



Findings from the Nevada Safe Schools/Healthy Students Initiative

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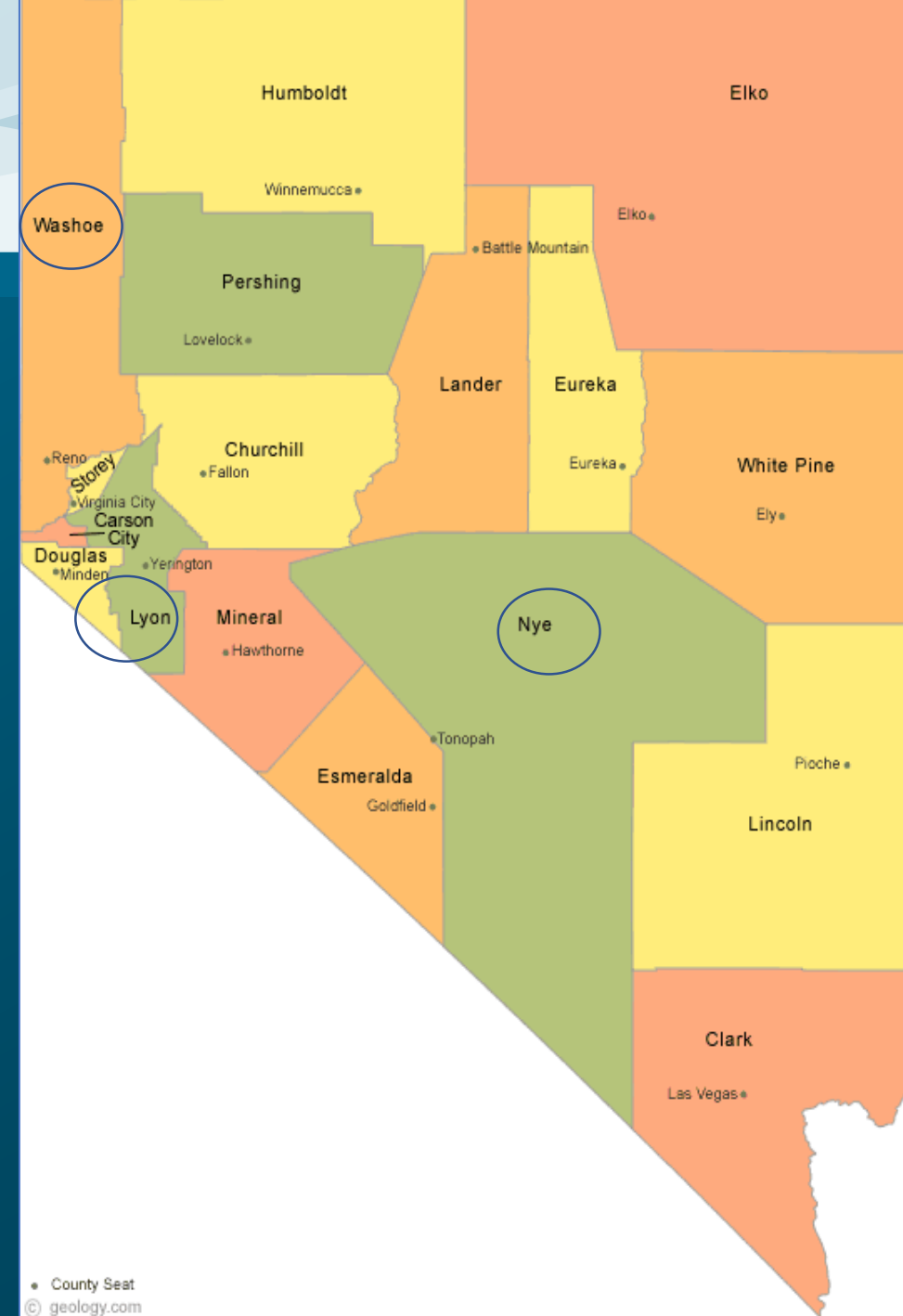
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School District	County Size (square miles)	Population ^a	Number of Schools	School Enrollment	Grant Sub-Recipient
Lyon	2,024	53,179	18	8,348	Healthy Communities Coalition
Nye	18,159	43,423	24	5,037	NyE Communities Coalition
Washoe	6,542	453,616	106	66,671	The Children's Cabinet



SS/HS Elements

1. Promoting Early Childhood Social Emotional Learning and Development
2. Promoting Mental, Emotional, and Behavioral Health
3. Connecting Families, Schools, and Communities
4. Preventing Behavioral Health Problems, Including Substance Abuse
5. Creating Safe and Violence-Free Schools

Evaluation Methods and Data Sources

1. Key informant interviews and site visits
2. Collection of output data through a Project Accomplishments Database (PAD)
3. Use of data from the NV YRBS, administered by UNR
4. Use of data from the NV School Climate/Social Emotional Learning (SC/SEL) Survey administered by AIR
5. Use of aggregate-level school records (e.g., discipline, offenses, and truancy) compiled by NDE

Logic Models

- State and coalitions developed logic models, covering each element, that specified needs, goals, objectives, activities, partners, outcome measures (using a template required by SAMHSA)
- Logic models included GPRA measures and shared indicators
- PIRE converted template into graphics-based logic models (less detailed)

Sample Logic Model

WASHOE SCHOOL DISTRICT

Element 1: Promoting Early Childhood Social and Emotional Learning and Development

1.1.1. ASQ/ASQ-SE trainer will provide TOT to 10 trainers.

1.1.2. Trainers will train pre-K and K teachers on how to use ASQ/ASQ-SE.

1.1.3. CMT will develop processes and procedures for implementing tool.

1.2.1. Review TACSEI program and determine what changes need to occur county wide to improve the utilization of TACSEI. Review completed by end of June 2015.

1.2.2. Recruit and hire staff to implement the EBP program for SEL by March 2015.

1.2.3. Train staff in TACSEI.

1.2.4. TACSEI will be implemented in WCSD Pre-K programs and with community childcare providers, with fidelity assessment implemented.

1.3.1: Contact 10 childcare providers each month to educate them on the benefits, process and registration QRIS.

1.3.2: Recruit staff and hire to implement Quality Rating Information System (QRIS).

1.3.3: The State Anchor will train Children's staff and will ensure they are reliable in the QRIS model

1.3.4: During the second half of Year 2, QRIS will be implemented with childcare providers in the community.

Objective 1.1
Increase the percentage of children age 5 and younger that have routine developmental screenings using ASQ-SE, from 30.9% to 34%

Objective 1.2
Increase by 12 the number of childcare centers that are implementing an evidence-based SEL program with fidelity by the end of September 2017.

Objective 1.3.
Increase by 18 the number of childcare centers that participate in QRIS to improve the quality of their childcare centers by the end of the September 2017.

SUMMARY OF KEY PROGRAMMATIC ACTIVITIES

- Element 1 (Early Childhood SEL and Development)
 - Developmental screenings for children 0 – 5
 - Evidence-based SEL programs in early childhood centers
- Element 2 (MH Services)
 - MH services in schools
 - Connections and referrals to community-based MH services

SUMMARY OF KEY PROGRAMMATIC ACTIVITIES

- Element 3 (School Connectedness)
 - Parent University and Community Education
 - Restorative Justice programs
 - Parents as Partners
 - YouthWERKS
 - School/Community-focused events

SUMMARY OF KEY PROGRAMMATIC ACTIVITIES

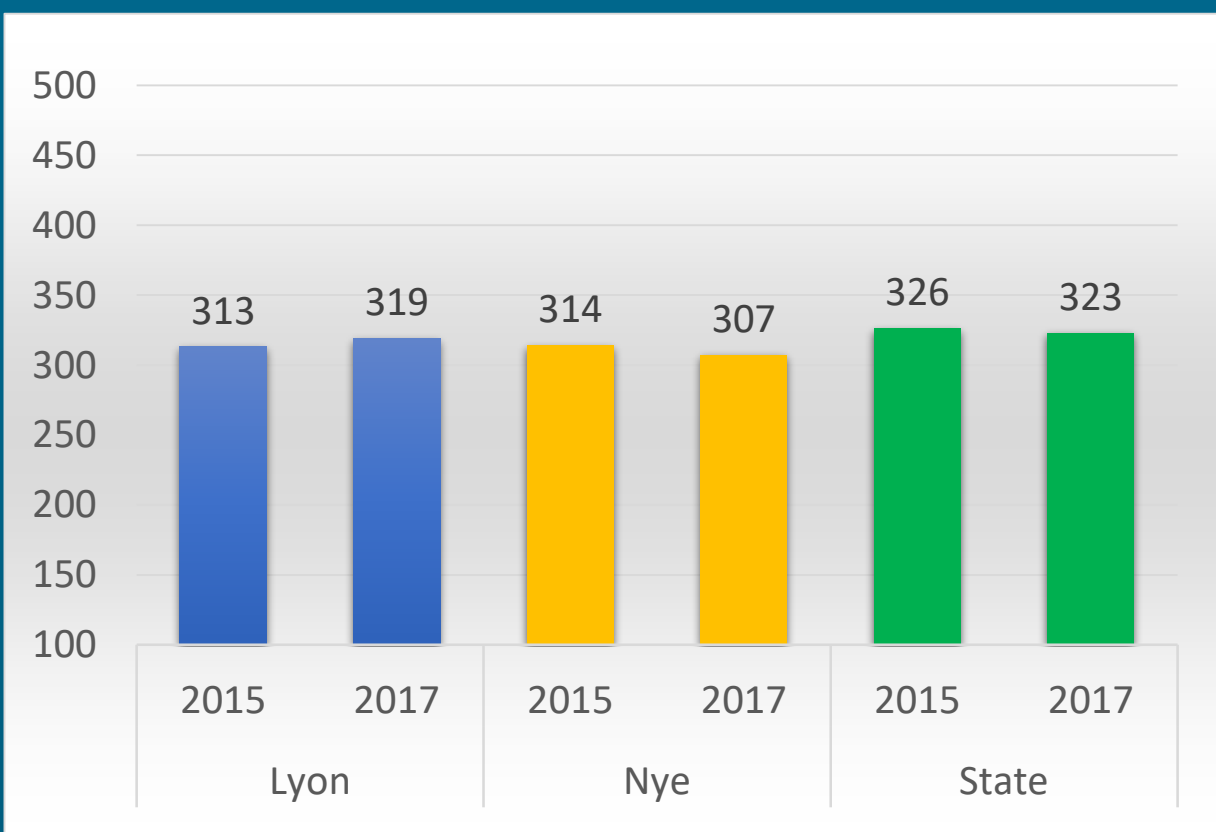
- Elements 4 and 5 (Substance Abuse and Violence Prevention)
 - Project SUCCESS
 - Project Northland/Class Action
 - Positive Action
 - Peer-to-Peer ATOD prevention strategies
 - Social marketing campaigns

KEY PROCESS AND OUTCOME INDICATORS

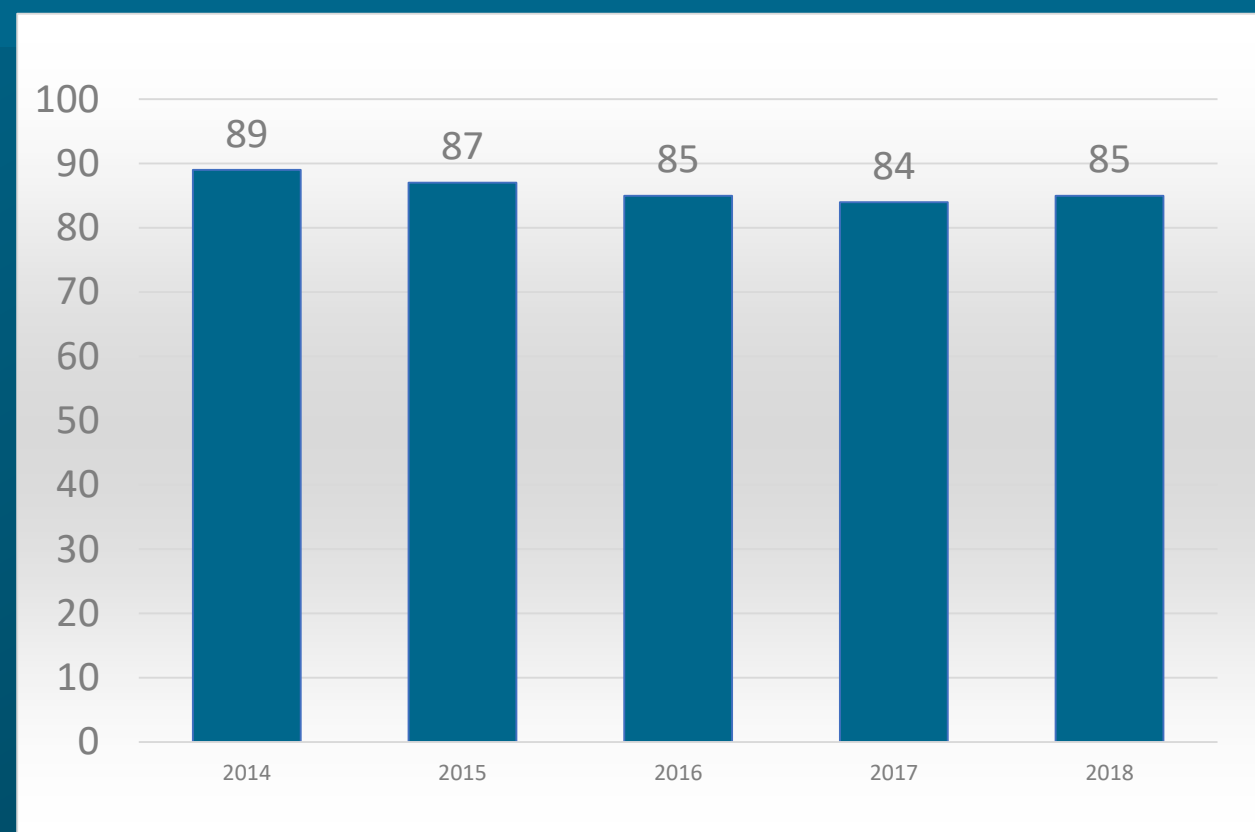
ELEMENTS 1 AND 2: EARLY CHILDHOOD SEL AND PROMOTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH

Indicator	Lyon		Nye		Washoe	
	Baseline	Avg. 2014-18 (*or total)	Baseline	Avg. 2014-18 (*or total)	Baseline	Avg. 2014-18 (*or total)
Element 1: Promoting early childhood social and emotional learning and development						
Developmental screenings	0	570	0	176	30.9%	31.6%
Evidence-based SEL programs	2	13*	0	13*	3	15*
Element 2: Promoting mental, emotional, and behavioral health						
School-based MH services (GPRA)	352	876	0	1,096	250	614
Referrals that become community-based MH services (GPRA)	19.5%	30.8%	0%	59.8%	57%	37.2%

ELEMENT 3: SCHOOL AND FAMILY CONNECTEDNESS



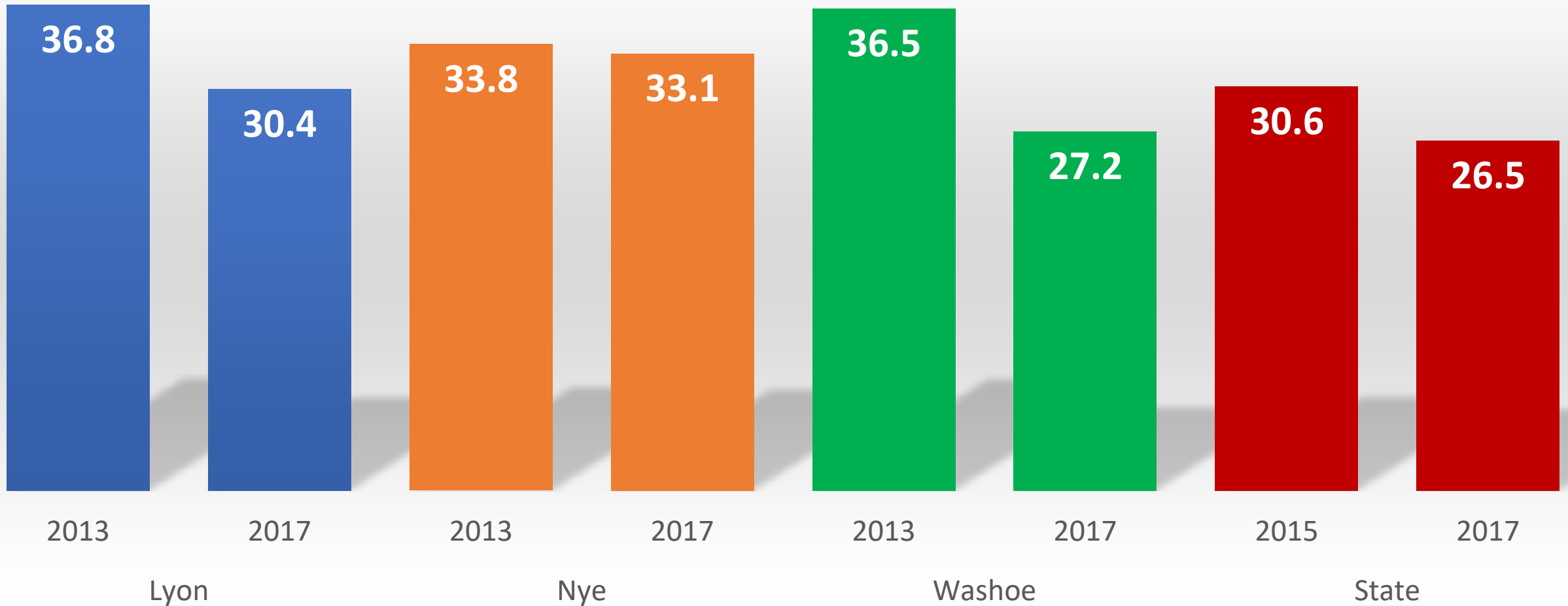
Nevada School Climate/SEL Survey: Relationships Scale (100-500)
(e.g., *Teachers understand my problems; My teachers care about me; If I am absent, there is a teacher or some other adult at school that will notice my absence*)



Washoe School Climate Survey: Percent of Parents Reporting that School is Welcoming and Supportive of Parental Involvement

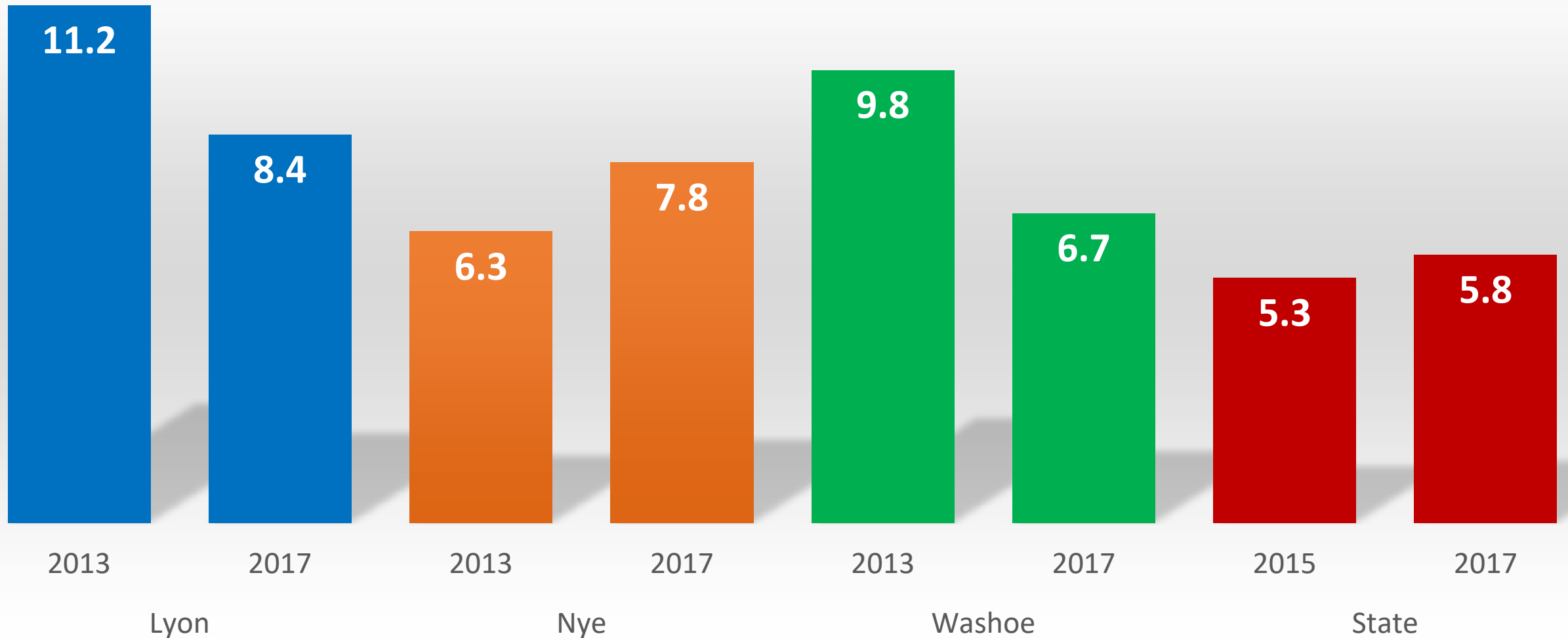
ELEMENT 4: SUBSTANCE USE PREVENTION

GPRA 4. Past 30 Day Alcohol Use



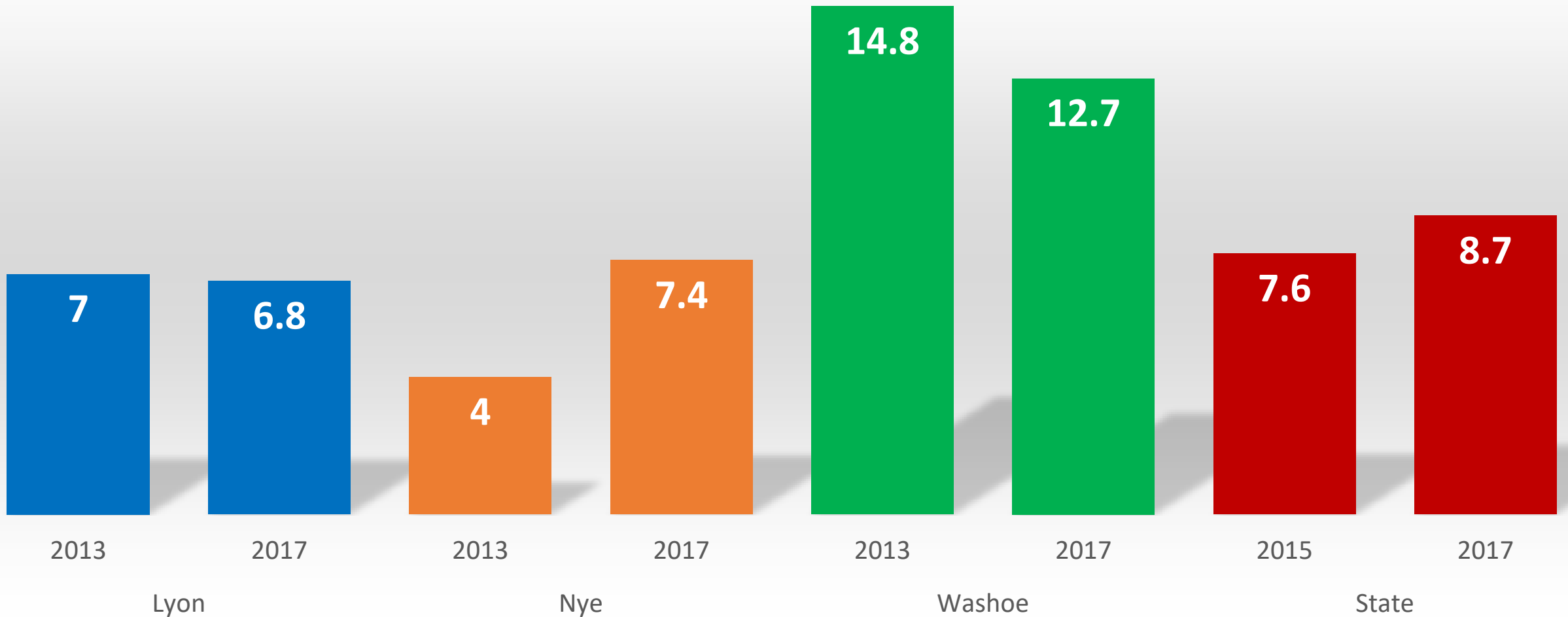
ELEMENT 5: VIOLENCE PREVENTION

GPRA 5. Fighting on School Property

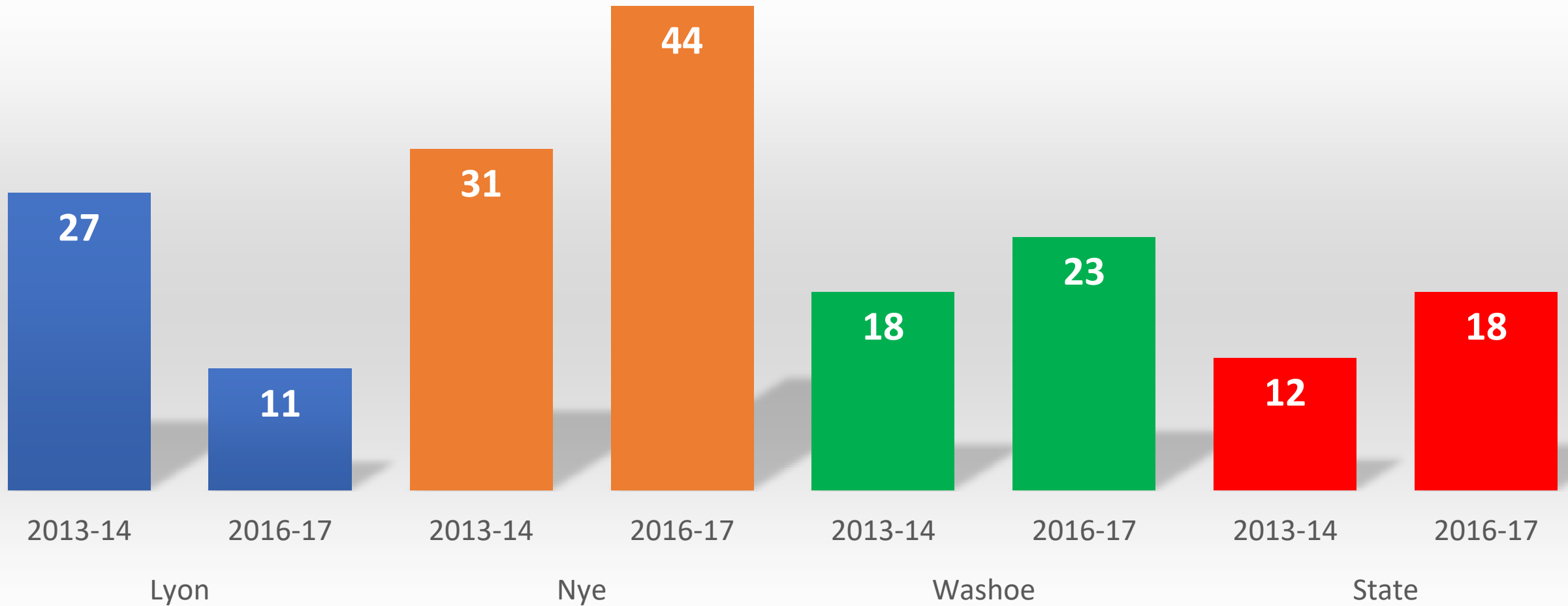


ELEMENT 5: VIOLENCE PREVENTION

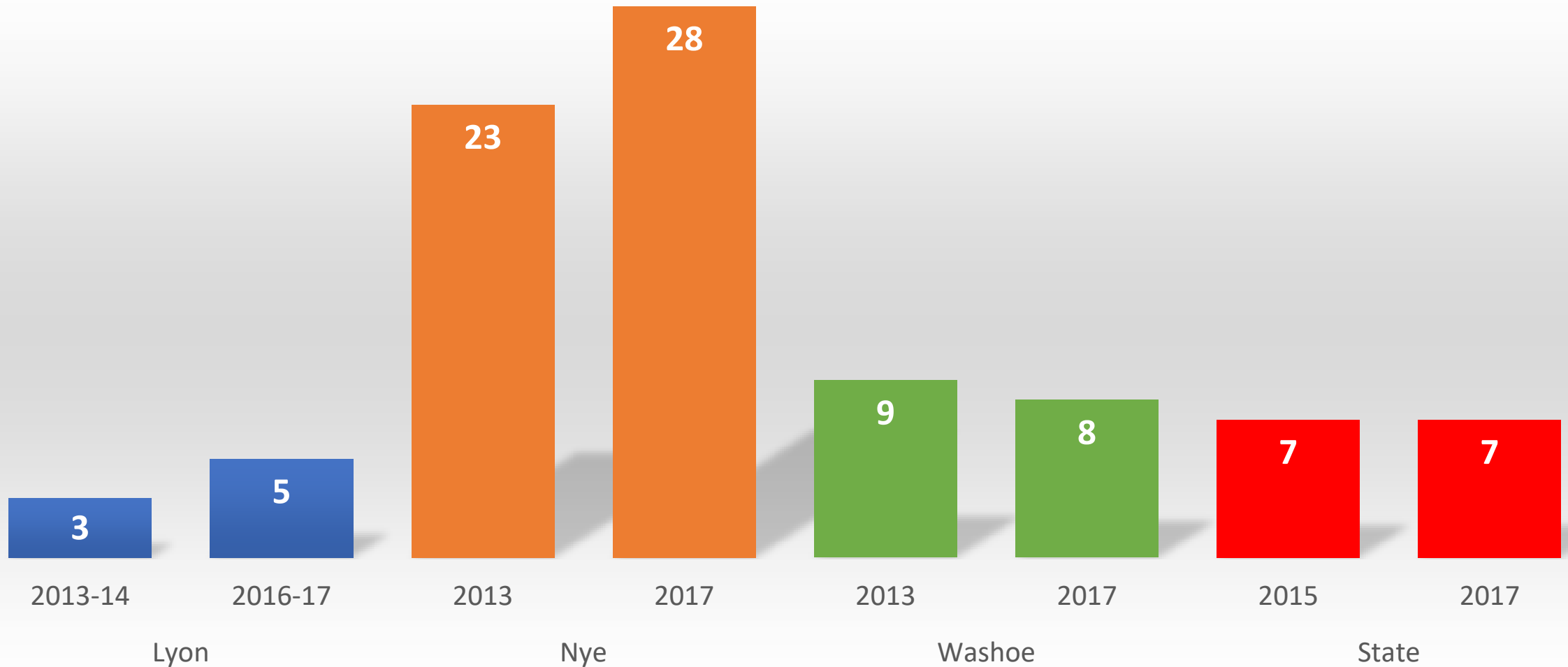
GPRA 6. Did Not Go to School Because Felt Unsafe



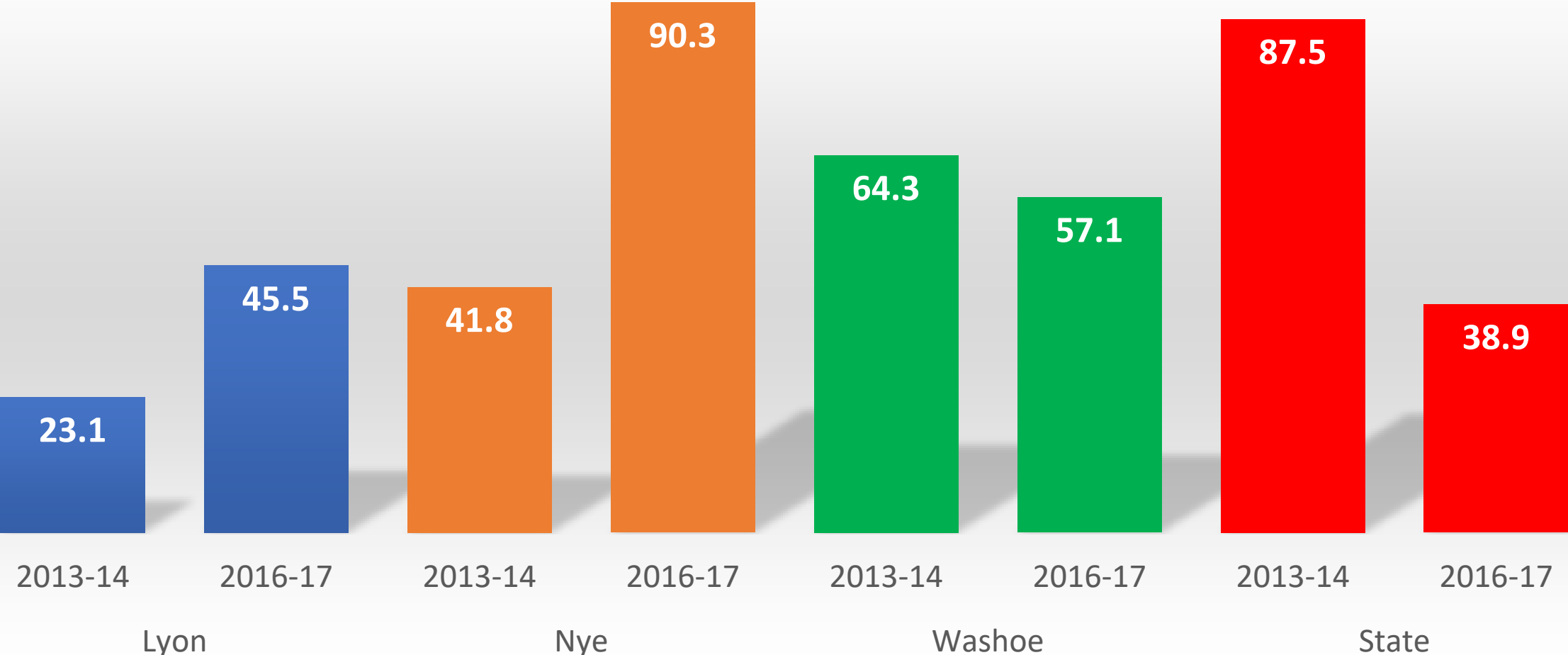
Violent Incidents in Schools, per 1,000 Students



Confirmed Bullying Incidents per 1,000 Students



CONFIRMED BULLYING AS A PERCENT OF REPORTS OF BULLYING



SHARED INDICATOR SUMMARY

Indicator	Lyon	Nye	Washoe	State
Element 1: Promoting early childhood social and emotional learning and development				
Development screenings				NA
Early childhood SEL programs				NA
Element 2: Promoting mental, emotional, and behavioral health				
School-based MH services				NA
MH referrals that resulted in community-based services				NA
Element 3: Connecting Families, Schools, and Communities				
Relations				
Element 4: Preventing Behavioral Health Problems, Including Substance Abuse				
Past 30-day alcohol use				
Element 5: Creating Safe and Violence Free Schools				
Physical fight on school property during past year				
Did not go to school because felt unsafe, past 30 days				
Violent incidents				
Confirmed bullying reports				-

Key Informant Interviews

Who

School District Administrators/staff

SSHS Project Coordinators: state and local

Resource Coordinators & Social Workers

When

Spring 2018

Key Informant Interviews: Capacity

Resource coordinators in schools

Social workers in schools – none prior to grant

SSHS and school staff trained in

- ASQ-SE
- TACSEI
- Signs of Suicide (SOS)
- Restorative Practices/Justice
- PBIS
- Mental Health First Aid

Key Informant Interviews: Successes

State provision of funding for social workers

No screening of students prior to grant, now widespread

- Pre-k & kindergarten developmental screenings
- Signs of Suicide & followup
- Mental health services in school
- Follow up on referrals to community MH providers

Key Informant Interviews: Challenges

Limited supply of licensed SWs and professional mental health

- NV Social Work Board
- SSHS state management team facilitated changes

Getting into the schools

Turf issues

- Between RCs & SWs and school counselors
- Between RCs & SWs and school administration
- Between RCs & SWs and public health agencies

State funding for school social workers

Key Informant Interviews: Paradigm shifts

Greater emphasis on social emotional learning & whole child

- School safety not just about locking doors

Move from punitive discipline: focus on context & behavior

RCs asset for linking school and community

Social workers asset for academic counselors

Move from silos to collaboration: sharing resources

School administration moving to open, factual communication
with community

Key Informant Interviews: Sustainability

Information sharing MOUs in place

Schools & coalitions braiding funding for:

- RCs & social workers
- Screenings: suicide and developmental

Volunteer clinicians for screenings

Local school & coalition staff trained as trainers

Other agencies (public & private) adding pieces of SSHS agenda

UNR added school social work classes

Key Informant Interviews: Funding via Coalitions

Schools would have taken much longer to begin implementation

Schools often don't know community resources

- Critical for MH referrals, food, health, social services
- Coalitions embedded in the community – HCC Hub

“Ownership for child's success now more with community than just schools”

“A community organization can be more nimble and take more risks”