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FISCAL IMPACT REPORT

ORIGINAL DATE 02/09/11

SPONSOR Garcia, M.J. LAST UPDATED _____ HB _____

SHORT TITLE Study Effects of Bullying SJM 5

ANALYST Kleats

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY11	FY12	FY13	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		NFI		NFI	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Public Education Department (PED)

Responses Not Received From

Children, Youth and Families Department (CYFD)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 5 (SJM 5) requests that the Children, Youth and Families Department, Public Education Department, and Department of Health conduct a joint study to determine the current status of bullying prevention efforts in the state; to research evidence-based strategies to prevent bullying; to collect, analyze and report data related to the impact of bullying on juvenile justice, education and health; and to make recommendations on the best approach to ensuring effective bullying prevention programs statewide. The agencies are to report their findings to an appropriate interim legislative committee and to the Legislative Education Study Committee by November 30, 2011.

FISCAL IMPLICATIONS

If the attached December 2009 report is used in place of a newer study, there will be no fiscal impact.

SIGNIFICANT ISSUES

As the areas of study proposed in the joint study request of SJM 5 have been addressed in the work accomplished by CYFD, DOH, and PED, PED recommends that these findings be presented to the LESC and that copies of the study already conducted be presented to the secretary designates of CYFD, DOH, and PED for review and consideration as to implementation of recommendations already developed.

Consider having the joint study review and update the December 2009 report with any recent developments before presenting to the LESC.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

House Joint Memorial 31 introduced during the 2009 Regular Legislative Session proposed an identical study. CYFD, DOH and PED conducted the study and released their report on this study in December 2009.

PERFORMANCE IMPLICATIONS

DOH notes that SJM 5 is consistent with the State of New Mexico 2008 Comprehensive Strategic Health Plan, Chapter 7 Behavioral Health and Suicide Prevention, Goal 3: Promote Behavioral Health.

PED notes that SJM 5 relates to its goal to ensure students are ready to learn by having a safe, inviting, and caring learning environment.

ATTACHMENT

“Report on: Study the Incidence, Nature and Effects of Bullying and Other Forms of Harassment Affecting New Mexico Children and Youth.” Submitted by New Mexico Children, Youth and Families Department, New Mexico Public Education Department, and New Mexico Department of Health. December 2009.

IK/mew

Report on
Study the Incidence, Nature and Effects of
Bullying and Other Forms of Harassment
Affecting New Mexico Children and Youth

Submitted by:

New Mexico Children, Youth and Families Department

New Mexico Public Education Department

New Mexico Department of Health

December 2009

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Study the Incidence, Nature and Effects of Bullying and Other Forms of Harassment Affecting New Mexico Children and Youth

Executive Summary

During the 2009 Regular Legislative Session House Joint Memorial (HJM) 31 was introduced but did not pass. HJM 31 had requested the Children, Youth and Families Department (CYFD), Public Education Department (PED), and the Department of Health (DOH) to conduct a joint study *to determine the current status of bullying prevention efforts in the state; to research evidence-based strategies to prevent bullying; to collect, analyze and report data related to the impact of bullying on juvenile justice, education and health; and to make recommendations on the best approach to ensuring effective bullying prevention programs statewide* (see Appendix A: HJM 31).

Although HJM 31 did NOT pass, CYFD, PED, and DOH agreed to go forward and conduct a study on bullying prevention.

CYFD, PED, and DOH convened a work group (see Appendix B: Bullying Prevention Study Work Group) that met once per month beginning in June, 2009. The workgroup accomplished several tasks which include: conducted a review of existing data related to bullying and harassment submitted by CYFD, PED, and DOH; reviewed several “best practice” models related to bullying; reviewed PED existing policies related to bullying; and developed recommendations.

Recommendations:

Recommendations for the Legislature:

- Ensure all students receive bullying and violence prevention education through quality health education by making health education a graduation requirement taught by PED licensed health education instructors.
- Fund universal, school-based, pre-kindergarten through twelfth grade, programs with strong evidence of effectiveness in preventing or reducing violent behavior (see Appendix C: Best Practice Models).
- Fund a data sharing system that allows state agencies (i.e. PED, DOH and CYFD) to share information on incidence of school-based violence and injury in a timely manner in order to assist in better collaboration and implantation on bullying and violence prevention programs statewide.

Other Recommendations:

- The Bullying Prevention Work Group believes it is important to continue the work of bullying prevention through a coordinated effort. It is recommended that interested members of this Work Group attend the Success in Schools Committee which serves as a recourse statewide on school behavioral health.
- Further research be conducted on bullying prevention in New Mexico to include areas such as: 1) how to improve methods of tracking and sharing injury data in the schools and communities and 2) how to utilize best practice models for youth injury prevention efforts in both the school and community settings.

Current Status of Bullying Prevention Efforts New Mexico

Department of Health (DOH)

DOH, Injury and Behavioral Epidemiology Bureau, **defines bullying** as: *Intimidation and harassment that can interfere with a student's ability to learn and work. Bullying behaviors, left unchecked, may escalate to intentional injury.*

The Behavioral Epidemiology Bureau, part of the Epidemiology and Response Division, is able to track a wide variety of youth injuries including alcohol-related injury, drug overdose, suicide and homicide. The Bureau also houses the Youth Risk and Resiliency Survey (YRRS), administered in partnership with the Public Education Department, which assesses the behavioral health risk and protective factors of New Mexico's youth. The YRRS now includes a question specific to bullying. DOH data are made available to inform youth injury prevention and safety promotion programs statewide. DOH promotes evidence-based bullying prevention policies and programs and stresses the importance of enforcement of existing bullying prevention policies at the local level.

DOH, Office of Adolescent and School Health (OSAH) does not have projects or funding specifically earmarked for bully prevention. OSAH does however, support several communities to develop youth-led projects that strengthen resiliency factors and reduce risk factors. Many of OSAH's youth-led activities are focused on improving school climate by creating awareness of risk issues such as bullying, teen dating violence, and youth suicide. In addition, OSAH's school-based health centers assess for risk and resiliency using the Student Health Questionnaire. Students receiving services through the school-based health center receive one-on-one services and information about risk behaviors, including those associated with bullying.

The Public Education Department (PED)

PED has adopted 6.12.7 NMAC Bullying Prevention rule that both defines bullying as well as outlines requirements for local school districts (see Appendix D: 6.12.7 NMAC). **6.12.7 NMAC Definition:** *"Bullying" means any repeated and pervasive written, verbal or electronic expression, physical act or gesture, or a pattern thereof, that is intended to cause distress upon one or more students in the school, on school grounds, in school vehicles, at a designated bus stop, or at school activities or sanctioned events. Bullying includes, but is not limited to, hazing, harassment, intimidation or menacing acts of a student which may, but need not be based on the student's race, color, sex, ethnicity, national origin, religion, disability, age or sexual orientation.*

6.12.7 NMAC Bullying Prevention Requirements:

- *Each school district and charter school shall develop and implement a policy that addresses bullying, no later than April 1, 2007*
- *Any such anti-bullying policy shall at least include, but shall not be limited to:*

- *Definitions;*
- *An absolute prohibition against bullying;*
- *A method to ensure initial and annual dissemination of the anti-bullying policy to all students, parents, teachers, administrators and all other school or district employees;*
- *Procedures for reporting incidents of bullying which ensure confidentiality to those reporting bullying incidents and protection from reprisal, retaliation or false accusation against victims, witnesses or others with information regarding a bullying incident;*
- *Consequences for bullying which include consideration of compliance with state and federal IDEA requirements;*
- *Consequences for knowingly making false reports pursuant to the anti-bullying policy;*
- *Procedures for investigation by administration of incidents reported pursuant to the anti-bullying policy;*
- *A requirement that teachers and other school staff report any incidents of bullying; and*
- *A requirement that anti-bullying is included as part of the health education curriculum as set forth in 6.30.2.19 NMAC (“content standards – health education”)*

6.12.7 NMAC Bullying Prevention Rule does not require schools to implement bullying prevention programs. The rule requires anti-bullying to be included in health education curriculum. Currently Section 22-13-1.1 NMSA 1978 requires health education to be taught in the first, second and third grades; be one of the required programs in grades four through eight; and in ninth through 12th grades, requires instruction that meets academic content and performance standards be provided in health education. The requirement for health education may be accomplished by integrating health education content in several required class (e.g., teach about drugs in science, nutrition in physical education, etc.) or districts may meet the requirement for health education instruction at the secondary level by offering a stand-alone health education course. If taught as a stand-alone course then health education must be taught by a licensed PED teacher with an endorsement in health education. When health education is integrated into existing courses, it is taught sporadically with a focus on health related knowledge with little to no attention given to skills required for the reduction of health risk behaviors. When health education is delivered as a stand alone course, taught by licensed health educators, it is the most effective way in increasing student knowledge, skills and attitudes and influencing positive health behaviors.

PED rule 6.12.6 NMAC School District Wellness Policy requires local school boards, school districts and charter schools to develop and implement a policy that addresses student and school employee wellness through a coordinated school health approach (see Appendix E: 6.12.6 NMAC). Within this requirement is the requirement for school-level safety plans at each school building focused on supporting healthy and safe environments. The plans must include, but are

not limited to sections on **prevention, policies and procedures, emergency response and recovery**:

- The goal of the **SAFE SCHOOL PLAN – PREVENTION** section is to provide direction for school staff for preventing potential harmful situations.
- The goal the **SAFE SCHOOL PLAN – POLICIES AND PROCEDURES** section is to provide direction for school staff for intervening in potential harmful situations.
- The goal of the **SAFE SCHOOL PLAN – RESPONSE** section is to assist schools in preparing for potential emergency situations.
- The goal of the **SAFE SCHOOL PLAN – RECOVERY** section is to assist schools in coping with the aftermath of a traumatic incident.

A School-Level Safety Plan takes into account the differences between rural and urban areas as well as the cultural diversity of all the communities in New Mexico. The School-Level Safety Plan requires parent and community involvement in planning and maintaining a safe learning environment. The Goals for Safe Schools in New Mexico include:

1. All students in New Mexico will have access to public educational services in a safe, healthful, caring, and respectful learning environment.
2. All school personnel in New Mexico will be able to carry out their duties in a safe, healthful, caring, and respectful work environment.
3. Students, school staff, parents, and communities will understand that safe schools are everyone's responsibility.

Children Youth and Families Department (CYFD)

CYFD does not offer a program specific to bullying, however, CYFD's Juvenile Probation Office in Albuquerque offers two programs for delinquent youth that cover bullying as part of their curriculum. The two programs are briefly described below:

Prevention & Intervention Class

JUVENILE JUSTICE BLDG./5100 2ND STREET, Albuquerque

Juvenile Probation Office (JPO) staff facilitate a 2-hour class devoted to educating families about delinquency law, consequences in New Mexico, drug/alcohol awareness, bullying, using films, role-playing and exercises to help families communicate, and information to connect with our other resources. Families take a survey to complete the class. First or second offender clients who are referred for Park Curfew, Littering, Careless Driving, Telephone Harassment, No Drivers License, Criminal Trespassing, Speeding, Disorderly Conduct, Offenses by Minors, Runaway, Truancy, Incurrigible, and Interference with School Personnel are eligible to attend this class. It is also open as a sanction for a technical violation for clients on probation or as a deterrent for at-risk youth.

Alternatives to Violence Classes (5 weeks)

Location: OUTCOMES - 1503 University Blvd. NE ABQ 243-2551

Outcomes, Inc partners with Juvenile Probation to provide a restorative justice approach for youth referred for assault/battery in Bernalillo County, through community circles and mediation. Through a 4-week class (Thursday nights) they focus on bullying and being bullied in our schools and talk about the issues facing youth today (gangs, gun violence) and allow kids to learn and support each other. Great tool for young kids, and as a sanction for clients on probation. Completion of this program offers youth a chance to be supported by a community circle in their neighborhood.

Status of Bullying and Harassment in New Mexico

2007 Youth Risk & Resiliency Survey Violence-Related Data

The prevalence of risk-taking behaviors in New Mexico's youth can be identified through the 2007 New Mexico Youth Risk and Resiliency Survey (YRRS). The YRRS is a bi-annual youth risk and resiliency survey administered in New Mexico public schools grades 9-12. There are no measures on the 2007 YRRS that are specific to bullying. There are ten (10) measures that relate to violence.

Measure	Percent of Youth who Responded "yes" to the Measure
Has a gun in home	57.7%
Carried a weapon (such as a gun, knife, or club) * in the past 30 days	27.5%
Carried a gun *	11.7%
Carried a weapon on school property *	9.3%
Skipped school because of safety issues **	9.0% (highest in the nation)
Threatened or injured with a weapon on school property †	10.1%
In a physical fight †	37.1%
In a physical fight on school property †	16.9%
Hit, slapped, or physically hurt by boyfriend or girlfriend †	12.6%
Ever physically forced to have sexual intercourse	9.2%

* in the past 30 days

** felt unsafe at school or on the way to or from school, in the past 30 days

† in the past 12 months

In 2009 the YRRS will include the following measure for bullying:

During the past 12 months, have you ever been bullied on school property?

2004-2005 Safe Schools Report

The table below reflects data from the 2004-2005 Safe Schools Report. This report reflects self-reported incidents of firearms, violence, vandalism, and other criminal activity on school grounds from the 89 public school districts.

Incident Type	Total Number of Incidents Statewide
Firearms	36
Knife	420
Other Weapon	148
Violence	8932
Vandalism	1573
Other Criminal Activity	775

Recommendations

Recommendations for the Legislature:

- Ensure all students receive bullying and violence prevention education through quality health education by making health education a graduation requirement taught by PED licensed health education instructors.
- Fund universal, school-based, pre-kindergarten through twelfth grade, programs with strong evidence of effectiveness in preventing or reducing violent behavior (see Appendix C: Best Practice Models).
- Fund a data sharing system that allows state agencies (i.e. PED, DOH and CYFD) to share information on incidence of school-based violence and injury in a timely manner in order to assist in better collaboration and implantation on bullying and violence prevention programs statewide.

Other Recommendations:

- The Bullying Prevention Work Group believes it is important to continue the work of bullying prevention through a coordinated effort. It is recommended that interested members of this Work Group attend the Success in Schools Committee which serves as a recourse statewide on school behavioral health.
- Conduced further research on bullying prevention in New Mexico to include areas such as: 1) how to improve methods of tracking and sharing injury date in the schools and communities and 2) how to utilize best practice models for youth injury prevention efforts in both the school and community settings.

Conclusion

In order to prevent bullying and other forms of harassment affecting New Mexico children and youth it is imperative to create and sustain a healthier social climate in schools and other youth-centered environments. Building collective commitments among educators, parents, service provider and other key stakeholder is needed to address the problem of bullying and harassment. This report outlines the current status of prevention efforts as well as recommendations for improving bullying prevention in New Mexico.

“Health and education go hand in hand: one cannot exist without the other. To believe any differently is to hamper progress. Just as our children have a right to receive the best education available, they have a right to be healthy. As parents, legislators, and educators, it is up to us to see that this becomes a reality.”

~ Former Surgeon General, Dr. Antonia Novello, Healthy Children Ready to Learn: An Essential Collaboration Between Health and Education, 1992

Appendices

Appendix A: HJM 31

Appendix B: Bullying Prevention Study Work Group

Appendix C: Best Practice Models

Appendix D: 6.12.7 NMAC

Appendix E: 6.12.6 NMAC

HOUSE JOINT MEMORIAL 31

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

Rick Miera

A JOINT MEMORIAL

REQUESTING THE CHILDREN, YOUTH AND FAMILIES DEPARTMENT, THE PUBLIC EDUCATION DEPARTMENT AND THE DEPARTMENT OF HEALTH TO STUDY THE INCIDENCE, NATURE AND EFFECTS OF BULLYING AND OTHER FORMS OF HARASSMENT AFFECTING NEW MEXICO CHILDREN AND YOUTH.

WHEREAS, bullying is defined as an intentional and generally unprovoked attempt by one or more persons to inflict physical pain or psychological distress on one or more victims, and it requires an imbalance of physical or psychological power, with a bully being or being perceived to be the stronger; and

WHEREAS, bullying may be direct, with face-to-face physical or verbal confrontation, or indirect, with less visible action, such as the spreading of rumors or social exclusion; and

.176052.1

underscoring material = new
[bracketed material] = delete

underscored material = new
[bracketed material] = delete

1 WHEREAS, though a single attack on a victim, if severe
2 enough, can be accurately described as bullying, the term more
3 often refers to a series of negative actions that occur
4 frequently; and

5 WHEREAS, the definition of bullying includes repeated and
6 pervasive written, verbal or cyber expressions, physical acts
7 or gestures or a pattern of these elements, which are intended
8 to cause distress in one or more children or youth in a
9 community setting; and

10 WHEREAS, the definition of bullying also includes hazing,
11 harassment, teasing, social exclusion, threat, stalking, theft,
12 physical violence, public humiliation, destruction of property,
13 intimidation or menacing acts committed against a student,
14 which may be based on the student's perceived or actual race,
15 color, gender, ethnicity, national origin, religion,
16 disability, physical appearance, social class, age, sexual
17 orientation or gender identity; and

18 WHEREAS, according to the 2007 New Mexico youth risk and
19 resiliency survey, nine percent of New Mexico high school
20 students reported skipping school within the past thirty days
21 because they felt unsafe at school or while traveling to or
22 from school. In 2009, in order to better define the problem of
23 bullying, the New Mexico youth risk and resiliency survey will
24 collect data that is specific to school bullying; and

25 WHEREAS, American medical association research findings

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underscoring material = new
[bracketed material] = delete

1 indicate that bullying has a negative social and public health
2 impact on children and youth; and

3 WHEREAS, a bully may exhibit antisocial or delinquent
4 behaviors, such as vandalism, shoplifting, truancy and frequent
5 drug use, that continue into young adulthood; a bully is more
6 apt to drink, smoke and perform poorly in school; and one in
7 four boys who has been a bully has a criminal record by age
8 thirty; and

9 WHEREAS, a bullied person may experience short-term
10 problems, such as depression and thoughts of suicide, anxiety,
11 loneliness and difficulties with school work, and long-term
12 problems, including low self-esteem and depression; and

13 WHEREAS, in a United States department of education study,
14 younger students were found to be more likely than older
15 students to report being bullied; and

16 WHEREAS, in a United States department of education study,
17 fourteen percent of students reported being the victims of
18 bullying; and

19 WHEREAS, in a United States department of education study,
20 of those students who reported lower grades, the victims of
21 bullying were more likely to report receiving low grades than
22 their non-bullied counterparts; and

23 WHEREAS, victims of, and witnesses to, bullying often do
24 not inform adults because of intimidation by the bullies; and

25 WHEREAS, bullying behavior is identified as a problem that

.176052.1

underscoring material = new
[bracketed material] = delete

1 creates a climate of fear and intimidation and that affects
2 children and youth in multiple environments within the
3 community, including youth clubs, sports and public and private
4 educational settings;

5 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
6 STATE OF NEW MEXICO that the children, youth and families
7 department, the public education department and the department
8 of health be requested to conduct a joint study to determine
9 the current status of bullying prevention efforts in the state;
10 to research evidence-based strategies to prevent bullying; to
11 collect, analyze and report data related to the impact of
12 bullying on juvenile justice, education and health; and to make
13 recommendations on the best approach to ensuring effective
14 bullying prevention programs statewide; and

15 BE IT FURTHER RESOLVED that the secretaries of health,
16 public education and children, youth and families report their
17 findings to an appropriate interim legislative committee and to
18 the legislative education study committee by November 30, 2009;
19 and

20 BE IT FURTHER RESOLVED that copies of this memorial be
21 transmitted to the chair of the appropriate interim legislative
22 committee, the director of the legislative education study
23 committee and the secretaries of health, public education and
24 children, youth and families.

Appendix B:

Bullying Prevention Study Work Group

Name	Organization
Daniel DePaula	Public Education Department
Ron Lucero	Public Education Department
Dominic Cappello	Department Of Health
Craig Sparks	Children, Youth and Families Department
Sharon Pearson	Albuquerque Public Schools
Ellen Novak	Equality New Mexico
Jenn Jeverson	Santa Fe Mountain Center
May Sagbakken	Albuquerque Public Schools
Kathi Brown	New Mexico Commission on the Status of Women
Rasa Herzog	NM Voices for Children
Jordon Johnson	Equality New Mexico
Barbara Jones	Taos Bullying Prevention
Bob Cleavall	
Lynn Pedraza	Albuquerque Public Schools
Jean and Jim Genasci	PFLAG
Dr. Emily Moore	Social Empowerment New Mexico

Appendix C

Best Practice Models

The Task Force on Community Preventive Services, appointed by the Director of the Centers for Disease Control and Prevention, made recommendations on school violence prevention (<http://www.thecommunityguide.org/violence/school.html>). The Task force recommends universal school-based programs on the basis of strong evidence of effectiveness to prevention or reducing violent behavior (violence refers to both victimization and perpetration). Universal school-based programs to reduce violence are designed to reach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior:

- emotional self-awareness,
- emotional control,
- self-esteem,
- positive social skills,
- social problem solving,
- conflict resolution, or team work. self-awareness
- emotional control/impulse control

In order to be effective all children in a given grade or school, regardless of prior violence or risk for violent behavior, should receive bullying/violence prevention programs. Programs in elementary school and middle school programs usually seek to reduce disruptive and antisocial behavior using an approach that focuses on modifying behavior by changing the associated cognitive and affective mechanisms. In middle and high school, the focus of programs shifts to general violence and to specific forms of violence, including bullying and dating violence. The interventions use an approach that makes greater use of social skills training and emphasizes the development of behavioral skills rather than changes in cognition, consequential thinking, or affective processes.

School-based violence should be seen as an intentional injury with consequences that can lead to severe injury. For prevention efforts to reduce bullying, it requires that well-trained school staff, with the full support of the school principal, commit to age-appropriate bullying prevention training every year for every student in every grade. Well publicized and consistently enforced school safety rules are also vital to an effective school safety program. This entails:

1. A yearly staff in-service on violence prevention to all school staff.
2. A yearly workshop for parents on violence prevention.
3. Written school safety guides (including consequences for breaking rules) given to all students and their parents. These rules should also be posted on the school website.
4. Posters, similar in style to harassment prevention posters in the workplace, posted throughout the school, that let students know their right to a safe school—free from violence.
5. Yearly age-appropriate lessons for each student on bullying and violence prevention

6. An anonymous way for students to report bullying that would not put them at risk of retaliation by the victimizer

Examples of Evidence Based Programs

The following are examples of evidence based programs for bullying/violence prevention. Note that these programs require full buy-in on a yearly basis from the school principal and staff in order to be effective.

The Olweus Program (elementary and middle school)

The Olweus Program is a comprehensive, school-wide program designed and evaluated for use in elementary, middle, or junior high schools. The program's goals are to reduce and prevent bullying problems among school children and to improve peer relations at school. The program has been found to reduce bullying among children, improve the social climate of classrooms, and reduce related antisocial behaviors, such as vandalism and truancy. Schools are also gathering data about OBPP implementation at the High School level. The Olweus Program has been implemented in more than a dozen countries around the world, and in thousands of schools in the United States.

The *Olweus Bullying Prevention Program* has received recognition from a number of organizations committed to preventing school violence. The program has been named:

- **Blueprints Model Program**, Center for the Study and Prevention of Violence, University of Colorado at Boulder
- **Model Program**, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
- **Effective Program**, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice
- **Level 2 Program**, U.S. Department of Education ("Level 2" programs have been scientifically demonstrated to prevent delinquency or reduce risk and enhance protection for delinquency and other child and youth problems using either an experimental or quasi-experimental research design with a comparison group.

The OBPP has recently been endorsed in the American Academy of Pediatrics Policy Statement.

For more evaluation of the program visit: <http://www.clemson.edu/olweus/evidence.html>

Steps to Respect (late elementary school program)

The STEPS TO RESPECT program takes a whole-school approach to bullying, bringing staff, students, and families into the picture. A schoolwide approach sends a message to students that it's safe to come forward when there is a problem and that adults will take steps to help them.

Elements of the Program

- A comprehensive Program Guide gives administrators, teachers, and counselors step-by-step tools for developing policies and implementing the program.
- In-depth training ensures that all adults who have contact with students integrate core program concepts into every aspect of the school day.
- Engaging classroom lessons for Grades 3–5 or 4–6 give children the skills they need to recognize and refuse bullying, maintain friendships, and resolve conflicts.
- Coaching training and booster sessions provide extra support for staff members.
- Family trainings and materials reinforce bullying prevention skills at home.

Evaluation information can be found at:

<http://www.cfchildren.org/programs/str/research/decrease-in-bullying/>

Positive Behavioral Supports (PBS) Program

http://www.nasponline.org/resources/factsheets/pbs_fs.aspx

From: Andera M. Cohn

Positive Behavioral Support (PBS) is an empirically validated, function-based approach to eliminate challenging behaviors and replace them with prosocial skills. Use of PBS decreases the need for more intrusive or aversive interventions (i.e., punishment or suspension) and can lead to both systemic as well as individualized change.

PBS can target an individual student or an entire school, as it does not focus exclusively on the student, but also includes changing environmental variables such as the physical setting, task demands, curriculum, instructional pace and individualized reinforcement. Thus it is successful with a wide range of students, in a wide range of contexts, with a wide range of behaviors.

Blending behavioral science, empirically validated procedures, durable systems change and an emphasis on socially important outcomes, PBS always involves data-based decision making using functional behavioral assessment and ongoing monitoring of intervention impact.

According to IDEA '97, PBS is the recommended form of intervention for dealing with challenging behavior in children with disabilities. In Fiscal Year 1999, the U.S. Department of Education's Office of Special Education Programs in collaboration with Safe and Drug Free Schools supported a Center for Positive Behavioral Interventions and Supports with a grant of almost \$600,000. Information from this center is available at www.pbis.org. Additionally, the U.S. government continues to support a project at the University of Kansas (Beach Center on Families and Disability) to promote programs related to the personal needs of infants, toddlers, children and youth with disabilities; this program supports the use of PBS to help children with disabilities who demonstrate challenging behavior.

References

Carr, E. G., Horner, R. H., Turnbull, A. P., Marquis, J. G., McLaughlin, D. M., McAtee, M. L., Smith, C. E., Ryan, K. A., Ruef, M. B., Doolabh, A., & Braddock, D. (1999). *Positive behavior support for people with developmental disabilities: A research synthesis*. Washington, D.C.: American Association on Mental Retardation.

Heumann, J., & Warlick, K. (2001). *Prevention research & the IDEA discipline provisions: A guide for school administrators*. Available: www.ed.gov/offices/OSERS/OSEP/adminbeh.web.pdf.

Horner, R. H., Crone, D. A., & Stiller, B. (2001, March). The role of school psychologists in establishing positive behavior support: Collaborating in systems change at the school-wide level. *Communicé*, 29(6), 10-12.

Skiba, R. J. (2000, August). *Zero tolerance, zero evidence: An analysis of school disciplinary practice*. (Policy Research Rep. No. SRS2).

Sugai, G., & Horner, R. (2001, June). *School climate and discipline: Going to scale*. The National Summit on the Shared Implementation of IDEA, Washington, D.C. Available at: www.ideainfo.org

U.S. Department of Education. (2000). *Applying positive behavioral support in schools: Twenty-second Annual Report to Congress on the Implementation of the Individuals with Disability Act*. Washington, D.C.: Author.

Walker, H. Colvin, G., & Ramsey, E. (1995). *Antisocial behavior in public school: Strategies and best practices*. Pacific Grove, CA: Brooks/Cole.

Andrea M. Cohn is a doctoral student in the school psychology program at the University of Maryland; this fact sheet was developed during her summer (2001) internship at NASP Headquarters.

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TITLE 6 PRIMARY AND SECONDARY EDUCATION
CHAPTER 12 PUBLIC SCHOOL ADMINISTRATION - HEALTH AND SAFETY
PART 7 BULLYING PREVENTION

6.12.7.1 ISSUING AGENCY: Public Education Department
[6.12.7.1 NMAC - N, 11-30-06]

6.12.7.2 SCOPE: All public schools, including charter schools, and state supported educational institutions.
[6.12.7.2 NMAC - N, 11-30-06]

6.12.7.3 STATUTORY AUTHORITY: This regulation is adopted pursuant to Sections 22-2-1 and 9-24-8 NMSA 1978.
[6.12.7.3 NMAC - N, 11-30-06]

6.12.7.4 DURATION: Permanent
[6.12.7.4 NMAC - N, 11-30-06]

6.12.7.5 EFFECTIVE DATE: November 30, 2006, unless a later date is cited at the end of a section.
[6.12.7.5 NMAC - N, 11-30-06]

6.12.7.6 OBJECTIVE: This rule establishes requirements for districts, schools and state supported educational institutions to address bullying of students by adopting and implementing policies.
[6.12.7.6 NMAC - N, 11-30-06]

6.12.7.7 DEFINITIONS:

A. "Bullying" means any repeated and pervasive written, verbal or electronic expression, physical act or gesture, or a pattern thereof, that is intended to cause distress upon one or more students in the school, on school grounds, in school vehicles, at a designated bus stop, or at school activities or sanctioned events. Bullying includes, but is not limited to, hazing, harassment, intimidation or menacing acts of a student which may, but need not be based on the student's race, color, sex, ethnicity, national origin, religion, disability, age or sexual orientation.

B. "Department" means the public education department.

C. "Harassment" means knowingly pursuing a pattern of conduct that is intended to annoy, alarm or terrorize another person.

D. "IDEA" means the federal Individuals with Disabilities Education Act, 20 USC Secs. 1401 and following, including future amendments.

E. "Local school board" means the governing body of a school district or charter school.

F. "School district" means an area of land established as a political subdivision of the state for the administration of public schools and segregated geographically for taxation and bonding purposes.

[6.12.7.7 NMAC - N, 11-30-06]

6.12.7.8 REQUIREMENTS:

A. This section applies to local school boards, local school districts, and charter schools and governs policies to be adopted and implemented by local school districts with regards to addressing bullying.

B. Each school district and charter school shall develop and implement a policy that addresses bullying, no later than April 1, 2007.

C. Any such anti-bullying policy shall at least include, but shall not be limited to:

(1) definitions;

(2) an absolute prohibition against bullying;

(3) a method to ensure initial and annual dissemination of the anti-bullying policy to all students, parents, teachers, administrators and all other school or district employees;

(4) procedures for reporting incidents of bullying which ensure confidentiality to those reporting bullying incidents and protection from reprisal, retaliation or false accusation against victims, witnesses or others with information regarding a bullying incident;

(5) consequences for bullying which include consideration of compliance with state and federal IDEA requirements;

- (6) consequences for knowingly making false reports pursuant to the anti-bullying policy;
 - (7) procedures for investigation by administration of incidents reported pursuant to the anti-bullying policy;
 - (8) a requirement that teachers and other school staff report any incidents of bullying; and
 - (9) a requirement that anti-bullying is included as part of the health education curriculum as set forth in 6.30.2.19 NMAC (“content standards - health education”).
- [6.12.7.8 NMAC - N, 11-30-06]

History of 6.12.7 NMAC: [Reserved]

TITLE 6 PRIMARY AND SECONDARY EDUCATION
CHAPTER 12 PUBLIC SCHOOL ADMINISTRATION - HEALTH AND SAFETY
PART 6 SCHOOL DISTRICT WELLNESS POLICY

6.12.6.1 ISSUING AGENCY: Public Education Department
[6.12.6.1 NMAC - N, 02-28-06]

6.12.6.2 SCOPE: This regulation applies to public schools in New Mexico unless otherwise expressly limited.
[6.12.6.2 NMAC - N, 02-28-06]

6.12.6.3 STATUTORY AUTHORITY: This regulation is adopted pursuant to Sections 22-2-1 and 9-24-8 NMSA 1978.
[6.12.6.3 NMAC - N, 02-28-06]

6.12.6.4 DURATION: Permanent
[6.12.6.4 NMAC - N, 02-28-06]

6.12.6.5 EFFECTIVE DATE: February 28, 2006, unless a later date is cited at the end of a section.
[6.12.6.5 NMAC - N, 02-28-06]

6.12.6.6 OBJECTIVE: This rule requires the adoption of local school district wellness policies.
[6.12.6.6 NMAC - N, 02-28-06]

6.12.6.7 DEFINITIONS:

A. “Coordinated school health approach” means the framework for linking health and education. The focus is healthy and successful students. There are eight interactive components of coordinated school health: health education; physical education and activity; nutrition; social and emotional well-being; healthy and safe environment; health services; staff wellness; and family, school and community involvement.

B. “Family, school and community involvement” means an integrated family, school and community approach for enhancing the health and well-being of students by establishing a district school health advisory council that has the responsibility to make recommendations to the local school board in the development or revision, implementation, and evaluation of the wellness policy.

C. “Health education” means the instructional program that provides the opportunity to motivate and assist all students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. It meets the content standards with benchmarks and performance standards as set forth in 6.30.2.19 NMAC.

D. “Health services” means services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care or behavioral health services or both, foster appropriate use of primary health care services, behavioral health services, prevent and control communicable diseases and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health.

E. “Healthy and safe environment” means the physical and aesthetic surroundings and the psychosocial climate and culture of the school. It supports a total learning experience that promotes personal growth, healthy interpersonal relationships, wellness, and freedom from discrimination and abuse.

F. “Nutrition” means programs that provide access to a variety of nutritious and appealing meals and snacks that accommodate the health and nutrition needs of all students.

G. “Physical activity” means body movement of any type which include recreational, fitness, and sport activities.

H. “Physical education” means the instructional program that provides cognitive content and learning experiences in a variety of activity areas. It provides the opportunity for all students to learn and develop the skills, knowledge and attitudes necessary to personally decide to participate in a lifetime of healthful physical activity. It meets the content standards with benchmarks and performance standards as set forth in Section 6.30.2.20 NMAC.

I. "Social and emotional wellbeing" means services provided to maintain and/or improve students' mental, emotional, behavioral, and social health.

J. "Staff wellness" means opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated school health approach.

K. "Tactical emergency response plan" means that portion of a safe school plan that details risk assessments and establishes the plans or procedures to manage an emergency event after it has occurred and includes, but is not limited to, emergency routes and staff assignments as they relate to immediate actions, delayed actions, mitigation actions, facility evacuations and facility reentry.
[6.12.6.7 NMAC - N, 02-28-06; A, 11-30-06]

6.12.6.8 REQUIREMENTS:

A. This section applies to local school boards, local school districts, and charter schools and governs policies to be implemented by local school districts with regards to student and school employee wellness.

B. Each school district and charter school shall develop and implement a policy that addresses student and school employee wellness through a coordinated school health approach.

C. Each school district and charter school shall submit the wellness policy to the public education department for approval.

(1) Sections of the wellness policy that meet the requirements set forth in Paragraphs (3), (4), (5), (6) and (11) of Subsection D and the requirements set forth in Subsection E of this section shall be submitted to the public education department on or before August 30, 2006.

(2) Sections of the wellness policy that meet the requirements set forth in Paragraphs (1), (2), (7), (8), (9) and (10) of Subsection D of this section shall be submitted to the public education department on or before January 30, 2007.

D. The wellness policy shall include, but shall not be limited to:

(1) a planned, sequential, K-12 health education curriculum that addresses the physical, mental, emotional, and social dimensions of health and is aligned to the health education content standards with benchmarks and performance standards as set forth in 6.30.2.19 NMAC;

(2) a planned, sequential, K-12 physical education curriculum that provides the optimal opportunity for all students to learn and develop skills, knowledge and attitudes necessary to personally decide to participate in lifetime healthful physical activity and is aligned to the physical education content standards with benchmarks and performance standards as set forth in 6.30.2.20 NMAC;

(3) guidelines to provide physical activity opportunities to students before, during and/or after school;

(4) nutrition guidelines for a la carte offerings minimally meeting guidelines set forth in Subsection B of 6.12.5.8 NMAC;

(5) guidelines for school sponsored fund raisers during the normal school hours minimally meeting guidelines set forth in Paragraph (1) of Subsection C of 6.12.5.8 NMAC;

(6) guidelines for school sponsored fund raisers before and after schools hours ensuring that at least fifty percent of the offerings shall be healthy choices in accordance with the requirements set forth in Paragraph (2) of Subsection C of 6.12.5.8 NMAC;

(7) a plan addressing the behavioral health needs of all students in the educational process by focusing on students' social and emotional wellbeing;

(8) school safety plans at each school building focused on supporting healthy and safe environments and including but not necessarily limited to:

(a) prevention,

(b) policies and procedures, and

(c) tactical emergency response plan;

(9) a plan addressing the health services needs of students in the educational process;

(10) a plan addressing the staff wellness needs of all school staff that minimally ensures an equitable work environment and meets the American with Disabilities Act, Part III;

(11) a plan for measuring implementation and evaluation of the wellness policy, including the designation of one or more persons within the school district, or at each school, as appropriate, charged with operational responsibility for ensuring that each school fulfills the district's wellness policy.

E. Family, school and community involvement. Each local board of education shall establish a

district school health advisory council that consists of parent(s), school food authority personnel, school board member(s), school administrator(s), school staff; student(s); and community member(s). The school health advisory council shall have the responsibility to make recommendations to the local school board in the development or revision, implementation, and evaluation of the wellness policy consistent with this rule. The school health advisory council shall meet for this purpose a minimum of two times annually.

[6.12.6.8 NMAC - N, 02-28-06; A, 11-30-06]

History of 6.12.6 NMAC: [Reserved]