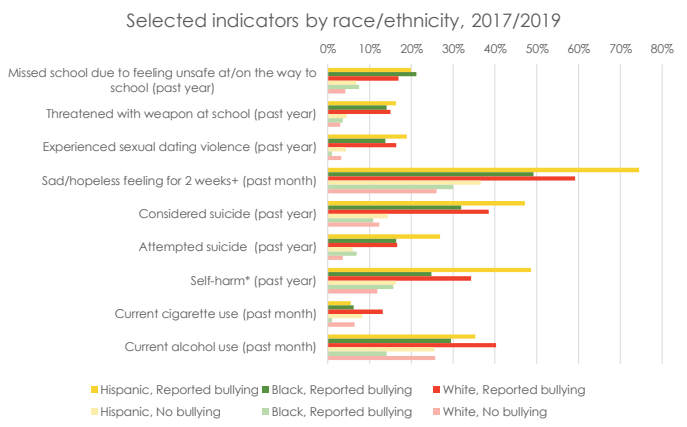
Selected indicators by Race/Ethnicity

- Compared to their same-race/ethnicity peers who did not report bullying
  - Hispanic students who reported bullying were:
    - 4.5x more likely to report attempting suicide
    - 6.6x more likely to report physical dating violence and 4.3x more likely to report sexual dating violence
  - Black students who reported bullying were:
    - 13.8x more likely to report sexual dating violence
    - 6.2x more likely to report current cigarette use
  - White students who reported bullying were:
    - 7.3x more likely to report a suicide attempt requiring medical attention
    - 5.0x more likely to report being threatened with a weapon at school



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Bullying among LGBT students

- Michigan's YRBS has included items on lesbian, gay, and bisexual identity since 2013
  - Item on transgender identity added in 2017
- Michigan has seen a significant increase in students who identify as LGBT over that period
  - From 6.0% in 2013 to 12.6% in 2019
- In 2019, 11.6% of Michigan students identified as LGB and 1.7% as Transgender
- LGBT students remain at significantly higher risk of being bullied than their non-LGBT counterparts (43.2% vs 27.1% using pooled 2017/2019 data)
- However, there is a **significant downward trend** in reported bullying of LGBT youth from 2013-2019
  - In 2013, 58% of LGB youth reported bullying compared to 43% in 2019, a 26% relative decline over the period

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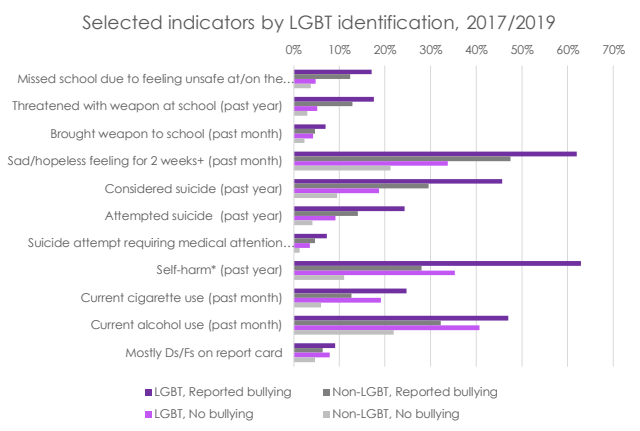
Selected indicators by LGBT status

- Compared to non-LGBT youth who reported bullying, LGBT youth who reported bullying were more likely to report:
  - Bringing a weapon to school (1.5x more likely)
  - Engaging in self-harm (2.2x more likely)
  - Having a suicide attempt that required medical attention (1.7x more likely)
- Compared to LGBT youth who did not report bullying, LGBT youth who reported bullying were more likely to report:
  - Experiencing sexual violence (2.9x more likely)
  - Missing school due to feeling unsafe (3.6x more likely)
  - Being threatened with a weapon at school (3.4x more likely)
  - Attempting suicide (2.6x more likely)



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Conclusions

- Students who report being bullied also are significantly more likely to report adverse outcomes across the domains of violence, mental health, substance use, and social disconnection
- LGBT students are particularly affected by bullying, with bullied LGBT youth reporting significantly worse outcomes than LGBT youth who do not report bullying and non-LGBT youth who do report bullying
- White students have been consistently most likely to report being bullied of the three largest racial/ethnic groups of Michigan high school students
- While Black students are less likely to report bullying than white or Hispanic students, those who report being bullied are more likely to report experiencing other kinds of violence, risky sexual behaviors and substance use, and adverse mental health outcomes than their non-bullied same-race peers

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QUESTIONS/ COMMENTS/THOUGHTS ON DATA

TEAMS MEETING

Please chat your questions in the chat box

OR
Unmute yourself and ask "live"

OR

Email Lindsay later at townesl@michigan.gov

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Working with Schools to Reduce Bullying Michigan Model for Health™

Steve Sukta

School Health Education Coordinator

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The Michigan Model for Health™ is:

- **A sequential, developmentally appropriate, skills-based, comprehensive health education curriculum, grade Pre-K to 12**
- **Aligned to State/National Health Education Standards**
- **Available in print and digital format**

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The Michigan Model for Health™ is:

- Research and evidence-based, with several studies reporting positive outcomes
- The product of a statewide joint effort of partners from various disciplines, developed and revised since 1984
- A living document that is subject to ongoing revisions

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Michigan Model for Health™ Implementation

- Implemented state-wide in 87% of public school entities, or five of six public schools in Michigan utilizing the MMH.
- Implementation occurs within non-public schools across Michigan, although to a lesser extent.
- The curriculum is implemented widely (even though it is recommended and not required)

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Michigan Model for Health Infrastructure

- **State Agencies: MDHHS and MDE**
  - **Writers, reviewers/content experts, pilot teachers, evaluators**

- **State Steering Committee**
- **Michigan School Health Coordinators Association (MiSHCA) https://mishca.org/**
  - **Training and technical support**
- **Michigan Model for Health Clearinghouse**
  - **https://mmhclearinghouse.org/**
- **School administrators and teaching staff**
  - **Pre-kindergarten through 12th grade students**
- **Multiple Partners**

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CORE COMPONENTS

Michigan Model for Health™ addresses major youth health risk behaviors at every grade level, with age-appropriate instructional activities

- Social and Emotional Health
- Nutrition and Physical Activity
- Safety
- Alcohol, Tobacco, and Other Drugs
- Personal Health and Wellness
- HIV/AIDS & Other STIs

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SOCIAL AND EMOTIONAL HEALTH

- **Self-Awareness and Self-Respect**
- **Stress Management**
- **Anger Management**
- **Communication Skills (Listening, I-Statements, Empathy and Refusal)**
- **Decision Making and Problem Solving**
- **Conflict Resolution**
- **Violence Prevention, Including Bullying**
- **Healthy and Unhealthy Relationships**
- **Getting and Giving Help**

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SAFETY

- PERSONAL (SAFE AND UNSAFE TOUCH)
- FIRE
- INTERNET (CYBERBULLYING)
- PEDESTRIAN
- BICYCLE
- WEAPONS
- PRESCRIPTION AND OVER THE COUNTER MEDICATIONS
- SEATBELT
- HOME
- DEVELOPING HEALTHY RELATIONSHIPS AND FRIENDSHIPS

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KEY CONCEPTS ON BULLYING PREVENTION

Pre-K to 6th grade

- Showing respect and caring
- Communication, conflict resolution and problem-solving skills
- Protecting self and others when bullied and harassed
- Internet safety and cyberbullying
- Getting help from caring adults

Grades 7-12

- Analyzing bullying and cyberbullying and the role of bystanders
- Practicing strategies to stay safe in a violent situation
- Recognizing dangerous situations and when it is important to report to authorities
- De-escalating intimidation

Bullying Alignment Guide for Gr. K-6
https://www.michiganmodelforhealth.org/about-mmh/hot-topic-alignments

Scope and Sequence Guide
https://www.michiganmodelforhealth.org/about-mmh/scope-sequence

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INVOLVING FAMILIES

FAMILY RESOURCE SHEETS ARE SENT HOME AT EACH GRADE. TOPICS INCLUDE:

- ❑ CONFLICT RESOLUTION
- ❑ COMMUNICATION
- ❑ ANGER MANAGEMENT
- ❑ FRIENDSHIPS
- ❑ BULLYING
- ❑ CYBERBULLYING

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MICHIGAN MODEL FOR HEALTH WEBSITE

https://www.michiganmodelforhealth.org/

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MISHCA NETWORK

- 22 School Health Coordinators serving 24 geographical regions (see map)
- Mostly work out of ISD/ESA settings
- Serve every school district, charter school and non-public school in their region
- Roles: School Health Consulting and Training; Facilitating School-Community collaborations on a variety of child/youth health issues
- Contact names and email address https://mishca.org/who/

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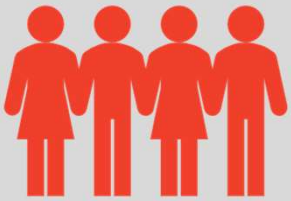

Contact Us!

Steve Sukta
Michigan Dept. of Health and Human Services
suktas@Michigan.gov

Jessi Shaffer
Michigan Dept. of Health and Human Services
shafferj3@Michigan.gov

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QUESTIONS/ COMMENTS/IDEAS FOR COLLABORATING WITH SCHOOLS

TEAMS MEETING

Please chat your questions in the chat box

OR
Unmute yourself and ask "live"

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Reducing Bullying Through Behavioral/Mental Health Child &Adolescent Health Centers

Gina Zerka, LMSW, CAADC

E3 Coordinator/Mental Health Consultant

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Child & Adolescent Health Center Program (CAHC)

- Comprehensive primary care and behavioral health services for all clients ages 5-21
  - Up to age 26 for clients eligible for special education services
  - Infants and children of adolescents up to age 21 (not for E3 model)
  - Regardless of school status, insurance status, ability to pay, etc.
  - Open full-time and year-round
  - Collaboration with PCP, if one exists
- Medicaid outreach services to eligible youth and families
- Comprised of an integrated team which may include:
  - Certified Nurse Practitioner (FNP-BC, CPNP), Licensed Physician, or Licensed Physician Assistant (PA-C)
  - Mental Health Clinician, licensed, master's degree
  - Michigan-Licensed Physician who serves as the Medical Director
  - May include other staff such as RNs, MAs, Program Coordinators, Administrative Support, Health Educators, etc.
- Promotes Health Education

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Service Delivery Models

Child & Adolescent Health Center (CAHC)

- Full Clinical & Alternative Clinical

School Wellness Program (SWP)

- Nursing Services & Mental Health Services

Expanding, Enhancing Emotional Health (E3)

- Mental Health Services

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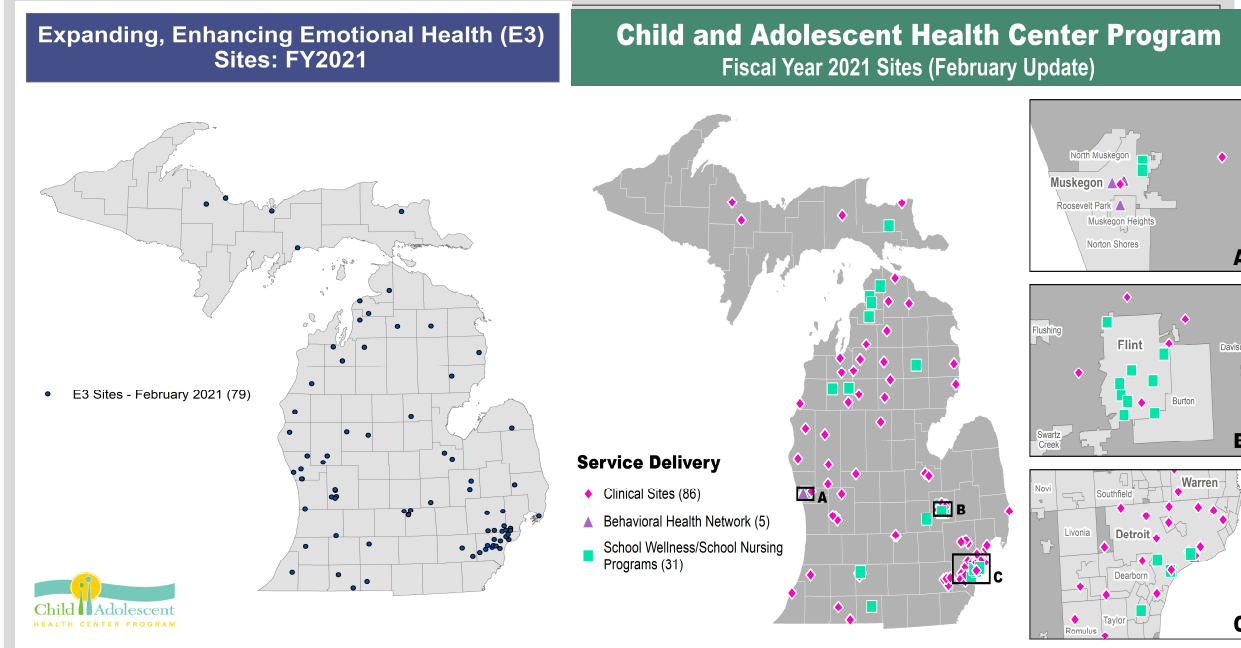

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Program Core Values

- Youth are viewed as key partners
  - Empower youth as educated health care consumers and advocates for own health
  - Formal feedback through Community Advisory Council (CAC) or Youth Advisory Council (YAC)
- Parents and caregivers are viewed as key partners
- Partnerships with schools are critical
- Broad-based community support
- Need-driven services
- Quality, comprehensive, youth accessible services
- Evidence-based health education
- Integrated care between school staff, clinical staff, and outside providers
- Linkage to intensive services and other resources

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CAHC Provider Role

- Evidence-based primary care (prevention and treatment)
- Provide Youth-Friendly services with an emphasis on marginalized populations
  - Low socioeconomic status
  - LGBTQIA+
  - High mental health needs
  - BIPOC (black, indigenous, and people of color)
- Incorporate youth and family goals into plan of care
- Promote youth self-advocacy as a healthcare consumer
- Integrated care and case management services
- Bridge between the schools and health center

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Mental Health Providers (all models)

- Licensed master's level mental health providers
- Depending on the program model, employed 20-40 hours in the school environment or school linked.
- Services include: screening, assessment, diagnosis and treatment (treatment plan).
- Individual, group and family sessions.
- All required to operate out of the Standards of Care (Scope of Practice-Public Health Code for Professionals/Mental Health Code).

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Efforts to Address Bullying Prevention

- Needs assessment
- Focus Areas: Evidence Based Intervention
- Mental Health (treatment) individual and group services
- School wide initiatives
- Partnership and Cross-Collaboration
- Health Education: classroom presentations and staff trainings

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Evidence Based Interventions (EBIs)

- Practices or programs shown through evaluation to be effective in impacting health outcomes and/or risk behaviors among the population to which the program is delivered.

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Evidence Based Interventions

- LEADS (Linking Education and Awareness of Depression and Suicide)
- Signs of Suicide- suicide prevention
- Why Try- violence Prevention
- TRAILS CBT or CBT groups-depression and anxiety
- Safe Dates- relationship violence
- Safe Choices- behavior change
- Seeking Safety-coping skills

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Website/Contact Information

Program Manager- Taggert Doll: dollt@michigan.gov

Program Coordinator- Kim Kovalchick: kovalchickk@michigan.gov

Website: http://www.michigan.gov/cahc

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QUESTIONS/ COMMENTS/IDEAS FOR COLLABORATING WITH ADOLESCENT HEALTH CENTERS

TEAMS MEETING

Please chat your questions in the chat box

OR
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School Nurses

School Health

Evilia Jankowski, MSA, BSN, RN
State School Nurse Consultant

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- Legislation
- MDE Model Policy
- The Role of the School Nurse

School Nurse

School Health

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LEGISLATION

Matt Epling Safe School Law

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REVISED SCHOOL CODE SECTION 380.1310B

PA 241 of 2011

- Requires development of a Policy

PA 478 of 2014

- Cyber-bullying

PA 361 of 2016

- Restorative Practices

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REVISED SCHOOL CODE SECTION 380.1310B

PA 241 of 2011 Requires development of a policy to include:

- A **statement prohibiting**
  - bullying
  - retaliation/false accusation
- A **provision indicating**
  - **all pupils are protected**
  - bullying is equally prohibited despite subject matter/motivating animus.
- The **identification by job title of school officials responsible**
- A **statement describing how policy is publicized**.
- A **procedure** for
  - **providing notification to the parent or legal guardian** of
    - victim/perpetrator
  - **reporting**
  - **prompt investigation**
  - **document** any prohibited incident
    - report all verified incidents to the school annually.

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REVISED SCHOOL CODE SECTION 380.1310B

PA 241 of 2011 Encourages development of a policy to include:

- Provisions to form
  - Prevention task forces
  - Programs
  - Teen courts
  - Other initiatives involving
    - School staff
    - Pupils
    - School clubs/other student groups
    - Administrators
    - Volunteers
    - Parents
    - Law enforcement
    - Community members
    - Other stakeholders
- A requirement for educational programs for pupils/parents on
  - **Preventing** bullying/cyberbullying
  - **Identifying** bullying/cyberbullying
  - **Responding to** bullying/cyberbullying
  - **Reporting incidents** of bullying/cyberbullying

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REVISED SCHOOL CODE SECTION 380.1310B

PA 241 of 2011 Requires development of a policy

- A school employee, school volunteer, pupil, or parent or guardian who promptly reports in good faith an act of bullying to the appropriate school official designated in the school district's or public-school academy's policy and who makes this report in compliance with the procedures set forth in the policy is **immune** from a cause of action for damages arising out of the reporting itself or any failure to remedy the reported incident.

This immunity does not apply to a school official who is designated to implement the policy, or who is responsible for remedying the bullying, when acting in that capacity.

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REVISED SCHOOL CODE SECTION 380.1310B

PA 478 of 2014

- Amends Revised School Code to **include cyber bullying** as form of bullying.

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REVISED SCHOOL CODE SECTION 380.1310C

PA 361 of 2016

- Amends Revised School Code to require schools to consider using **restorative practices** as an alternative or in addition to suspension or expulsion.

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MDE

Model Anti-Bullying Policy

2020

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Definitions

Bullying: Conduct that is…

- perceived as being **dehumanizing, intimidating, hostile, humiliating, threatening**, or otherwise likely to **evoke fear of physical harm or emotional distress**.
- directed at **one or more students**
- **physical, verbal, technological or emotional** means
- substantially **interferes with educational opportunities, benefits, or programs** of one or more students.
- adversely **affects ability of a student to participate in/benefit** from the school district's/public school's educational programs/activities by placing the student in **fear of physical harm or by causing emotional distress**
- based on a **student's/another person's actual or perceived distinguishing characteristic**

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Definitions

Harassment: Conduct that is…

• **repeated/continuing unwanted** contact **perceived as** being dehumanizing, intimidating, hostile, humiliating, threatening, or otherwise likely to evoke fear of physical harm or emotional distress.

• directed at **one or more students or staff**

• conveyed through **physical, verbal, technological or emotional** means.

• substantially **interferes with educational opportunities, benefits, or programs** of one or more students or staff.

• **adversely affects the ability of a student** to participate in/benefit from the school district's/public school's educational programs/activities because the conduct, as perceived by the student, is so severe, pervasive, and objectively offensive as to have this effect.

• based on a **student's/staff's/another person's actual/perceived distinguishing characteristic**

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School Board Promotes…

- **Comprehensive health education**
- **Annual training**
- **Standards for student behavior**
- **Best discipline for aggressive behavior**

  (1) support **students in taking responsibility** for their actions

  (2) develop **empathy**

  (3) **teach alternative ways** to achieve the goals and the solve problems
- **Positive and connected classroom**
- **Considerations for investigating reports** of bullying and harassment

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School Board Prohibits…

- both **active and passive support** for acts of harassment or bullying
- **reprisal or retaliation** against any person who reports an act of bullying or harassment or cooperates in an investigation.
- any person from **falsely accusing** another as a means of bullying or harassment

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School Board Requires

- **Designee at each school to be responsible for receiving** complaints alleging violations of this policy.
- **Designee to be responsible for determining** whether an alleged act constitutes a violation of this policy
- Develop/implement procedures that ensure **appropriate consequences and remedial responses**
- **Annually disseminate policy**
  - explain it applies to all applicable acts of harassment/bullying that occur on school property, at school-sponsored functions, or on a school bus.

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Strategies for Environmental Change

- Activities or strategies designed to help the student **reflect on the offending behavior**, with emotionally neutral and strength-based approach
- Implementation of **school-wide positive behavioral supports** (PBIS) and **multi-tiered systems of support** (MTSS)
- School/community surveys/strategies for **determining the conditions contributing to school culture and climate**, including harassment, intimidation, or bullying
- **Improvement in school culture and climate**
- Adoption of **research-based, comprehensive health education curriculum**
- Modifications of **schedules**
- Adjustments in **hallway traffic**
- Modifications in **student routes or patterns traveling** to and from school
- Increased **supervision** and targeted use of monitors (e.g., hallway, cafeteria, bus)

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Strategies for Environmental Change

- **Professional development** programs and plans for **all staff**
- **Disciplinary action** and/or **additional professional development** for school staff or volunteers who may not have appropriately addressed the issue
- **Parent conferences**
- **Referral to family counseling**
- Increased involvement of
  - **parent-teacher organizations**
  - **community-based organizations**
- Increased **opportunities for parent input and engagement** in school initiatives and activities
- Development of a general **bullying/harassment response plan**
- **Peer support groups**
- **Communication with and involvement of law enforcement** (e.g., school resource officer, juvenile officer)
- Engage in **community awareness events and planning sessions**

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SCHOOL NURSES

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National Association of School Nurses

- Students with
  - disabilities (USDHHS, 2017)
  - academic difficulties and speech impairments (Bradshaw, 2016)
- Bullied based on physical appearance
  - glasses
  - hair color
  - weight (Perron, 2013).
- Lesbian/gay/bisexual/transgender students (USDHHS, 2018b).
- More female students vs male students
- More male students report
  - physically bullied
  - threatened with harm

(Robers, Zhang, Morgan, & Musu-Gillette, 2015).

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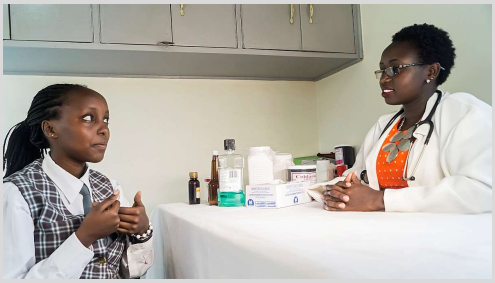
School Nurses are…..

- knowledgeable about
  - Bullying
  - Aggression
  - Victimization
  - Long-term consequences
- aware of importance of not labeling students as
  - "bullies"
  - "targets"
  - "victims"
- key members of the school team that identifies students who are
  - Bullied
  - bully others
  - both



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A word about…

Chronic Health Conditions

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School Nurses are…..

- Able to:
  - Share information/observations and alert the school team to signals that may identify students at risk
  - Assess students with frequent unexplained somatic complaints explicitly to screen for bullying and stress
  - Create a safe space at school where students can verbalize concerns about all health issues including bullying and other incidents of violence
  - Strengthen working relationships with other school staff to be able to share concerns about school bullying

(Pigozi & Jones Bartoli, 2016).

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Evilia Jankowski MSA, BSN, RN
State School Nurse Consultant
jankowskie@michigan.gov
517-335-8889

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QUESTIONS/ COMMENTS/IDEAS FOR COLLABORATING WITH SCHOOL NURSES

TEAMS MEETING

Please chat your questions in the chat box
OR
Unmute yourself and ask "live"

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NPM #9 & LMCH WORK PLANS

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Discussion/Application

- Thoughts on using information learned today in LMCH work plans?
- Feasible? Realistic?

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LOCAL MCH WORK PLAN EXAMPLES

Local Health Department Name: Tero County Public Health Department (TCPHD)

NPM #9 Bullying			
Goal: No child will be bullied in Tero County			
Objective: 1) By September 30, 2021, complete a school district assessment of bullying in Tero County's ISD. 2) By September 30, 2021, convene a taskforce to coordinate and integrate bullying prevention in Tero County. 3) By September 30, 2021, TCPHD will create a public awareness campaign on bullying prevention			
Relevant Data	**Evidence-based/informed or promising Strategies**	**Action Steps**	**Deliverables**
In 2017, about 20 percent of students ages 12–18 reported being bullied at school during the school year. (National Center for Education Statistics; https://nces.ed.gov/fastfacts/display.asp?id=719) In Michigan, almost 1 in 4 high school students reported being bullied at school and almost 1 in 5 reported being bullied online, or cyberbullied. (2017 Youth Risk Behavior Survey, conducted every other year by the Michigan Department of Education. https://www.michigan.gov/mde/0,4615,7-140-37818_34785-481064--,00.html) 38% of Tero County 7th grade students and 25% of 9th and 11th grade students had been bullied on school property in the past 12 months; 24% and 19% reporting being bullied electronically in the past year, respectively (MDHV, 2017-2018)	Obtain data on the current bullying prevention efforts being implemented in schools and provide resources to support those efforts	1. Partner with area school district to assess the extent of bullying in the district. 2. Conduct focus groups with adolescents in their communities to learn more about what the issue looks like locally. Ask adolescents what strategies they think would help combat this issue.	Partner with 4 area schools to asses bullying in district 2 focus groups with 10 participants (20) will occur
	Convene a taskforce comprised of community leaders (including parents) to coordinate efforts Educate students, parents, and teachers about bullying	3. Coordinate and integrate prevention efforts through a taskforce consisting of school-based teams, Michigan Model coordinator, community groups, parents, youth leaders, educators, law enforcement, juvenile justice, faith leaders and mental health providers. a. Work with local ISD to identify youth that may be disproportionately impacted by bullying, such as LGBTQI youth, children with special health care needs, and others and target interventions/ programs that are aimed specifically for these youth. b. Work with schools that report high rates of bullying to implement an evidence based bullying prevention program c. Partner with regional Michigan Model Coordinator to help promote use of the Michigan Model for Health™, that incorporates bullying prevention and social/emotional health promotion in its curriculum. Help purchase Michigan Model manuals for schools that want to implement but may not have the resources.	Quarterly (4) meetings will be held as evidenced by agenda and minutes Work with 4 schools on bullying prevention (duplicate count from #1)
	Increase community awareness.	4. Develop/disseminate a public awareness campaign aimed at bullying prevention. Create social media content, with input from youth, to reduce cyber or online bullying. Share content with stakeholders, schools etc. to get the message disseminated.	One social media campaigned developed with monthly social media postings (N=12)

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Save the date

Adolescent Health webinar

May 4th – 3:00-4:30p – Bias-Based Bullying – Stephen Russell – University of Texas at Austin (CASH Conference Sponsored)

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Contact Information

Lindsay Townes,
<TownesL@michigan.gov>

Jessi Shaffer,
<ShafferJ3@michigan.gov>

Steve Sukta,
<SuktaS@michigan.gov>

Gina Zerka
<ZerkaG@michigan.gov>

Evilia Jankowski,
<Jankowskie@michigan.gov>
517-335-8889

Trudy Esch
<EschT@michigan.gov>
517-241-3593

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