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Nevada SafeVoice

FINAL SUMMARY OVERVIEW

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PURPOSE

Anonymous or confidential tip lines have been recommended as promising and viable approaches to prevent school violence (e.g., Schwartz et al., 2016) and are becoming a popular mechanism for school systems to elicit information from students about potentially harmful events that may occur on school campuses (Planty et al., 2018). Tip lines allow students to report suspicious behaviors they observe or become aware of (e.g., weapons in schools and planned school attacks), health and mental health concerns about their peers or themselves (e.g., depression or suicidal ideation), and other threats to the safety and wellbeing of students (e.g., bullying, cyberbullying, and physical fights). A recent national review found that 51% of middle and high schools reported having tip lines (Planty et al., 2020) and that 15 states have codified the use of tip lines through state legislation (Gourdet et al, 2021).

Most research to date on tip lines has focused on implementation (e.g., Planty et al., 2020; Poulin Carlton, 2021) and perspectives among those involved in tip lines (e.g., Espelage et al., 2021; Planty et al, 2020), although studies about the effectiveness of tip lines are beginning to emerge (e.g., Planty et al., 2022). The purpose of this present study was to assess the implementation and effectiveness of a statewide tip line in Nevada, known as *SafeVoice*.

The Nevada State Legislature established the *SafeVoice* tip line program in response to growing concerns about school safety in the State of Nevada.¹ The Nevada Department of Education (NDE) manages and oversees the program, and the Department of Public Safety (DPS)

¹ Although established in 2015 through SB 212 and Nevada Revised Statute (NRS) 388, the Nevada Legislature did not provide funding for *SafeVoice*. This 2016 research grant from the National Institute of Justice was the primary source of funding for *SafeVoice* through 2022.

operates the *SafeVoice* call center 24 hours per day, 365 days per year. After receiving tips, DPS disseminates them to the appropriate local jurisdictions—that is, school-based Multidisciplinary Teams (MDTs) and, if warranted, local law enforcement agencies.

POPULATION REACHED

SafeVoice operates in every school district throughout Nevada. Nevada public schools serve nearly 500,000 students in 763 schools across 17 school districts. School district enrollment ranges from 83 students in Esmeralda County School District to 310,556 students in Clark County School District—the fifth largest school district in the country and home of Las Vegas. Other than several districts that serve urban populations (e.g., Las Vegas, Reno, and Carson City), Nevada’s school districts are largely rural and frontier. Although *SafeVoice* is also available to parochial schools, state charter schools, and other schools that are not part of public school districts, our study focuses on the 17 public school districts.

RESEARCH QUESTIONS, DESIGN, AND METHODS

Research Questions

PIRE designed the study to address five main research questions.

1. How was *SafeVoice* implemented across the state?
2. What were the immediate responses to *SafeVoice* tips?
3. To what extent did *SafeVoice* reports prompt follow-up services for students of concern?
4. To what extent did the presence of *SafeVoice* contribute to changes in student behaviors and school climate?
5. How cost effective was *SafeVoice* in contributing to changes in student behaviors and school climate?

Design

The first three research questions are focused on the implementation of *SafeVoice*, so we used data from several sources to track program implementation (see Research Methods below). Questions 4 and 5 are focused on outcomes, such as the effects of *SafeVoice* on students' behaviors. To answer these two research questions, the research team designed and attempted to implement a delayed-intervention randomized control trial (RCT), whereby half the school districts received the intervention for a period of seven months (January through July of 2018) and the rest of the school districts received the intervention beginning in August of 2018).

Although we randomly assigned half the districts to Cohort 1 and half to Cohort 2, our data indicated that there was substantial contamination between the cohorts, with schools from both cohorts receiving *SafeVoice* tips during the initial intervention period. The contamination rendered the RCT ineffectual as a design. As an alternative, we examined statewide changes in outcomes over time using time series approaches to our analyses.

Methods and Data Sources

Below we briefly describe the methods and data sources we used for the study.

Project Meetings. The research team facilitated regularly scheduled project meetings throughout the life of the project with staff from PIRE, NDE, and DPS. (Questions 1 and 2)

Program Data. The research team had access to the *SafeVoice* program data through an internal auto-report system. We ran reports for program data January 1, 2018 (date of launch) through July 31, 2022. (Questions 1 and 2)

Key Informant Interviews. To better understand how *SafeVoice* was implemented across the state and how the MDTs functioned locally, the research team conducted site visits to a total

of 45 schools across all 17 districts. The main purpose of the site visits was to gather qualitative data from multiple perspectives, including those of the MDT members, school personnel, students, and parents. (Questions 1 – 4)

MDT Surveys. We conducted an annual survey of MDT members to better understand their experiences with *SafeVoice* and its implementation, as well as its effects on school climate. (Questions 1 and 4)

Social Worker Service Data. Social workers from Clark County School District (CCSD) reviewed tips from January 2018 through April 2019 to identify the follow-up services that were provided to students in response to *SafeVoice* tips. (Question 3)

School Discipline Data. The research team obtained annual discipline data from the Nevada Report Card (<http://nevadareportcard.nv.gov/>) for all Nevada school districts and monthly discipline data from CCSD. (Questions 4 and 5)

School Climate Data. The research team obtained student-level data from annual school climate surveys conducted by the American Institute for Research (AIR) on behalf of NDE. (Questions 4)

Youth Suicide Data. The research team monthly compared data on youth suicides (under the age of 19) to data on suicides among people ages 21-35. We used Multiple Cause of Death (MCOD) data, published by the National Center for Health Statistics. (Questions 4 and 5)

Program Cost Data and Savings Data. PIRE tracked the program costs associated with planning for and implementing *SafeVoice*. We then used data about costs of personal and property crime (Miller et al., 2021) to calculate the savings associated with events shown to be prevented by *SafeVoice*. (Question 5)

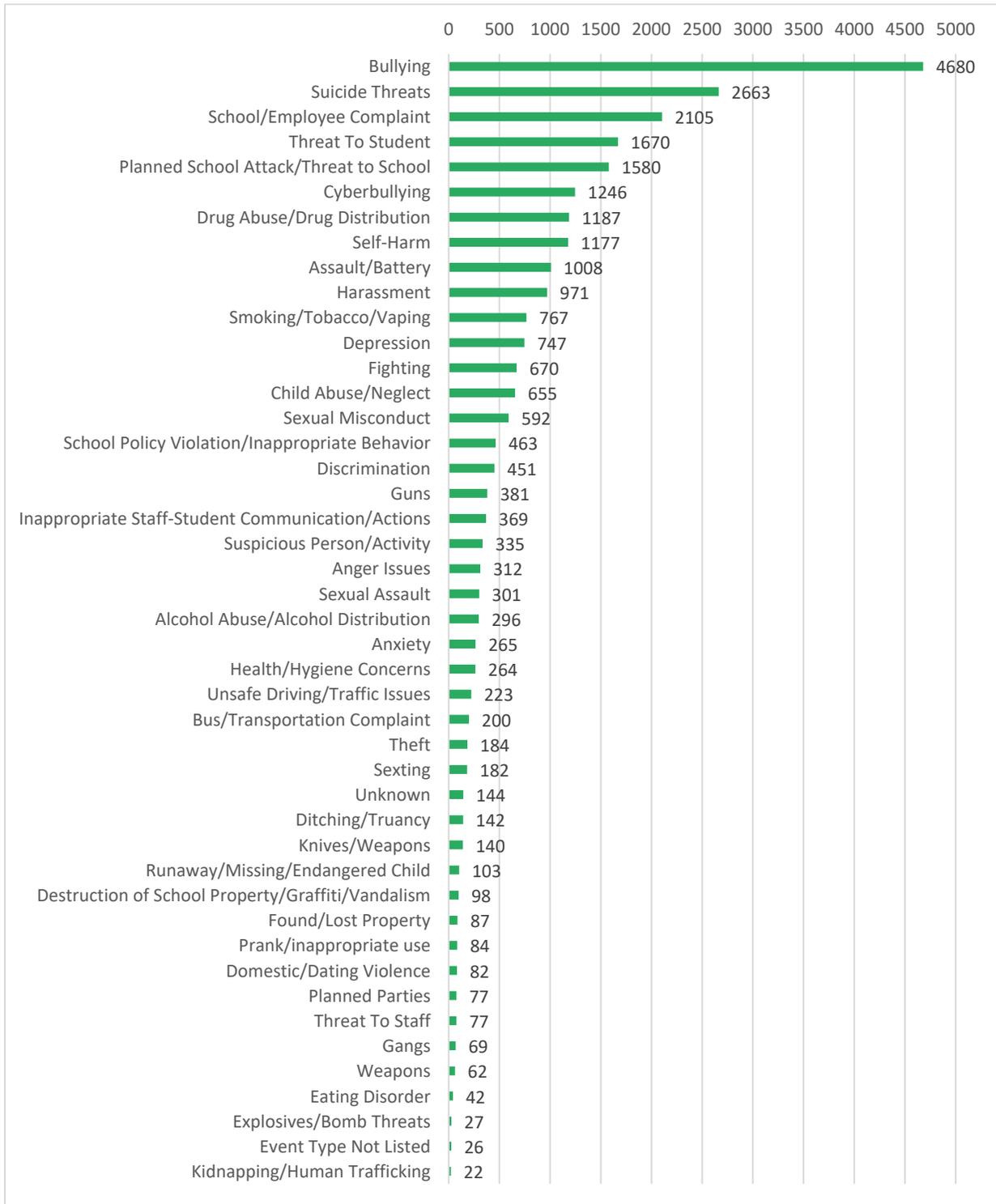
ANALYSES AND RESULTS

Question 1: How was *SafeVoice* implemented across Nevada?

From the inception of the program (January 1, 2018) through July 31, 2022, *SafeVoice* received 27,226 tips, averaging 5,945 tips per year over the 4-year and 7-month period. Exhibit 1 on the next page shows the volume by type of tips. The range of tip types was wide and included bullying and cyberbullying, suicide threats, threats to students and schools, substance use, depression and anxiety, sexual assault, health and hygiene, endangered children, and others. Additional results of note from analyzing the program include the following:

- All 17 Nevada school districts received at least one tip. Of the 944 schools in the program database as of July 31, 2022, 690 (73%) had received at least one tip.
- Tips peaked on Wednesdays and Thursdays, with substantially fewer tips around the weekends. Overall, tipsters used the mobile browser, mobile app, and desktop browser at similar levels (8,571; 8,088 and 7,776 tips, respectively).
- There was a steep rise in tips from 9:00 am to 1:00 pm, then a relatively stable period until 5:00 pm. Although tips decreased after 5:00 pm they stayed relatively high until 1:00 am. The use of the desktop browser was most prevalent during school hours.
- Life Safety suicide tips were most prevalent between the hours of 6:00 pm and 1:00 am, with 1:00 am being the most common.

Exhibit 1. Number of Tips by Tip Type, January 1, 2018 – July 31, 2022 (n=27,226)



Below, we present key findings from the MDT survey about *SafeVoice* implementation.

- The percentage of MDT members who reported receiving *SafeVoice* training ranged from 37% to 67% across the 4 years of the survey. Training was most commonly provided by school district staff.
- The majority of respondents reported that *SafeVoice* training and technical assistance helped them understand what *SafeVoice* is, prepared them to receive tips, prepared them to work with others to respond to tips, and prepared them to respond to tips.
- The level of functioning of the MDTs was reportedly quite high, with 75-90% of respondents typically agreeing or strongly agreeing with statements related to team functioning. Several of the variables showed decreases, however, from Wave 1 to Wave 4 including provides constructive feedback to each other, communicates well with each other, and are familiar with each other's *SafeVoice* responsibilities.
- Respondents reported a high level of agreement that their schools provide a supportive environment for responding to *SafeVoice* tips and a positive environment for addressing students' behaviors of concern. That said, respondents reported feeling that their viewpoints on students of concern were less respected by administrators at Wave 4 than Wave 1 and feeling more overwhelmed by the need to watch for students of concern at Wave 4 than at Wave 1.
- Respondents reported there were more school-based mental health services available in and outside their schools and they were better able to connect students to services at Wave 4 than Wave 1.

- About 60% reported that, overall, *SafeVoice* has benefitted students, with a statistically significant increase at Wave 4; slightly more than one-third reported feeling that their school is safer or much safer for students compared to the time before *SafeVoice* began.
- Three-fourths of MDT members reported that *SafeVoice* increased their workload not at all or a little and 90% reported that the reporting system is easy to use.

Question 2: What were the immediate responses to *SafeVoice* tips?

The data below were drawn from the *SafeVoice* database in which local responders to tips (e.g., MDT members and local law enforcement officers) can indicate the immediate actions that were taken upon receiving a tip. As useful as this portion of the program database is, it is considered to be underutilized (especially by law enforcement); therefore, these data probably are an undercount of the immediate actions taken.

- For suicide threats, the most commonly reported school-based actions were parent contacted (62%), student check-in (48%), and school-based supports provided (29%). Similar actions were reported for life safety tips.
- For bullying, the commonly reported school-based actions were parent contacted (42%), bullying protocol engaged (35%), student check-in (28%), and school-based supports provided (21%).
- The most commonly reported law enforcement action occurred when responding to a school attack/threat to school. Of those tips, 40% involved a reported law enforcement investigation.

- Schools tip recipients reported that the rate of tips that were unfounded or had insufficient information ranged from 9.0% (life safety tips) to 42.7% (planned school attacks).

Question 3: To what extent did *SafeVoice* reports prompt follow-up services for students of concern?

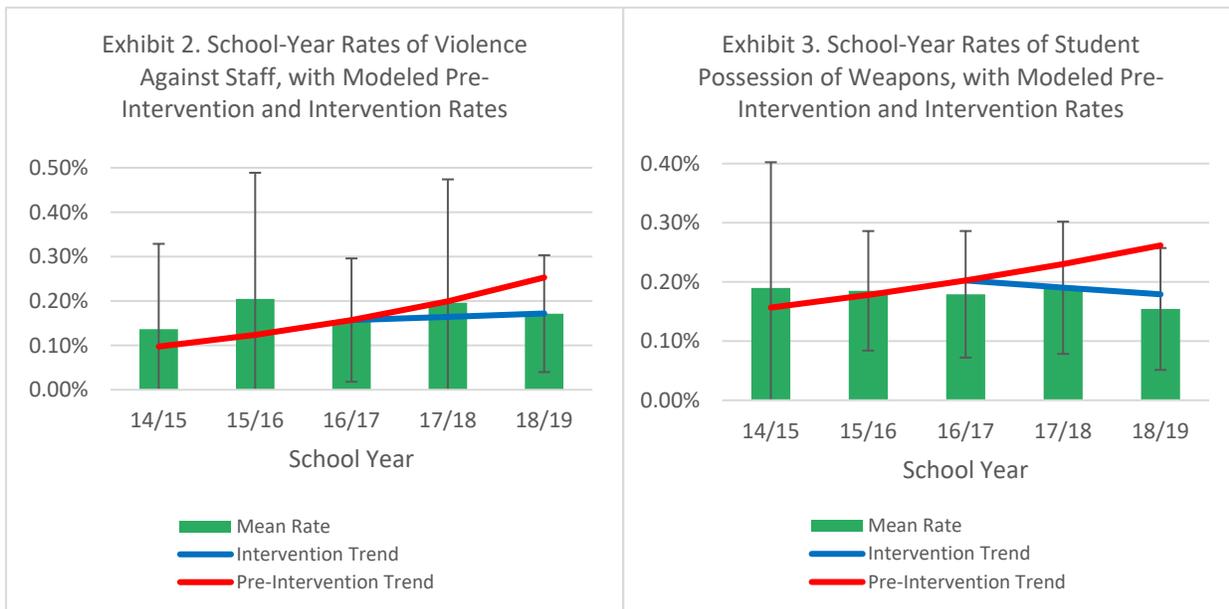
CCSD social workers reviewed 854 reports from 12 event types between January 2018 and April 2019 and were able to identify the student of concern in 748 cases (81%). Among the 748 reports with identifiable students, 642 had services provided to the students (86%). Among those with services provided, 31% were reported for suicide threat and 27% for self-harm. Between 9% and 15% of the tips were for anger issues, drug abuse/drug distribution, and depression.

Of the 642 known cases of students receiving services, the most commonly reported services were referrals for counseling with an on-site agency (52%), referrals for counseling with an outside agency (45%), and student check-ins (42%). Suicide protocols were initiated for 21% of the students and suicide ideation procedures for another 8%. Student assessments were conducted in 11% of the cases. A small, but not insubstantial, portion of the students were documented as receiving intensive services outside the domain of the schools, such as outpatient hospital services (3%), hospitalization (3%), Legal 2000 involuntary hold (3%), and in-patient hospital services (2%).

Question 4: To what extent did the presence of *SafeVoice* contribute to changes in student behaviors and school climate?

Statewide Annual Discipline Data. We analyzed five student incident variables to assess changes in the rates during the two pre-pandemic school years when *SafeVoice* was being implemented (partial implementation during 2017-18 and full implementation in 2018-19).

There were statistically significant changes in the student incident rates for **violence against staff** (32% reduction or a total of 485 events) and **possession of weapons** (32% reduction or a total of 511 events). The linear model trend lines for each of these variables are shown in Exhibits 2 and 3 below. The red line shows the modeled pre-intervention trend, and the blue line shows the modeled intervention trend.



Youth Suicides. We obtained data for the 72 months from 2014 to 2019 (the year before the pandemic had a broad influence on all individuals, communities, and systems) for youth 18 and under, as well as young adults 21–35 years old to serve as an analytic comparison. Using time series analyses, we found that there was not a statistically significant change in the trend

for youth suicides, either when looking at these data independently or when using the older age group as a comparison.

School Climate. We analyzed data from the Nevada School Climate/SEL Survey in the 15 rural and frontier districts to see if school climate (physical and emotional safety) improved in the Cohort 1 schools from 2017 to 2018 relative to Cohort 2 schools. We found no significant improvements. After the initial decline in school climate in 2018, Cohort 1 schools rebounded in 2019. Overall, the combined set of Cohort 1 and Cohort 2 schools showed significant improvements in school climate from 2018 to 2019. Although this improvement coincided with the full roll out of *SafeVoice*, it is difficult to attribute the improvement to *SafeVoice*.

Respondents to the MDT survey reported a high level of agreement that their schools provided a supportive environment for responding to *SafeVoice* tips and a positive environment for addressing students' behaviors of concern. They also reported feeling more overwhelmed by the need to watch for students of concern at Wave 4 than at Wave 1 but that more school-based mental health services were available in and outside their schools, and they were better able to connect students to services at Wave 4 than Wave 1.

Question 5. How cost effective was *SafeVoice* in contributing to changes in student behaviors and school climate?

We estimated that the costs of operating *SafeVoice* from 2017 – 2019 totaled \$2.5 million dollars (including grant funding and in-kind staffing support from the State).² As noted above, we found significant decreases in violence against staff and possession of weapons from 2017 – 2019. Using published average costs per incident, we estimated that savings associated with the 485 prevented incidence of violence against staff and the 511 prevented incidents of weapons possession totaled \$34 million. Thus, every dollar spent on the State’s operation of *SafeVoice* saved \$13.80 in identifiable prevented events, including \$3.45 in direct out-of-pocket costs.

² This does not include any costs incurred at the local level by schools or law enforcement agencies.

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