Amendment

As a follow-up to the School Wellness Consultation Team meetings with school and community leadership and members (September 12th and 13th, 2018), we offer the following amendments to augment and accelerate the recommendations contained in this report:

I. Health Education
   a. Based on experiences of each school with two of the three recommended curricula, Botvin Lifeskills and the Michigan Model for Health, there appears to be consensus in preference for adopting the Michigan Model for Health as a universal approach to Health Education across K-12 schools in MVPS. (See notes below detailing each school’s experience with the curricula).
      As such, we recommend that the Health Education Coordinator position be reduced to one half-time position (.5 FTE) or less given that the review and selection of curricula may not be warranted. The position would focus on implementation and evaluation support and coordination of health education across schools.

School experiences with Health Education Curricula:

   i. CHILMARK: utilizes some aspects of the Michigan Model for Health with some omissions, aligned with parent preferences;
   ii. WEST TISBURY: uses the Michigan Model for Health with fidelity to the curriculum; their health educator also teaches physical education at Chilmark;
   iii. EDGARTOWN: although they’ve used Botvin since 2002, their prior experience with the Michigan Model for Health led them to prefer it over Botvin, since Botvin seemed more “dull,” “redundant in grades 6-8,” and requiring augmentation (with Second Step);
   iv. OAK BLUFFS: they also have used Michigan before and prefer it over Botvin, several parts of which they now use; Botvin “doesn’t flow very well,” “seems outdated (“kids don’t know what a VCR is”),” and does not address “decision-making” adequately;
   v. TISBURY: they currently do not use a particular curriculum, but instead have staff using the Botvin outline, and adapting content as needed to meet the student needs and address parent concerns regarding health. They used Michigan Model for Health years ago until funding changed, and were not dissatisfied with the Michigan Model for Health.
   vi. MV HIGH SCHOOL: they use Botvin, but have to adjust it to better address various topics identified important each year, so they are receptive to switching to alternative curriculum in health.

b. We recommend that, in addition to the standard health education content, MVPS include comprehensive sexuality education in their curriculum. MVPS can
refer to the Massachusetts Comprehensive Health Education Standards, which include k-12 strands on Reproduction and Sexuality [http://www.doe.mass.edu/frameworks/current.html](http://www.doe.mass.edu/frameworks/current.html). These standards are under revision, and will give equal or more emphasis to sexuality, including being LGBT+ inclusive. In addition, MVPS can refer to the National Sexuality Education Standards (NSE) [http://www.futureofsexed.org/nationalstandards.html](http://www.futureofsexed.org/nationalstandards.html).

The NSES are aligned to the National Health Education Standards. Advocates for Youth developed a k-12 curriculum that is aligned to the NSES, includes parent components, and is free for downloading [http://advocatesforyouth.org/3rs-curriculum](http://advocatesforyouth.org/3rs-curriculum).

It is recommended that **students and families are actively engaged in the selection and implementation of sexuality education.** Students and families can be informed and provide input into alignment with values and priorities, and best ways to engage students and families in the curricular content.

II. Law Enforcement Partnerships and Training

a. Community partnerships are vital to providing accessible mental health services and supports, including on-site supports in schools. Police/School Resource Officers (SROs) remain a vital part of the mental health team in MVPS, as they are often accessed for mental health crises, and they are often able to provide helpful alternatives and direction for youth vulnerable to mental distress. To standardize roles, responsibilities and relationships of SROs across schools, and to ensure best practice, **we recommend that a uniform memorandum of understanding be implemented between each school and SRO agency**, and that it be aligned with the roles, responsibilities, and relationships considered best practice nationally and within Massachusetts. See [https://www.mass.gov/news/state-agencies-release-model-memorandum-of-understanding-for-massachusetts-school-resource](https://www.mass.gov/news/state-agencies-release-model-memorandum-of-understanding-for-massachusetts-school-resource) for a description of the Model Memorandum of Understanding (MOU) for Massachusetts School Resources Officers (dated 9/5/18) and [https://www.mass.gov/lists/documents-for-school-resource-officer-sro-program](https://www.mass.gov/lists/documents-for-school-resource-officer-sro-program) for a downloadable copy of the Model MOU. We have also added a copy of the Model MOU for SROs in the Resources section of this report.

b. Police/SROs would benefit from **training and professional development opportunities that align with the health education curriculum and with the roles and responsibilities detailed in the Model MOU**, including training on child and adolescent mental health designed for police and SROs.

III. School Climate Assessment and Intervention

a. School leadership recommended that **school climate surveys be conducted no later than Spring 2019**, and possibly annually thereafter. The School Climate
Improvement Resource Package (SCIRP) should be used to support the implementation of interventions tailored to survey findings.
b. As part of school climate efforts, it would be important to include professional development for educators on how to **create safe and supportive learning environments for LGBT+ students**, including quality education about LGBT+ identifies and inclusion of LGBT+ themes across curricula.