PIRE

Nevada SafeVoice

FINAL REPORT

APRIL 2023

safevoice

Nevada Department of Education
Nevada Ready!

Nevada Department of
Public Safety
Dedication Pride Service

Contributors to this Report:

Al Stein-Seroussi, PhD

Sean Hanley, PhD

Marguerite Grabarek, PhD

Tricia Woodliff, PhD (University of Nevada, Reno)

Dave Currey, PhD

Ted Miller, PhD

Shane Hartman, BA

Bonita Iritani, MA

Bruce Lawrence, PhD

For questions or comments related to this report, please contact:

Al Stein-Seroussi stein@pire.org 919-265-2616

or

Sean Hanley shanley@pire.org 919-265-2619

Contents

Introduction

Anonymous tip lines (sometimes referred to as Anonymous Reporting Systems or ARS) 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). 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). The 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 well-being of students (e.g., bullying, cyberbullying, and physical fights). The idea is that providing students with an anonymous or confidential tool to report potentially harmful events to trusted adults, will lead to the prevention of the events before they occur or the mitigation of events that are already occurring.

Tip lines include three primary components believed to be critical for school and community safety: 1) a mechanism for reporting behaviors that have been observed by others; 2) a mechanism for sharing that information within the confines of the law; and 3) encouragement for reporting (Amman et al., 2017; Vossekuil et al., 2002). As noted by Amman and colleagues, there is a need for reporting mechanisms to be easy to use and "effective to get someone empowered to act on it...creating organizational policies to structure and implement these concepts to encourage reporting... providing training for upstanders, leaders and threat managers to ensure effectiveness" (Amman et al., 2017, p. 14). The authors also emphasized a need for "upstander" versus "bystander" behavior—that is, creating norms and opportunities for others to be able to report concerns.

In addition to facilitating tips about school-wide violent incidents, data are emerging that show tip lines are frequently used to report more personal issues such as bullying, harassment, suicide threats, cyberbullying, self-harm, and suicide (Cutbush et al., 2019; Stein-Seroussi, 2021). Given the growing concern about students' social-emotional and mental well-being (Rosenberg, 2019), and evidence of increasing rates of mood disorders, depression, serious psychological distress, and suicide-related outcomes among adolescents ages 12-17 (e.g., Mojtabai & Jorm, 2015; Mojtabai, Olfson, & Han, 2016; Twenge et al., 2019), tip lines can be a positive tool for seeking help for oneself or for others, while also being a source of information for preventing violent incidents on school campuses.

Despite the widespread use of tip lines, there is little published research about their implementation or effectiveness (Stein-Seroussi et al., 2021). In a recent comprehensive review

of the literature spanning the years 1995 - 2020, Messman et al. (2022) found only one study that had been published in the peer review literature (Payne & Elliot, 2011). Since 2020, however, several studies on tip lines have emerged, with most of them focused on aspects of implementation (e.g., Planty et al., 2020; Poulin Carlton, 2021) and perspectives among community partners and participants (e.g., Espelage et al., 2021; Planty et al, 2020).

Using data from their national sample of middle and high school administrators, Planty and colleagues (2020) reported the following key findings: More than half the schools reported having a tip line, with 60% of them being in operation for less than three years as of 2020; school principals had favorable attitudes about the tip lines; over half of the tip lines are operated 24 hours a day, seven days a week; and whereas most involve school administrators (89%) and law enforcement officers (56%) in their tip line programs, only about 25% involve mental health professionals or students as active partners. The key challenges reported by Planty et al. (2020) include receiving tips with insufficient information to act on, raising student awareness and getting students to submit tips, identifying false or bogus submissions, receiving tips for situations that are considered out of scope, and raising community awareness.

Espelage and colleagues (2021) conducted focus groups in four high schools to assess the implementation of a tip line app and reported on several aspects of implementation considered important to parents and staff. Focus group participants reported that school safety tip lines should include the ability to report on bullying, cyberbullying, and mental health issues. They also discussed perceived barriers to effective implementation, including staffing issues (e.g., needing a full-time staff person and being responsible if a tip was not responded to), use of digital reporting for those without phones, operationalizing anonymity and confidentiality, and misusing the tip line.

Planty et al. (2022) moved beyond implementation and assessed outcomes associated with tip lines. Using data from their nationally representative web-based survey about tip line implementation, along with student offense data from the Civil Rights Data Collection (CRDC), the authors compared student offenses from schools that used tip lines versus those that did not. They found that the rates of overall student offenses between the two groups of schools did not differ, but the types of offenses did. Schools with tip lines reported higher rates of violent threats but lower rates of violent attacks, demonstrating the use of tip lines for reporting threats while potentially preventing the violence associated with the threats.

In another recent study about tip line outcomes, Hsieh and colleagues (2022) reported on outcomes associated with the Say Something Anonymous Reporting System (SS-ARS) used in Miami-Dade public schools. The authors examined the collective impact of three elements of SS-ARS: the tip line, threat recognition training, and student engagement programming (SAVE Promise Clubs). They found that SS-ARS improved 3-month and 9-month self-efficacy and intention to report among middle school students, as well as promoted perceptions of school safety and reduced violence exposure at 9-month posttest. The study, however, did not disentangle the tip line from the recognition training and student engagement clubs, making it

difficult to know whether the effects were driven by the tip line itself, the other components, or all three combined.

In this document we report on a comprehensive study of a statewide tip line in Nevada (*Nevada SafeVoice*). This report is intended to extend the knowledge base about tip lines by focusing on both implementation and outcomes. In this study, we sought to answer five key questions about *Nevada SafeVoice* with the aim of providing important information to policy makers and program planners in states and communities that are considering implementing tip lines. The five questions are the following:

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?

The Intervention: *Nevada SafeVoice*

Background

In response to growing concerns about school safety in the State of Nevada, the Nevada State Legislature amended Nevada Revised Statute 388 (NRS 388) in 2015 to establish the *SafeVoice* program (initially known as Safe2Tell). Although commonly referred to as a "tip line," *SafeVoice* is a multifaceted initiative that facilitates the collection of information about potentially harmful events in schools and disseminates the information to entities that can intervene to prevent or mitigate the events. The Office for a Safe and Respectful Learning Environment (OSRLE) within the Nevada Department of Education (NDE) manages and oversees the program, and the Department of Public Safety (DPS) operates the *SafeVoice* communications center 24 hours per day, 365 days per year.[1] Notably, *SafeVoice* is the only known tip line that is mandated by the state legislature to be housed in its state education agency (Gourdet et al., 2021).

NRS 388.1455 requires the program to include methods and procedures to ensure the following: (a) information obtained through *SafeVoice* is promptly forwarded to the appropriate public safety agency, NDE, school administrators, and other school employees, including school-based teams (which will be discussed below); (b) the identity of the person who reports the information may remain anonymous unless subsequent policies and regulations require the person's identity to be disclosed (e.g., if the person reporting is in an immediate life threatening situation such as a suicide attempt or if the person reporting is unlawfully using *SafeVoice* to harass others); and (c) the appropriate public safety agencies may access personally identifiable information concerning a pupil to take action in response to an activity or threat reported in *SafeVoice*, 24 hours per day.

A critical element of NRS 388 is the establishment of a team in every public school to respond to information obtained through *SafeVoice* (NRS 388.14553). The legislated teams must consist of at least three members, including a school administrator as well as a school counselor, psychologist, social worker, or similar person if the school employs such a person on a full-time basis. These multidisciplinary teams (MDTs) must respond to safety threats and follow up on reports as needed. In short, *SafeVoice* is a mandated program that provides a statewide mechanism for students, staff, and parents to report harmful or potentially harmful events, for state public safety officers to receive reports and distribute them to local jurisdictions, and for local officials to respond in a timely manner.

SafeVoice operates in every school district throughout Nevada. Nevada public schools serve nearly 500,000 students in 763 schools across 17 school districts (2021-2022 data from the

---

[1] Although the Nevada Legislature established *SafeVoice* in 2015, it did not provide funding for the program. A 2016 research grant from the National Institute of Justice was the primary source of funding for *SafeVoice* through 2022.

Nevada Report Card). 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, Carson City, and Henderson), Nevada's school districts are largely rural and frontier. As an example, Nye County is the third largest county by area in the contiguous United States but has a total population of only 53,450 (US. Census Fact Quick Facts, population estimates for July 1, 2021) including 5,353 students in grades k - 12. With such highly varied school districts in Nevada, any statewide program faces challenges of consistent and effective implementation.

SafeVoice has three main components, each of which is discussed below: the reporting system, the information dissemination system, and local follow-through.

Reporting System

The reporting system is the access point for students or others (often referred to as "tipsters") who want to report an event (often referred to as the "tip"). *SafeVoice* is accessible via mobile app, web browser, or phone. From an implementation standpoint, the app and web browser are the most robust methods for submitting a tip because they are easily accessible and allow the tipster to log into the system after submitting a tip to provide further information. This is critical because tipsters often provide limited actionable information with their first contact but may provide more information when prompted by the staff at the communications center. The app and webpage provide a series of closed- and open-ended fields (aided by drop-down menus) for the tipster to enter key pieces of information including school name, description of the event, event type, time and date of the event, number of people involved and their characteristics (e.g., name, grade, ethnicity, gender, age, and body markings). *SafeVoice* uses P3 Campus, a proprietary cloud-based platform operated by Navigate360, to manage and document communication with tipsters, record all information from tipsters, and report on the immediate responses to the tip. All data are stored on secure servers operated by Navigate360. A goal of the P3 Campus platform is to provide a complete audit trail of the communication between the tipster and DPS, as well as between DPS and local entities responsible for responding to the tip once it has been disseminated.

SafeVoice was designed to be an anonymous reporting system, meaning that the tipster can submit a tip without being asked to provide their name or any identifying information. The tipster can, however, choose to leave self-identifying information, essentially giving up anonymity voluntarily. In addition, under extreme circumstances, DPS can seek the identity of the tipster in cases where there is imminent danger, or it is determined that the tipster is deliberately reporting false information that has harmful intent or consequences. In such cases, DPS would attempt to access the tipster's IP address. In all cases where anonymity is given up—voluntarily or otherwise—Nevada law mandates that the information provided in SafeVoice remain confidential (NRS 388.1455).

A key role of DPS is to gather as much information as it can from the tipster at the time of the tip and promptly disseminate the tip to the appropriate jurisdictions. All tips come into a single communications center operated by DPS. DPS operates the communications center 24 hours per day, 7 days a week, 365 days a year (this includes all holidays) with staff who are solely dedicated to *SafeVoice* (three shifts with two to four staff per shift). When tips are received by DPS, the Communications Specialists attempt to gather as much information regarding the reported event as possible to assist in the proper local response as deemed necessary and appropriate for the students. While obtaining the information, the Communication Specialists also send the tip information to the proper recipients through the P3 system.

If the tip is submitted through the mobile app or the website, the tipster will receive an immediate automated message indicating that the message was received and informing them they can provide more information if they log into the platform with a system generated identifier, or they can click the box advising they can chat live. They are advised they do not have to provide any identifying information if they choose to remain anonymous.

Following the auto-response, the tipster receives a live response from a Communication Specialist who attempts to gather more information about the reported event. This is a critical step because tips often have limited actionable information—for example, the tipster does not provide the full name of the perpetrator or victim or enough detail about the event. Similarly, a tipster may submit a tip that is ambiguous regarding the extent to which there is imminent harm. For example, an event that is categorized by the tipster as self-harm or depression could be something even more serious, such as suicide ideation. It is the role of the Communication Specialist to elicit as much information as possible from the tipster while protecting the tipster's anonymity. The Communications Specialist will include any necessary clarifying notes from the tipster to the 'Disposition' section of the P3 platform to bring those identified details to the attention of the local recipients of the tip.

DPS Communication Specialists indicate within the P3 platform the priority level of the event using the following categories:

- **Priority Critical Level (1)** tips involve an immediate or imminent threat of violence, self-harm, harm, or criminal acts directed at school students, school employees, or schools, or a planned school attack. This includes anyone who is self-reporting that they are suicidal or wants to harm themselves. Imminent risk may be determined if a tipster reports a person has stated both a desire and intent to die or do harm to others.

- **Priority Urgent Level (2)** tips are those for which the potential harm is high but not imminent or for which a significant event has already concluded. For urgent tips, the timing of the reported event is not known but the event involves violence, self-harm reported by another, harm or criminal acts directed at school students, school employees, schools, or any serious public safety issues.

- **Priority Standard Level (3**) tips are those for which the reported behavior is consistent with regular peer to peer interaction where neither students nor the school has been

6

physically harmed. These include student arguments, school rule violations, bullying, and harassment, as well as reports for which the incident took place off school grounds, outside of school hours, or both.

- **Priority Low Level (4)** tips have no public safety or criminal nature. These include requests for tip status updates, calls outside of the scope of the tip line, tips that lacked enough contextual information for effective escalation, and pranks.

In addition to the four tip categories, DPS designates some as "Life Safety" tips, meaning that there was, indeed, imminent danger to a person's life. Not all Level 1 (critical) tips are deemed to be Life Safety tips.

Tip Dissemination

The second component of *SafeVoice* is the tip dissemination system which is also controlled by DPS. When a tip is received and the DPS Communications Specialist has completed the initial communication with the tipster, they distribute the tip to the appropriate entities within the school's district and local jurisdiction. Within the P3 platform, DPS maintains a list of Multi-Disciplinary Team members (also known as School SafeVoice Teams) for each district and school, as well as every local responding Law Enforcement Agency or Department within the jurisdictions of the school districts in the State of Nevada.

As shown in Exhibit 1, school-based Multi-Disciplinary Teams (MDTs) receive all tips that reference that particular school, regardless of the priority level.[2] MDTs review all related information in the tip, determine the appropriate immediate actions to take, and then provide follow-up support and resources as necessary to students involved in the tip. DPS also sends Priority 1 and 2 tips to local law enforcement agencies/departments. Law enforcement agencies/departments and MDT members from the districts and schools communicate with the DPS Communication Specialists and each other, through the P3 platform, advising of their follow-up actions and responses as it pertains to each tip.

---

[2] Depending on the size of the district and school, as well as the preferences of the district and school administration, MDT membership ranges in number from the minimum required (three) to as many as 20. Some rural and frontier schools do not have the requisite staff on site every day and, therefore, may only have one MDT recipient in the building who receives tips. They do, however, have additional resources off site to review tips as necessary.

Exhibit 1. *SafeVoice* Tip Review, Action, and P3 Interaction Flowchart

```
┌─────────────────────────────────┐
│          Tip Received           │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────────────────────────────────────────┐
│                     DPS Communication Specialist                      │
│  reviews and elicits information to determine the priority level and  │
│                         the event type(s)                             │
│                 (per DPS Divisional Directive 511)                    │
└─────────────────────────────────────────────────────────────────────┘
```

Priority 1 Critical: Tips/reports that is considered critical in nature. Priority Level 1 tips/reports involve an immediate or imminent threat of violence, self-harm, harm or criminal acts directed at school students, school employees, or schools, or a planned school attack. Imminent risk may be determined if a tipster reports a person has stated both a desire and intent to die or do harm to others.

Priority 2 High: Tip/report that is considered urgent in nature, however, the potential harm is not imminent. The tips/reports involved violence, self-harm reported by another, harm or criminal acts directed at school students, school faculty, or school functions.

Priority 3 Medium: Tips/reports where the reported behavior is consistent with regular peer to peer interaction where neither students nor the school has been harmed. Student arguments, school rule violations, etc.

Priority 4 Low: Tips/reports received that have no public safety or criminal nature. Requests for tip/report status updates, pranks, calls outside of the scope of the tip line, and tips/reports that lacked sufficient contextual information for effective escalation.

Priority 1 & 2:	Priority 1, 2, 3, or 4:
Send to Local Law Enforcement Agency *(contact information for local Mobile Crisis Response Team &/or CPS to be included in Disposition Tab on P3 depending on the type of tip)*	**Send to School SafeVoice Team** *Depending on tip, there may be special circumstances on how tip is sent out to the school, district, &/or charter recipients*
Law Enforcement takes action as deemed necessary based on the safety concern	School reviews all related information in tip and determines action for follow-up and provides support/resources * if bullying, investigation & required timelines processes begin * schools begin existing referral processes to link students & families to indicated services
Law Enforcement provides update in P3 Disposition tab, Outcomes/Actions/Referrals/ Trends advising of response/ actions taken *(but does not close tip)*	**Member(s) of the School Multi-Disciplinary Team** *Provides update in Disposition tab *Provides info in Outcomes/Actions/ Referrals/Trends tabs *Closes out the tip

8

Tip Follow Through

The third component of *SafeVoice* is the follow-through, which consists of immediate local response and the longer-term local response. For immediate response, MDT members and law enforcement officers are encouraged to communicate with one another and DPS upon receiving the tip by providing updates in P3. Updating the status of their actions in P3 ensures that the relevant parties know that someone is intervening and allows for easy, initial communication between school district staff, school building staff, and law enforcement officials. In addition, the information in P3 provides an audit trail that can be reviewed should there be a need to investigate how and when information was disseminated and how and when local officials responded. Once the immediate event is stabilized, MDT members are encouraged to provide further updates in P3 that will help with the longer-term follow-through process and to indicate what actions or outcomes occurred and whether any referrals were made. Finally, the MDT closes out the tip.

Longer-term follow-through is completely dependent on the nature and severity of the event, whether local officials feel that continued action is necessary, and the extent to which resources are available to act. As the primary stewards *of SafeVoice*, NDE is mostly concerned with school and community-based follow-up actions that can contribute to a safe learning environment for the students directly involved in an incident and for the broader school community. As such, longer-term follow-up actions may include informal check-ins by school counselors, threat assessments to determine whether students are at risk for endangering themselves or others, school- or community-based mental health services, or school disciplinary actions. In addition to the actions a school may take to protect the health, wellness, and safety of its students (including those directly involved in an incident either as a victim or perpetrator), adjudication may also be necessary if the incident involved criminal activity. Data about longer-term follow-up actions (e.g., threat assessments, counseling or clinical services, school discipline, and arrests) resides outside of P3 and are maintained by whichever systems are responsible for the action (e.g., schools, private mental health clinics, law enforcement agencies, and the courts). As such, these data were less accessible to the research team.

Research Study

The initial funding for the development and implementation of *SafeVoice* came in conjunction with a research grant from the National Institute of Justice (NIJ) to Pacific Institute for Research and Evaluation (PIRE). PIRE is a non-profit organization with expertise in public health, behavioral health, and criminal justice research and evaluation, including the intersections between public health, behavioral health, and law enforcement. As the prime grantee for the NIJ research study, PIRE oversaw all aspects of the grant, communicated regularly with NDE and DPS, and was responsible for conducting a study of *SafeVoice* implementation and outcomes.

Research Questions, Design, and Methods

Research Questions

PIRE designed the study to address five main research questions. Exhibit 2 provides our research questions and the methods used to address them. We discuss each method in more detail in the Methods section.

Exhibit 2. Research Questions, Methods, and Data Sources

Research Question	Project Meetings and Documentation	P3 Program Data	Key Informant Interviews	MDT Surveys	Social Worker Study	School Data (Discipline; Climate)	Program Cost Data
1. How was *SafeVoice* implemented across the state?	X	X	X	X			
2. What were the immediate responses to *SafeVoice* tips?	X	X	X				
3. To what extent did *SafeVoice* reports prompt follow-up services for students of concern?			X		X		
4. To what extent did the presence of *SafeVoice* contribute to changes in student behaviors and school climate?			X	X		X	
5. How cost effective was SafeVoice in contributing to changes in student behaviors and school climate?						X	X

10

Research Design

Because NIJ funded *SafeVoice* as a research study, PIRE set out to develop and implement a research design that would provide the greatest ability to attribute any observed changes in outcomes to the *SafeVoice* program. The gold standard for research designs is the randomized control trial (RCT) whereby individuals or groups of individuals are randomly assigned to an intervention group or a control/comparison group. This allows the researchers to measure and compare changes among those who were exposed to an intervention against those who were not exposed. [3]

A design in which a group not exposed to *SafeVoice* was impossible, however, because NDE was required by statute to implement *SafeVoice* in all public schools throughout the state, thereby limiting the ability of the research team to execute an RCT with an unexposed group. PIRE, instead, designed and attempted to implement a delayed-intervention RCT, whereby half the schools received the intervention for a period of seven months (January through July of 2018) and the rest of the schools received the intervention beginning in August of 2018. The delayed intervention was also designed to help NDE and DPS start up the program incrementally rather than implementing it fully across the state all at once.

Early in the planning phase (once the research grant was awarded), it became apparent that even the delayed-intervention RCT would be problematic because we learned it would be impossible to limit access to the *SafeVoice* technology to only half the state. That is, once the *SafeVoice* technology was launched, it was impossible to restrict it to half the schools in the state. Thus, in practice, the two conditions that were tested were (1) the availability of *SafeVoice* plus promotion and training versus (2) the availability of *SafeVoice* with no promotion or training. As we describe later, other conditions arose that rendered the implementation of the delayed RCT even more problematic.

Random Assignment of School Districts and Subdistricts

Given the nature of the project as a research study, NDE agreed to the random assignment of school districts into two groups: Cohort 1 which would begin *SafeVoice* in January of 2018 and Cohort 2 which would begin in August of 2018. Because Clark County and Washoe County districts are so large and represent a disproportionate share of students among the 17 Nevada school districts, we decided to divide those districts into sub-districts, consistent with their organizational structures at the time. Both districts were already divided into sub-districts for their own management purposes, and we used those subdistricts (as of 2017) as our units for randomization. Exhibits 3 and 4 provide a table and map of the district and sub-district

---

[3] The value of an RCT for this project was to address research questions 4 and 5 which seek to determine the effects of *SafeVoice* on school safety and climate and, therefore, would benefit from having a comparison group. The first three research questions, in contrast, focus on implementation of *SafeVoice* and, therefore, did not require a comparison group to answer them.

assignments. One sub-district (PZ9) is comprised of schools that opened after randomization. As a result, we excluded them from the analyses because they were not subject to randomization. NDE, however, considers them to be in Cohort 1 for implementation purposes. For analyses, therefore, there are 33 units—16 in cohort 1 and 17 in cohort 2.

| Exhibit 3. Random Assignment of Districts and Subdistricts[a] | | Exhibit 4. Map of Random Assignment by District |

Cohort 1	Cohort 2
Clark - PZ1	Clark - PZ2
Clark - PZ5	Clark - PZ3
Clark - PZ7	Clark - PZ4
Clark - PZ8	Clark - PZ6
Clark – PZ9[b]	Clark - PZ11
Clark - PZ10	Clark - PZ12
Clark - PZ15	Clark - PZ13
Washoe - Area 3	Clark - PZ14
Washoe - Area 5	Washoe - Area 2
Churchill	Washoe - Area 4
Douglas	Carson City
Elko	Esmeralda
Lander	Eureka
Lyon	Humboldt
Mineral	Lincoln
Nye	Pershing
Storey	White Pine
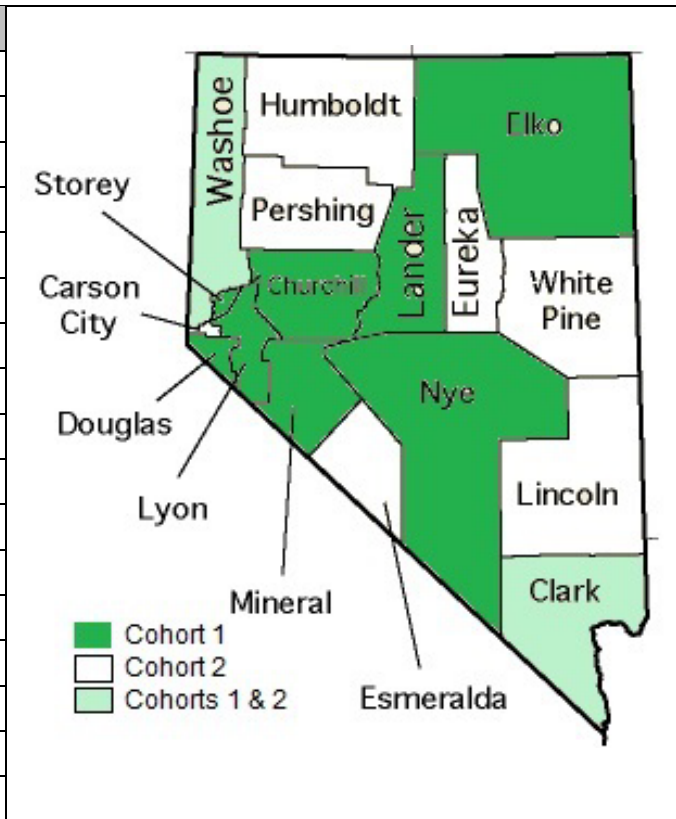
[a] At the time of randomization, Washoe - Area 1 was their Acceleration Zone, which was comprised of schools from the other areas that didn't meet test score standards and were temporarily moved into this Area for improvement. We decided not to include Area 1 in our randomization but instead included its schools in their "home" areas they occupied prior to being placed in the Acceleration Zone.

[b] Not included in the analyses because schools in this subdistrict opened after randomization. NDE considers these schools in Cohort 1 for implementation purposes.

12

Research Methods

Project Meetings

PIRE staff facilitated regularly scheduled project meetings throughout the life of the project. The principal meeting participants included PIRE, NDE, and DPS staff. During Year 1 (2017), meeting participants also included representatives from Nevada Department of Public and Behavioral Health, and Nevada Mobile Crisis. During the first year, the project meetings focused on developing the implementation plan and getting ready for implementation, which was scheduled for January of 2018. Beginning in 2018, the meetings focused on implementation of *SafeVoice* across the state. Topics included district-level training for school staff, dissemination of the *SafeVoice* app among students, updates about school safety issues, and data collection efforts. We typically held meetings on a weekly or bi-weekly basis.

P3 Program Data

PIRE researchers had access to the reporting functions available in P3, allowing us to obtain *SafeVoice* program data such as number and types of tips, days and times of tips, and tip dispositions. We ran these P3 reports from January 1, 2018 (date of launch) through June 30, 2022. Note, the data we present from P3 include all schools that are in the system, not just those that were randomly assigned to our study conditions. There are additional schools in the system because new schools were built after the study began and other types of schools, such as charter schools and parochial, chose to participate in *SafeVoice*, even though they did not qualify for the study.

Key Informant Interviews

To better understand how *SafeVoice* was implemented across the state and how the MDTs functioned locally, PIRE conducted site visits to 45 schools over the course of the study.[4] To assess changes over time within schools, we selected five high-need (i.e., high firearm and gang activity) schools and followed them throughout the project, conducting annual site visits with their project partners. In addition, we randomly selected 40 schools that we visited once during the project. We stratified the schools to ensure that all 17 school districts were represented in the visits. Thus, each year, we visited 15 schools—the five longitudinal schools and 10 randomly selected schools.

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. During each visit, to the extent possible, we conducted a group interview with MDT members, a group interview with staff, an individual interview with the principal or other administrator, a focus group with parents, and a focus group with students. Our MDT interviews concentrated on team

---

[4] PIRE subcontracted with researchers from the University of Nevada, Reno to assist with the key informant interviews.

functioning, member cooperation, and school- and district-level readiness and support, as well as successes achieved and barriers to success. Interviews with principals focused on implementation and promotion of *SafeVoice,* perceptions of the effectiveness of *SafeVoice*, and its ability to respond to student needs. During focus groups with parents and students, we discussed awareness and effectiveness of *SafeVoice*, its ability to respond to student needs, and the extent to which the schools and districts became more effective in creating caring and supportive learning environments.

PIRE and UNR developed all interview and focus group protocols, with input from NDE. Each in-person site visit was conducted by two research staff: one from PIRE and one from UNR.[5] Each interview lasted approximately one to two hours. Focus groups lasted up to two hours. We provided incentives ($25 each) for the non-MDT staff, parents, and students to participate in the groups to compensate them for their time.

MDT Surveys

We conducted an annual survey of MDT members to better understand their experiences with *SafeVoice* and its implementation. The core survey included items concerning the following constructs: demographics, MDT characteristics, MDT functioning, policy awareness, policy compatibility, training, technical assistance, use of P3, self-efficacy, school climate, and participation in other similar school-based teams. We conducted four waves of survey data collection (2018, 2019, 2020, and 2021), with Cohort 1 districts participating each spring and Cohort 2 districts participating each autumn.

The survey remained stable for the four waves, with a few exceptions. For Wave 3 (in 2020), we included several items related to COVID. For both cohorts, we asked whether COVID made it more difficult for (a) the respondents to coordinate responses with other MDT members and (b) schools to provide needed follow-up services related to tips. For Cohort 2, we also asked respondents whether COVID increased their level of job-related stress and general stress. For Wave 3, we also added several items about the level of burden *SafeVoice* placed on their workloads. For Wave 4, we added items about the extent to which MDT members engaged with law enforcement officers as part of their MDT efforts.

DPS provided us with email contact information for all MDT members, all of whom were recipients of *SafeVoice* tips. For each wave of data collection, PIRE sent individual email links to MDT members, informing them about the nature and importance of the survey and asking them to respond specifically about the school that was named in the survey link. For MDT members who served more than one school (e.g., district-level staff or staff who split their time between schools), we limited the number of surveys they received to two.

---

[5] We conducted interviews remotely in 2020 and 2021 because of COVID. In most cases, two PIRE/UNR researchers participated. In some case, a single researcher facilitated and recorded the discussion.

Social Worker Study

To answer Research Question 3 (To what extent did *SafeVoice* reports prompt follow-up services for students of concern?), we conducted a small study with school social workers employed by Clark County School District (CCSD). To answer this question, we relied on data from CCSD social workers because (a) program data in P3 do not provide information about follow-up services, (b) there is no systemic database that links *SafeVoice* tips to school-based follow-up actions, (c) school social workers are among the most likely school staff to provide or coordinate follow-up services, and (d) CCSD had the most well-developed system for capturing data from social workers. For this study, we worked with a CCSD Assistant Superintendent to identify 10 follow-up actions that CCSD social workers would be able to track using their case notes in Infinite Campus, a cloud-based student information system used throughout Nevada. The 10 follow-up actions were student check in, on-site agency referral, outside agency referral, suicide protocol, suicide ideation, student assessment, Legal 2000 (involuntary hold), hospitalization, inpatient services, and outpatient services.

Social workers reviewed CCSD tips from January 2018 through April 2019. We limited the review of tips to the 12 event types most likely to lead to school-based follow up services: alcohol abuse/alcohol distribution, anger issues, anxiety, depression, domestic/dating violence, drug abuse/drug distribution, fighting, planned school attack/threat to students, runaway/missing/endangered student, self-harm, suicide threat, and threat to student. In addition, social workers reviewed tips labeled Life Safety tips by DPS.

PIRE created a spreadsheet of all CCSD tips with the 12 event types and Life Safety tips. PIRE prepopulated the spreadsheet with Tip ID, the school where the event occurred, the event type, and the date the tip was received. Social workers then used the spreadsheet to indicate, for each tip, whether the student could be identified (either because they were named in P3 or through some other mechanism) and, if so, (a) whether the student received services and (b) which services they received.

School Data

To better understand the impact of *SafeVoice* on student safety and wellbeing, PIRE obtained data on youth suicides, school discipline, and school climate surveys.

School Discipline Data

PIRE obtained aggregate-level discipline data from two sources: the Nevada Report Card and Clark County School District.

Nevada Report Card. The Nevada Report Card (http://nevadareportcard.nv.gov/di/) is an interactive website hosted by NDE that serves as a repository for data related to public education in Nevada. The searchable database includes annual state-, district-, and school-level aggregations of a variety of data constructs, including achievement, personnel, graduation,

15

finance, and safety. We used annual discipline data available within the safety construct for this study. Specifically, we examined reported incidents of the following behaviors: bullying, cyberbullying, violence to other students, violence to school staff, and weapons possession. [6]

Clark County School District. We obtained the same variables as reported in the Nevada Report Card directly from CCSD but in monthly intervals, allowing us to use a data set that would be more sensitive to change than an annual data set. This was important because (a) implementation of *SafeVoice* began in the middle of a school year, (b) the delay in training and promotional activities between the two cohorts was less than a full school year, and (c) changes in annual data are less sensitive to detection of changes over time.

Although representing only one school district in Nevada, CCSD serves 64% of Nevada's public-school students in 381 schools. While the majority of those schools are urban locations (e.g., in Las Vegas), CCSD includes schools in rural areas surrounding Las Vegas.

School Climate Surveys

Since 2015, NDE has sponsored an annual School Climate/Social Emotional Learning (SEL) Survey across the state, conducted by the American Institute for Research (AIR). The School Climate/SEL Survey consists of items that comprise the following constructs and subconstructs: Engagement (Cultural and Linguistic Competence), Engagement (Relationships), Safety (Physical Safety), Safety (Emotional Safety), and Social and Emotional Competence. (See https://nevadaschoolclimate.org/ for more information on the school climate survey).

PIRE obtained individual-level data from AIR to assess whether SafeVoice had an impact on school climate. We obtained data from all the school districts except Clark and Washoe counties, the two largest districts in the state, because they conducted their own surveys during this period. Thus, the data represent approximately 114,000 students in 15 rural and frontier school districts. We focused on data collected in 2017 (just before the implementation of *SafeVoice*), 2018 (during the initial launch of *SafeVoice* in Cohort 1), and 2019 (after implementation of *SafeVoice* throughout the state but before the coronavirus pandemic which, we expect, had broad implications for school climate beyond the effects of *SafeVoice*). We concentrated our analyses on the Physical Safety and Emotional Safety subconstructs because we felt those were most likely to be directly influenced by *SafeVoice*.

Youth Suicides

We obtained monthly counts of Nevada resident deaths that are indicative of suicidal intent (ICD-10 codes indicating suicide or deliberate self-intoxication) from the Multiple Causes of Death database, published annually by the National Center for Health Statistics (NCHS) for the

---

[6] The bullying and cyberbullying incidents were those determined to be so after an investigation.

National Vital Statistics System. The data are compiled at the state level from death certificates and collected nationally by NCHS.

Program Cost Data

SafeVoice was supported primarily through the NIJ grant to PIRE. Thus, as part of its grant management responsibilities, PIRE tracked the program costs associated with planning for and implementing *SafeVoice*. Program costs consisted mainly of NDE and DPS staff support (contractors or employees) for planning and implementation. In addition, both NDE and DPS contributed substantial in-kind support to the project in the form of staff time that was not charged to the grant (e.g., time for the Director of the office that oversees *SafeVoice*). PIRE obtained estimates of in-kind FTE's of NDE and DPS staff who contributed to the project, as well as their salaries and costs for their fringe benefits.

Analyses and Results

Question 1: How was SafeVoice implemented across Nevada?

To answer this question, we relied on four sources of data: project meetings and documentation, P3 program data, MDT surveys, and key informant interviews.

Project Meetings and Documentation

Planning and implementation highlights include the following:

- 2017 was a planning year for *SafeVoice*, with key partners (PIRE, NDE, and DPS) meeting weekly or bi-weekly to plan for implementation that was targeted for the fall of 2017. By the summer of 2017, it was apparent that implementation would need to be delayed until January of 2018 to allow more adequate time to establish statewide guidelines and training protocols to prepare the Cohort 1 schools.

- At times, the planning year and the first year of implementation were somewhat contentious among the principal parties, particularly between NDE and DPS. To a large degree, this seems to have been driven by personality differences and approaches to planning and implementation. As such, the friction that occasionally occurred might have been prevented in other circumstances with different staff. That said, it is important to note that *SafeVoice* is unique in that it is a program of the state's education agency yet operated by the state's law enforcement agency with a law enforcement-oriented approach to vetting tips. It is fair to say that each agency has its own perspectives and distinct missions for addressing school safety and supporting youth wellness. Therefore, challenging discussions and decision-making processes would be expected. To their great credit, NDE and DPS have developed a strong, constructive, and productive working relationship and are committed to sustaining *SafeVoice* as an important tool for protecting the safety of school communities and promoting student wellness.

- Because of the randomized design associated with the research study, and to ease implementation across the state, implementation began in half the state in January of 2018, with full implementation beginning in August of 2018.

- *SafeVoice* technology was launched across the state in 2018. As noted earlier, we randomly assigned school districts and subdistricts into two cohorts for the study (Cohort 1 for January implementation and Cohort 2 for August implementation), but it was impossible to limit access to the *SafeVoice* tip technology to only a single cohort.

- The launch of *SafeVoice* in each cohort included publicizing and disseminating the *SafeVoice* mobile app, website, and phone number to students and the school community and training school district staff in how to receive and respond to tips.

- For the first two years of the project, NDE had a full-time *SafeVoice* Coordinator to oversee and manage the statewide project. The *SafeVoice* Coordinator position was fully supported by the NIJ grant. Since 2019, the position of *SafeVoice* Coordinator has been rolled into the position of *SafeVoice* and School Safety Coordinator and has been fully supported by NDE funds, thereby enhancing the sustainability of *SafeVoice* beyond the life of the NIJ grant. By the end of 2022, the *SafeVoice* and School Safety Coordinator reported devoting up to 75% of their time to managing *SafeVoice*.

- In addition to supporting the *SafeVoice* and School Safety Coordinator position since 2019, NDE has provided substantial in-kind support to *SafeVoice* since its inception in 2017 in the form of time devoted to the project by the Director and other staff from the Office for a Safe and Respectful Learning Environment (OSRLE) which houses *SafeVoice*. It is estimated that the Director devoted 50% of their time to *SafeVoice* in 2017, 25% in 2018 and 2019, and now devotes approximately 10% of their time. Another high-level staff person in OSRLE devoted 50% of their time to the project during the planning and initial implementation year.

- The NDE *SafeVoice* Coordinator developed *SafeVoice* program guidance and training materials for school districts. From January through July of 2018, NDE provided district-level training to Cohort 1 districts. NDE typically did not provide training directly to schools but left that up to the discretion of the district staff. For Washoe and Clark County School Districts, NDE encouraged district personnel to publicize and provide training on *SafeVoice* only in Cohort 1 subdistricts. Beginning in August of 2018, NDE began training Cohort 2 district personnel.

- Although much of NDE's training activities occurred in 2018, the *SafeVoice* Coordinator continued to refine and disseminate guidance documents and provide training on *SafeVoice* throughout the project, especially in districts that had high staff turnover.

- NDE collaborated with a Nevada-based communications firm to develop and disseminate *SafeVoice* marketing materials to schools, students, and families including posters, banners, videos, rack cards, and bus bumper stickers. NDE disseminated enough posters to school districts for all schools, though that does not mean that all schools had posters placed in their buildings.

- DPS also hired a full-time *SafeVoice* Coordinator to oversee the project for DPS and to manage the communications center that operated year-round, 24 hours per day, seven days per week. The DPS *SafeVoice* Coordinator managed all communications specialists (see the bullet below), assisted communication specialists with their live communications with tipsters, trained local law enforcement officials on how to use the P3 platform, communicated with school officials as needed about tips, and reviewed all tips and the subsequent responses for accuracy and completeness. The DPS *SafeVoice* Coordinator has been fully supported with DPS funds since the inception of the program.

- DPS also hired communication specialists to fill four positions for each of the three 8-hour shifts. Thus, when at full capacity, *SafeVoice* employed 13 full-time staff—one *SafeVoice* Coordinator and 12 communication specialists. The extent to which all

positions were filled varied across time. The NIJ grant supported all these positions through December of 2019. In 2020, these positions were supported by funds provided to DPS from the Nevada Department of Health and Human Services. Beginning in 2021, DPS absorbed all costs associated with its implementation of *SafeVoice* with the intent of sustaining the program beyond the life of the grant.
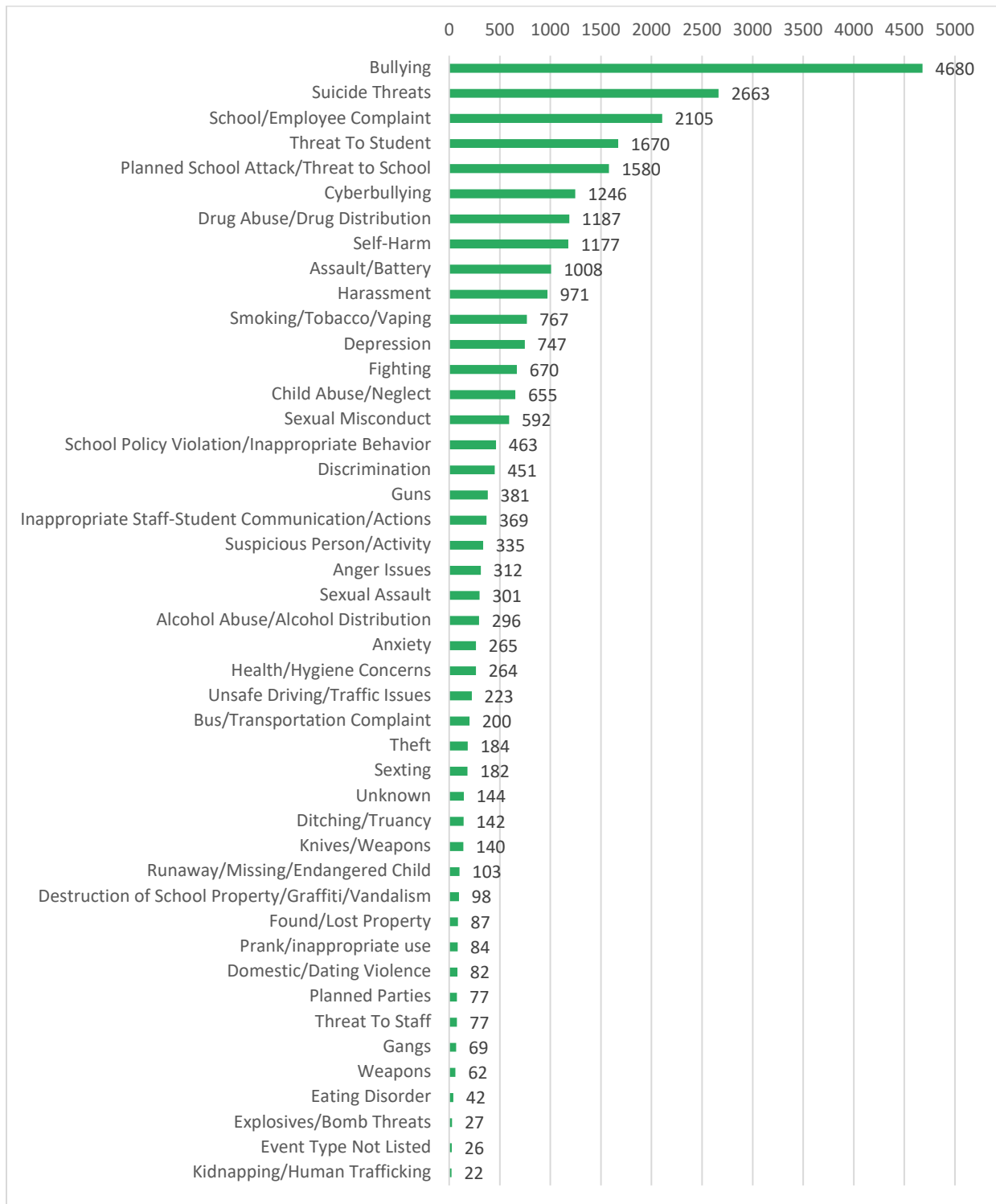
- In addition to the staff needed for overseeing and operating the communications center, DPS provided substantial in-kind support from its command structure, especially during the planning and initial implementation years. For example, several mid- and high-ranking officers participated in the weekly/bi-weekly *SafeVoice* meetings during the first several years. Notably, one high-ranking officer who was instrumental in establishing *SafeVoice* was spending up to 80% of their time on the project during challenging periods in the planning year. As was the case with NDE, this acknowledges the enormous amount of time and effort needed to plan for and implement a statewide program of this nature.

- Because of legal issues surrounding student and family privacy, as well as the sensitive nature of *SafeVoice*, the Deputy Attorneys General for NDE and DPS were actively involved in implementation decisions that intersected with privacy, anonymity, and confidentiality.

Program Data

Overall Tip Volume. 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 5 on the next page shows the volume by type of tips. The range of tip types was wide and included bullying and cyberbullying, threats to students and schools, substance use, depression and anxiety, guns, knives/weapons, sexual assault, health and hygiene, endangered children, and others.

The ten most common tips were bullying, suicide threats, school/employee complaint, threat to student, planned school attack/threat to school, cyberbullying, drug abuse/drug distribution, self-harm, assault/battery, and harassment. Bullying was by far the most common tip, with almost twice as many tips as the next most common (suicide threat, 4,680 vs. 2,663).

Exhibit 5. Number of Tips by Tip Type, January 1, 2018 – July 31, 2022 (n=27,226)

Tip Type	Number of Tips
Bullying	4680
Suicide Threats	2663
School/Employee Complaint	2105
Threat To Student	1670
Planned School Attack/Threat to School	1580
Cyberbullying	1246
Drug Abuse/Drug Distribution	1187
Self-Harm	1177
Assault/Battery	1008
Harassment	971
Smoking/Tobacco/Vaping	767
Depression	747
Fighting	670
Child Abuse/Neglect	655
Sexual Misconduct	592
School Policy Violation/Inappropriate Behavior	463
Discrimination	451
Guns	381
Inappropriate Staff-Student Communication/Actions	369
Suspicious Person/Activity	335
Anger Issues	312
Sexual Assault	301
Alcohol Abuse/Alcohol Distribution	296
Anxiety	265
Health/Hygiene Concerns	264
Unsafe Driving/Traffic Issues	223
Bus/Transportation Complaint	200
Theft	184
Sexting	182
Unknown	144
Ditching/Truancy	142
Knives/Weapons	140
Runaway/Missing/Endangered Child	103
Destruction of School Property/Graffiti/Vandalism	98
Found/Lost Property	87
Prank/inappropriate use	84
Domestic/Dating Violence	82
Planned Parties	77
Threat To Staff	77
Gangs	69
Weapons	62
Eating Disorder	42
Explosives/Bomb Threats	27
Event Type Not Listed	26
Kidnapping/Human Trafficking	22

Perhaps the most unusual type of tip among the top ten was number three: school/employee complaint. *SafeVoice* was developed with the health and safety of students and school communities in mind; it was not envisioned as a mechanism to register complaints to or about schools and school staff. Nevertheless, there were 2,105 complaint tips submitted to *SafeVoice*.

All 17 Nevada school districts had received at least 11 tips. Of the 944 schools in the P3 system as of July 31, 2022, 690 (73.1%) had received at least one tip since the inception of the program or their participation in *SafeVoice*.

Tip Volume by Year. Exhibit 6 shows the number of tips by academic year, students enrolled in Nevada Public Schools, and tips per 1,000 students enrolled. In its first semester, there were more than 2,500 tips. During its first full year of implementation, there were more than 7,700 tips. Tips declined slightly in 2019-2020 with the first wave of the coronavirus closing out the school year. During the next year, with many schools closed for in-person education, the number of tips dropped dramatically. In 2021-2022, tips reached their pre-pandemic levels. During the years for which *SafeVoice* was operational during the full school year and the pandemic did not affect in-school instruction, there were more than 15 tips per 1,000 students. Exhibit 7 shows the flow of tips by month over the 54-month project period. Not surprisingly, tip volume was low during the summer months.

Exhibit 6. Number of Tips and Students Enrolled by Academic Year[a]

Academic Year	Number of Tips	Number of Students Enrolled[b]	Tips Per 1,000 Students
2017-2018[c]	2,567	485,768	5.28
2018-2019	7,764	492,638	15.76
2019-2020	6,578	496,938	13.24
2020-2021	2,638	482,364	5.47
2021-2022	7,679	486,682	15.78

[a] We defined an academic year as spanning August 1 – July 31.
[b] Source: Nevada Report Card (http://nevadareportcard.nv.gov/di/).
[c] The program began in January of 2018. Data are for the period January 1 – July 31, 2018.

Exhibit 7. Number of Tips by Month
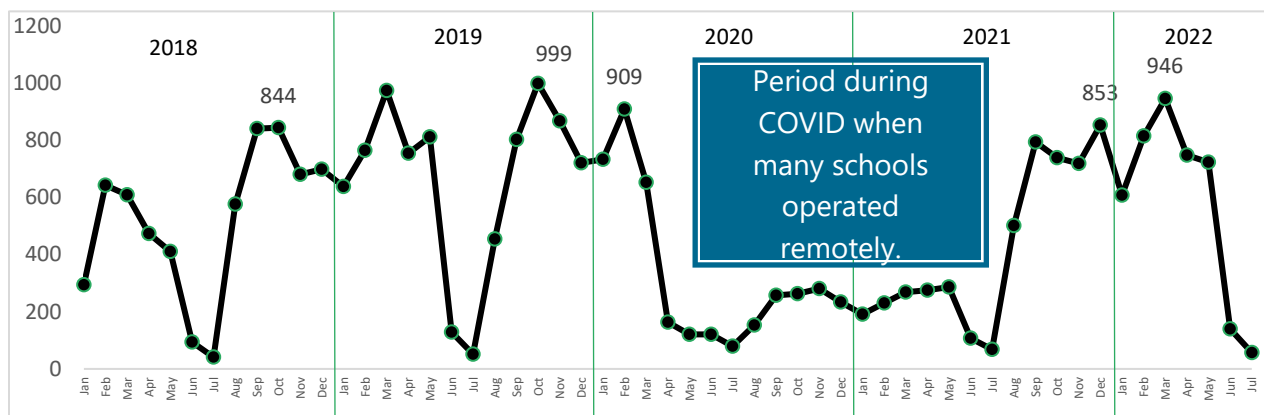
<u>Tip Volume by Day of the Week, Hour of the Day, and Reporting Method</u>. Exhibit 8 shows the flow of tips by days of the week and method of reporting aggregated across all years. Tips peaked on Wednesdays and Thursdays, with substantially fewer tips on the weekends. Overall, tipsters used the mobile browser, mobile app, and desktop browser at similar levels (8,571; 8,088; and 7,776 tips, respectively). When combining the mobile phone methods—that is, app and browser—tipsters used their phones more than twice as much as their computers (16,659 vs. 7,776 tips).

Exhibit 8. Tips by Day of the Week and Reporting Method
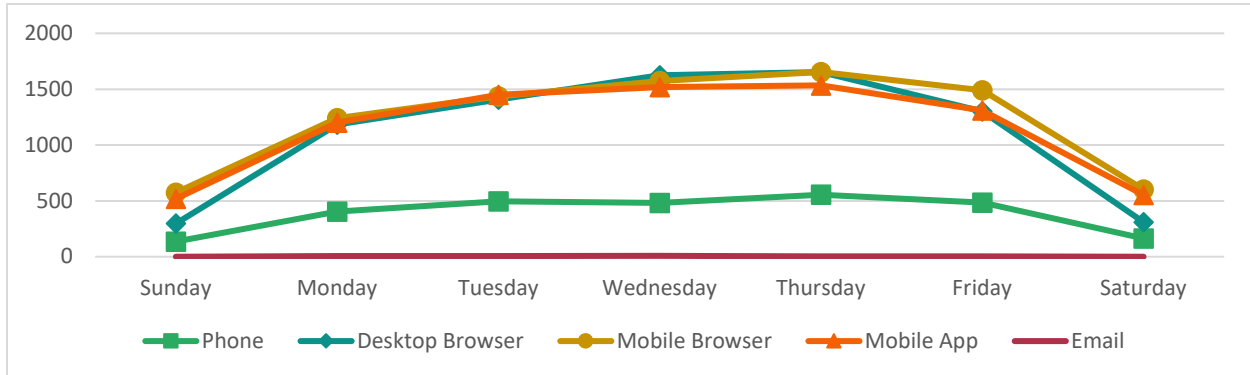
Exhibit 9 shows the number of tips by hours of the day and method of reporting. There was a steep rise in tips from 9:00 am to 2:00 pm, then a stable period until 5:00 pm. Although tips decreased after 5:00 pm they stayed relatively high until 1:00 am. The use of the desktop browser was most prevalent during school hours, though less so than the combination of mobile app and mobile browser.

Exhibit 9. Tips by Time of Day and Reporting Method
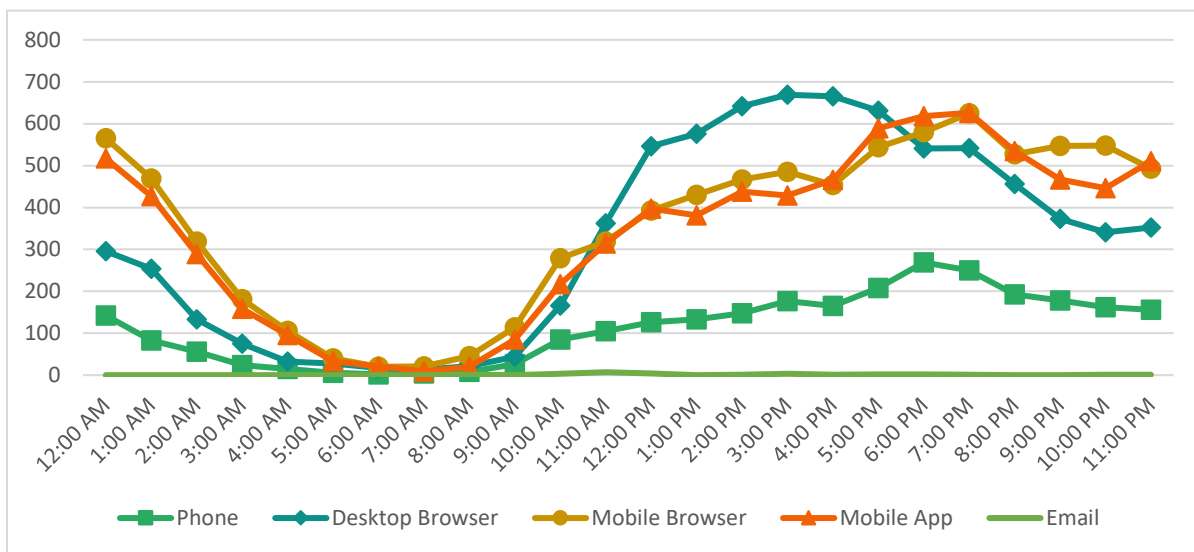
<u>Life Safety Tips</u>. As noted earlier, Life Safety tips were those deemed by DPS as posing imminent danger to a person's life. In all, there were 458 Life Safety tips (1.7% of all tips), with 391 of those being suicide threats. (Exhibit 10). Life Safety suicide threats represented 8% of all suicide threat tips. As shown in Exhibit 11, Life Safety suicide tips rose steeply during after school hours and were most prevalent between 6:00 pm and 1:00 am, with 1:00 am being most common.

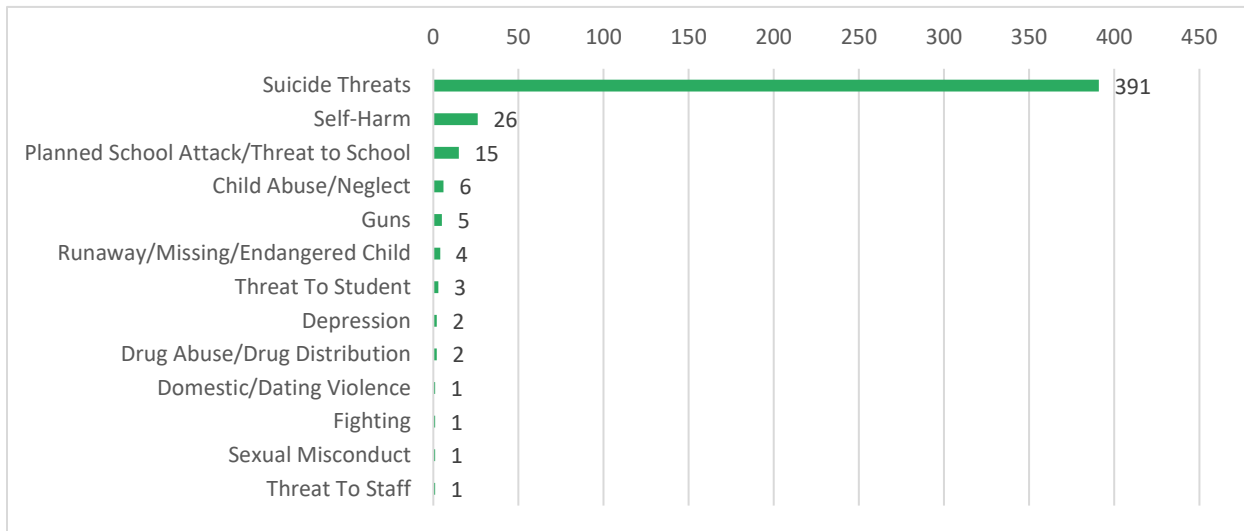Exhibit 10. Life Safety Tips by Tip Type (n=458)

Tip Type	Count
Suicide Threats	391
Self-Harm	26
Planned School Attack/Threat to School	15
Child Abuse/Neglect	6
Guns	5
Runaway/Missing/Endangered Child	4
Threat To Student	3
Depression	2
Drug Abuse/Drug Distribution	2
Domestic/Dating Violence	1
Fighting	1
Sexual Misconduct	1
Threat To Staff	1

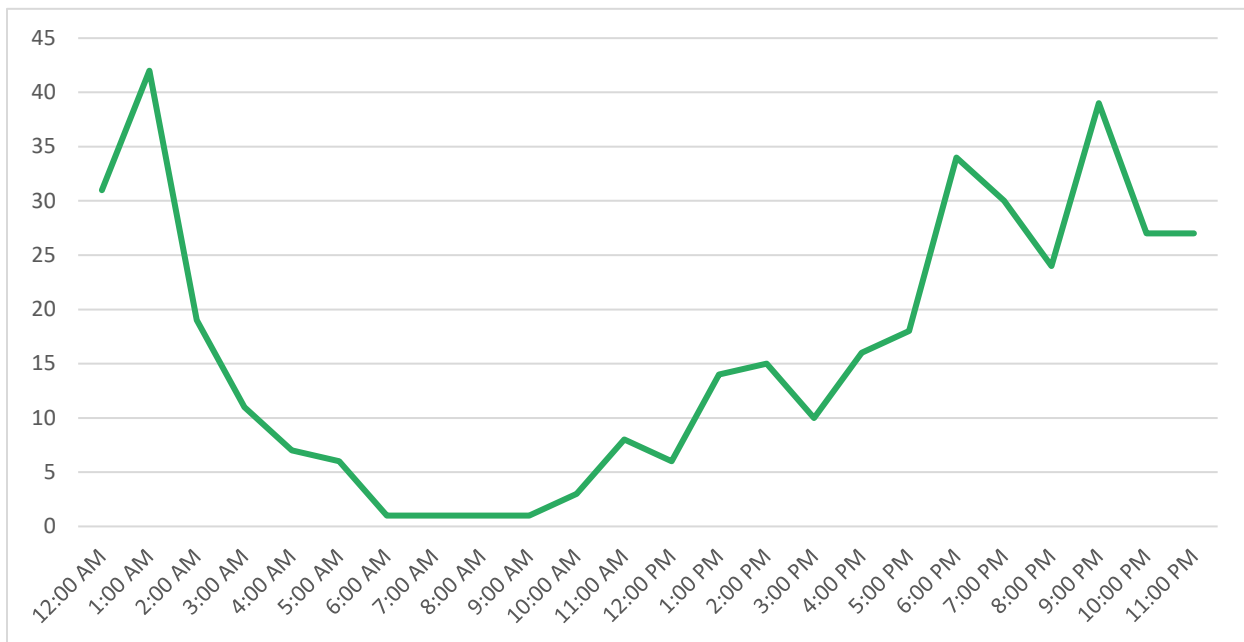Exhibit 11. Life Safety Suicide Tips by Time of Day (n=391)

24

Exhibit 12 shows that Life Safety tips were relatively steady from the fall of 2018 through March of 2020. During the fall of 2020, there was a dramatic rise in Life Safety tips and another one in the fall of 2021. It is possible that this increase was related to COVID experiences of school age youth.

Exhibit 12. Life Safety Tips by Month (n=458)
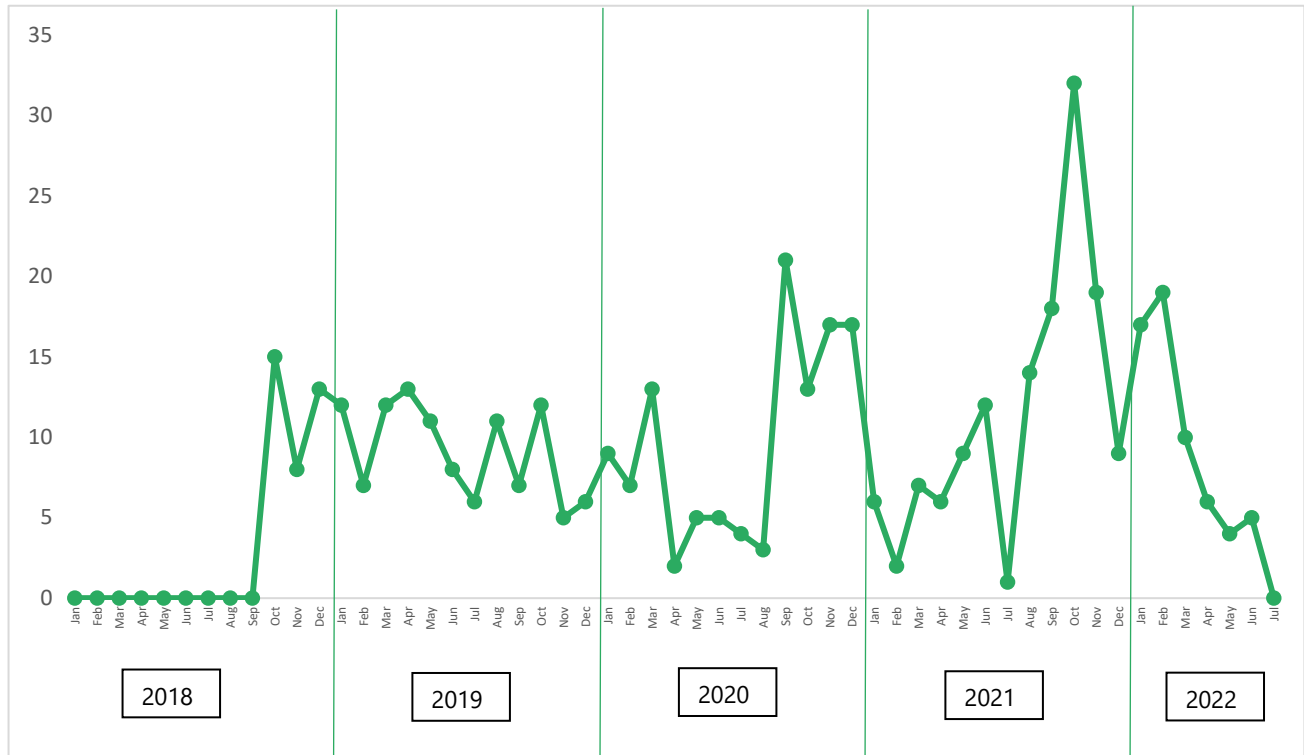
Tips During COVID. As noted in Exhibit 7 above, the COVID-19 pandemic dramatically affected the use of *SafeVoice*, with tip volume decreasing sharply during the period when schools were likely to be closed for in-person instruction. Exhibit 13 below demonstrates, however, that tip volume did not decrease uniformly across types of tips. The figure shows the ten most prevalent tips for the four half-year periods from January of 2019—one year prior to the beginning of the COVID pandemic—through December of 2020. The decline in bullying tips was the largest, decreasing by 93% in July – December 2020 from its peak in January – June 2019. Similar declines from their peaks were found in most of the top ten tip types: planned school attacks/threat to school (98%), harassment (95%), bullying (93%), smoking/tobacco/vaping (91%), drug abuse/distribution (83%), school/employee complaints (76%), self-harm (67%), and threat to student (59%). *In contrast, cyberbullying decreased by only 19% and suicide threat decreased by only by 5% from their peaks.*

Exhibit 13. Number of Tips Prior to and During COVID, by Top Ten Tips
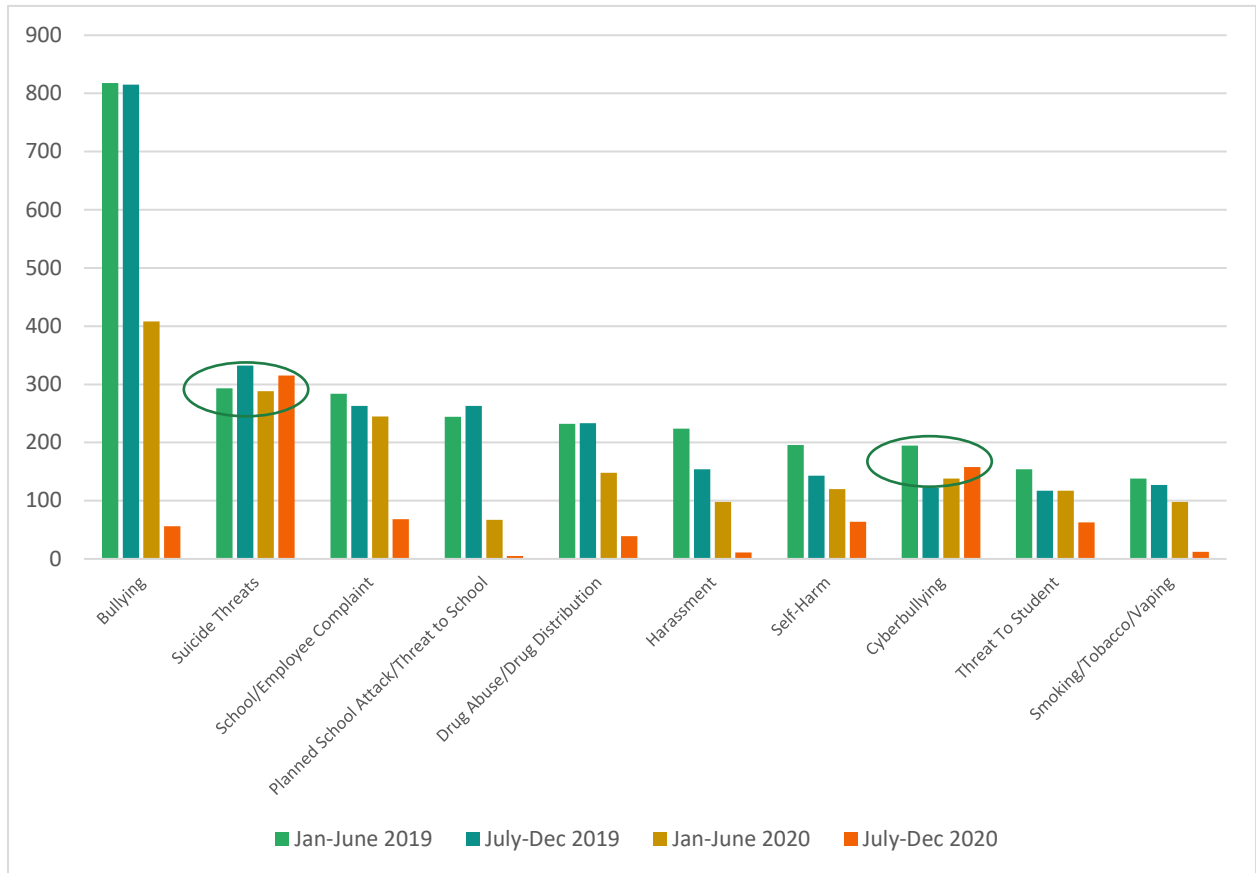
MDT Surveys

This section provides information related to implementation that we gathered from our survey of MDT members over four waves of data collection (2018, 2019, 2020, and 2021). We present primarily descriptive data but also inferential tests of changes over time when appropriate.[7] The values reported in this section represent the raw percentages while the inferential tests controlled for respondents' role at the school/district, gender, self-reported Hispanic status (yes/no), and number of years at the school/disrict. Although we conducted each annual wave of the survey in two groups (spring for Cohort 1 and fall for Cohort 2), we aggregated the data across cohorts for our analyses. Exhibit 14 provides the sample sizes and response rates for the waves by cohort. Response rates ranged from a low of 22.4% to 68.6%. Other than Wave 2 Cohort 2, which had the particularly low response rate, each cohort had at least 80% of the schools represented among the samples.

Exhibit 14. MDT Survey Response Rates by Wave and Cohort

	Wave 1		Wave 2		Wave 3		Wave 4	
	C1	C2	C1	C2	C1	C2	C1	C2
Number of Email Invitations[a]	1,005	1,235	1,074	1,239	1,138	1,262	1,121	1,242
Number of Respondents	689	676	514	278	693	702	543	549
Response Rate	68.6%	54.7%	47.9%	22.4%	60.9%	55.6%	48.4%	44.2%
Number of Schools Represented among Email Invitations	270	273	269	286	290	311	297	314
Number of Schools Represented among Respondents	253	255	227	203	258	274	241	254
Percent of Schools Represented in Sample	93.7%	93.4%	84.4%	71.0%	89.0%	88.1%	81.1%	80.9%
[a] This is the number of emails sent minus the number that bounced back because they were no longer active.								

Exhibit 15 provides demographic data about the MDT members with data aggregated across cohorts. The table shows that there was a high degree of stability in the demographic characteristics of MDT members across the four years of data collection. Roughly 75% were female; 83% White, 8% Black, and 11% Hispanic; 45% a principal, dean, vice principal, or assistant dean; and 30% a counselor. Notably, only about 4% were school social workers and less than 1% were school resource officers or other law enforcement officers. About half had worked in their schools for three years or less and half had worked there more than three years. About half had served on the MDT for 1-3 years (measured during Waves 3 and 4).

---

[7] For most analyses, we compared Wave 1 to Wave 4. For cases in which we have data for fewer years, we compared the first wave of data collection with the latest wave of data collection for those variables.

27

Exhibit 15. Demographic Characteristics of MDT Members by Wave (Percentages)

	Wave 1 (n=1635)	Wave 2 (n=792)	Wave 3 (n=1395)	Wave 4 (n=1092)
Age				
Under 20 years old	0.2	0.1	0.2	0.1
20-29	3.9	3.3	3.2	2.6
30-39	18.2	16.0	17.7	16.9
40-49	42.2	40.1	36.7	37.8
50-59	28.0	31.5	33.2	33.4
60 or older	7.7	8.9	9.0	9.1
Gender				
Female	74.7	73.9	76.4	75.8
Male	25.2	26.1	23.5	23.2
Race and Ethnicity[a]				
American Indian/Alaskan Native	0.9	1.0	1.5	1.8
Asian	2.1	2.0	2.7	3.0
Black/African American	7.8	6.8	10.3	9.7
Hispanic	10.2	12.2	11.1	11.5
Native Hawaiian/Pacific Islander	0.8	0.8	1.2	1.0
White	85.2	84.1	82.6	82.6
Other	5.0	7.5	4.4	5.3
Role at the School				
District Administrator	0.7	0.8	1.2	1.3
Principal/Dean	23.1	23.4	22.5	20.9
Vice Principal/Assistant Dean	22.6	22.2	26.3	25.3
Other School Administrator	6.7	1.2	0.4	0.8
Teacher	0.0	1.7	1.6	2.2
Counselor	27.0	32.1	27.1	30.0
Social Worker	3.6	4.1	4.8	4.7
School Psychologist	0.9	0.9	1.0	0.9
School Resource Officer/Law Enforcement Officer	0.1	0.3	0.5	0.7
Safe School Professional	1.6	1.2	1.7	2.1
Secretary - District level	0.2	0.1	0.1	0.1
Secretary - School level	7.1	7.3	2.1	2.4
Office Manager - District level	--	--	0.1	0.0
Office Manager - School level	--	--	7.3	5.7
Other	6.5	4.6	3.4	2.8
Number of Full Years Working at the School				
0-3	50.0	44.9	46.6	42.0
4 or more	50.0	55.1	53.4	58.0
Number of Years on the MDT				
Less than 1	-	-	15.5	10.5
1 – 3	-	-	55.1	46.2
4 or more	-	-	29.2	43.3
[a] Ethnicity was asked as a separate item. As a result, the totals exceed 100%				

28

Exhibit 16 displays data about the training and technical assistance the MDT members reported receiving, as well as their perceptions about their ability to respond to *SafeVoice* tips (self-efficacy). To help highlight key changes over time, we display statististially signficant changes in the desired direction from Wave 1 to Wave 4 in green cells and changes in the undesired direction in blue cells.[8]

Notable observations from the table include the following:

- The percentage of MDT members who reported receiving *SafeVoice* training ranged from 37.3% to 66.7%, with Wave 2 being particularly low. The percentage decreased from Wave 1 to Wave 4.

- Training was most commonly provided by school district staff.

- The percentage of respondents who reported receiving no training material increased from 12.3% at Wave 1 to 22.9% at Wave 4.

- The majority of respondents (more than 70% on all variables for all years) 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. On nearly all the variables, the rates of agreement were higher at Wave 4 than Wave 1.

- Less than half of the respondents in all waves of data collection reported using the information in the Dispostion Tab in P3 to assess trends or needs in their schools; similarly, less than half found the information in the tab helpful. In both case, however, the percentages increased by about 50% from Wave 1 to Wave 4.

---

[8] In some cases of statistically significant differences, such as whether training was received in person, we did not color code the cell because we didn't place a positive or negative value on any given direction.

Exhibit 16. Reported Training, Technical Assistance, and Self-Efficacy (Percentages)

	Wave 1 (n=1635)	Wave 2 (n=792)	Wave 3 (n=1395)	Wave 4 (n=1092)
Training				
Percent Who Received *SafeVoice* Training	66.7	37.2	57.9	61.0***
Who Provided the Training? (Check all that apply)				
NDE	16.5	10.2	14.8	12.5
DPS	6.7	10.2	6.8	6.1
Someone from the school district	55.9	61.0	56.7	54.0
Someone from the school	17.6	14.9	17.5	14.6
Don't know or other	13.5	12.9	17.6	23.7***
Percent Who Received Training in Person	92.0	85.1	76.7	64.3***
Training Material Received				
None	12.3	19.2	19.0	22.9***
PowerPoint presentation	76.0	68.8	64.5	60.4***
Guidebook	36.0	20.2	26.0	23.3***
FAQs	36.8	24.0	27.3	23.8***
Other	4.8	5.8	6.6	6.6
The initial *SafeVoice* training....[a]				
Helped me understand what *SafeVoice* is.	90.7	89.8	90.4	88.9
Prepared me to receive tips and communicate with others about the tips.	79.7	83.7	85.5	86.0**
Prepared me to work collaboratively with other people at this school to respond to tips.	74.9	82.0	78.5	80.5**
Prepared me to respond to tips effectively.	70.5	74.8	78.3	81.0***
Technical Assistance				
Percent Who Received TA	12.3	9.2	12.1	12.4
Who Provided the TA (Check all that apply)				
NDE	9.3	12.7	12.2	2.5***
DPS	23.2	19.7	30.1	21.5
Someone from the school district	34.4	36.6	31.4	38.0
Someone from the school	9.9	12.7	14.1	10.7
Don't know or other	29.1	32.4	23.8	33.0
The TA has helped me to better implement SafeVoice[a]	78.0	83.1	79.4	77.7
Self-Efficacy[b]				
How confident are you that you can...				
Navigate the SafeVoice reporting system?	59.0	70.5	72.6	73.2***
Monitor responses in the SafeVoice reporting system?	62.7	73.6	77.3	75.8***
Coordinate the resources to respond to a tip?	72.9	78.1	83.7	82.2***
Communicate effectively with others to address the tip?	85.1	87.7	92.8	91.3***
Use of the Disposition Tab				
Have used the disposition tab to assess trends and/or needs in the school.[c]	28.1	34.0	39.8	42.2***
The disposition tab has been helpful for assessing trends and/or needs in the school.[a]	28.9	35.6	41.8	42.4***

[a] Percentages who responded agree or strongly agree, [b] confident or very confident, [c] moderate or great extent. *p<0.10, **p<0.05, ***p<0.01 Green cells are changes in the desired direction; Blue cells are changes in the undesired direction.

Exhibit 17 displays data about reported MDT characteristics and functioning. Notable observations from the table include the following:

- Most MDTs reportedly had two to four members and about one-quarter to one-third had five to seven members.

- Members of the MDTs knew each other well and worked well together.

- At least three quarters of respondents reporting receiving a tip in the past year.

- 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 functioning (e.g., members particpate at acceptable levels, use effective decision-making skills, and meet *SafeVoice* goals). Several of the variables, however, showed decreases 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.

31

Exhibit 17. MDT Characteristics and Functioning by Wave

	Wave 1 (n=1635)	Wave 2 (n=792)	Wave 3 (n=1395)	Wave 4 (n=1092)
MDT Characteristics				
Number of Members				
1 (the respondent)	0.8	1.3	1.3	1.5**
2 – 4	62.5	60.8	53.3	52.3***
5 – 7	28.4	27.0	31.8	31.5**
8 – 10	6.4	7.1	10.0	9.8**
More than 10	2.0	3.7	3.6	4.9***
Respondent knows the other MDT members well or very well.	83.5	84.6	79.9	78.9
Respondent has worked directly with other members a great deal.	84.8	84.2	84.1	82.2
MDT members are easily accessible to each other.[a]	85.7	86.2	86.0	86.3
MDT operates as a cohesive unit.[a]	80.0	80.3	83.6	81.7**
MDT has met as a group during past 12 months.	70.7	62.0	73.5	73.6
MDT received tips during the past 12 months.	76.7	84.4	87.4	81.4**
MDT Functioning[a]				
MDT members participate in responding to tips at an acceptable level.	90.0	85.4	87.3	84.8*
MDT members work well together to respond to tips.	92.4	88.5	91.7	89.0
MDT members work well with others in the school to respond to tips.	91.9	89.1	91.6	89.0
MDT members are effective at meeting *SV* goals.	88.0	80.3	87.7	85.6
MDT members communicate well with one another.	96.0	89.2	--	90.4***
MDT members provide constructive feedback to each other.	86.3	76.7	--	77.5***
MDT members are familiar with each other's *SV* responsibilities.	85.9	76.5	--	79.9**
MDT members use effective decision-making processes and problem-solving skills when responding to tips.	93.7	88.3	--	89.4
MDT members monitor the case progress in the *SV* reporting system.	82.2	83.5	85.0	81.5
[a] Percentages who responded agree or strongly agree. $p<0.10$, $p<0.05$, $p<0.01$ Green cells are changes in the desired direction; Blue cells are changes in the undesired direction				

32

Exhibit 18 provides data on the burden of *SafeVoice* for MDT members, the effects of COVID on *SafeVoice*, and the level of law enforcement engagement with *SafeVoice*. Highlights include the following:

- One-quarter of MDT members reported that SafeVoice increased their workload a moderate amount or a lot and 90% reported that the reporting system is easy to use.

- COVID reportedly had a relatively small effect on MDT members' ability to respond to tips but did increase the job-related and general stress of two-thirds of the respondents.

Exhibit 18. Burden, COVID, and Law Enforcement by Wave

	Wave 1 (n=1635)	Wave 2 (n=792)	Wave 3 (n=1395)	Wave 4 (n=1092)
Burden of *SafeVoice*				
How much has the *SafeVoice* program increased your regular workload?[a]	--	--	25.7	--
How easy is the *SafeVoice* reporting system for you to use?[b]	--	--	90.4	--
COVID[c]				
COVID-19 has made it more difficult for me to coordinate with the MDT to respond to tips.	--	--	19.8	20.6
COVID-19 has made it more difficult for this school to provided needed follow-up services related to tips.	--	--	30.8	29.9
COVID-19 has increased the level of job-related stress I feel.	--	--	66.3	68.7
COVID-19 has affected the level of stress I feel in general.	--	--	68.9	66.4
Law Enforcement				
Is there an SRO at your school?				
Yes	--	--	--	26.2
No	--	--	--	35.7
Don't Know	--	--	--	38.1
Is the SRO on the MDT?				
Yes	--	--	--	61.8
No	--	--	--	22.2
DK	--	--	--	16.0
To what extent do you interact with the SRO about *SafeVoice* tips?[d] (Among those with an SRO.)	--	--	--	71.6
To what extent do you interact with the SRO about youth mental health issues?[d] (Among those with an SRO.)	--	--	--	63.3
To what extent do you interact with law enforcement officials (other than an SRO) about *SafeVoice* tips and/or youth mental health issues?[d]	--	--	--	29.9
Do you think law enforcement has a role to play in youth mental health?[e]	--	--	--	79.4
[a] Percentages who responded a moderate amount or a lot. [b] Percentages who responded very or somewhat easy. [c] Percentages who responded agree or strongly agree. [d] Percentage who responded some or a lot. [e] Percentage who responded yes. *p<0.10, **p<0.05, ***p<0.01				

Key Informant Interviews

During five years of the grant, the PIRE-UNR team conducted 192 interviews and focus groups. We organized these by school role: principals, multidisciplinary teams (MDT), non-MDT staff, parents, and students. We conducted the interviews and focus groups in-person until COVID travel restrictions required a change to virtual sessions. We recorded and transcribed the interviews and focus groups, then loaded the transcriptions into the research platform Dedoose where thematic analysis was completed. The thematic analysis yielded codes of awareness of *SafeVoice*, training, accessing resources (within the school and outside), collaboration and communication, accountability, appropriate use of the system, ease of use and barriers to use, safety, and recommendations/suggestions for improvement.

Roll Out

The *SafeVoice* roll out began with NDE and DPS providing an initial overview of the program to school administrators and some of the staff who would receive and investigate tips. All schools were to designate a team to receive and investigate tips. Depending on the size of the school, this ranged from one[9] to ten among the schools interviewed. The team always included the principal, a vice principal or dean (if they had one), counselors, and social workers (if they had one). In very small, rural schools, staff from the district might assist with a tip.

Based on the information heard in interviews and focus groups with the initial cohort, perceptions of the adequacy of training for principals and the MDTs were mixed. Many of the administrators, counselors, and social workers in the first cohort received training prior to the launch of the live platform. They were only shown a static view of the system because it was not yet operational. Many would have liked an interactive demonstration of the system, but overall, thought it was fairly intuitive once they began to use it. That view seemed to differ for some who were more intimidated by the technology or who perceived that they already were required to use a large number of systems. Several from both cohorts said a hands-on session would have been appreciated once the system was launched. Once it was live, several of the districts did provide additional training and a more interactive demonstration of the system. Users of the system found this to be very helpful, especially when it included discussions with their colleagues about navigation of the system, collaboration with the team and outside resources, and processes and protocols they were to follow for completing an investigation.

Some schools in Cohort 1 stated they did not get enough notice about the roll out. For this initial cohort, implementation began in January 2018, midway through the academic year. Many in the first cohort said it was somewhat difficult to launch a new program mid-year. It was not an issue for schools in Cohort 2 since they began implementation with the new school year in

---

[9] This was a very small school with only two teachers.

August 2018 and most had heard about it from Cohort 1 colleagues. There was some inconsistency among Cohort 2 schools regarding who trained them, who attended the initial training and how the information would be further disseminated. The ideal would have been to train principals, and other members of the teams receiving the tips (MDTs) all at once. However, that did not always happen. In most instances, the person(s) who attended the initial meeting, often a principal, would train the rest of the MDT. Additionally, counselors and social workers often had training as part of their regular district-level meetings. They stated this was very helpful as it enabled colleagues to help one another. Several principals and MDT said that they would have liked the state to provide a mock tip with step-by-step practice on responding.

As with any training for a new program, users sometimes ran into issues when actually trying to use the system, especially when the initial training was in the form of PowerPoint slides, rather than an interactive demonstration. The slides included all the steps that needed to be taken in the system to close a tip, what to do when there is not enough information in the tip to adequately investigate, and making sure all the information was reviewed, but the participants would have preferred more hands-on training before receiving their first tip.

One salient point made by multiple participants was that the school leadership (administration and members of the MDT) might have changed from year to year following the initial rollout. The lack of consistent training for new staff in subsequent years came up repeatedly in interviews. Sometimes the district trained new staff, but this was not always the case. Often the new staff had to find someone who could walk them through the process of using the system. Because of that, several principals and/or MDT staff recommended that yearly training be scheduled. Some MDTs with fewer tips stated that having a yearly refresher would help them remember the process of responding to tips. They have many other mandated systems and reporting processes in addition to *SafeVoice*, and some said it can get confusing if they do not use the system regularly. They believed that yearly refresher training would help them remember the process of responding to *SafeVoice* tips and help them be more efficient in navigating the system.

Cohort 2 schools had an advantage in that they could explore the system right away, once given access. They had also heard about it from colleagues in Cohort 1. This was helpful in allaying the fears of some but exacerbated those of teams that had heard about the large numbers of tips or the misuse of the system in some from other schools, especially from middle schools. These comments were rarely heard after the first year of implementation once schools had experience with the system and addressed the appropriate use of the system with the students. During the first year of rollout, many from both cohorts expressed a concern that they would be held accountable for tips that came in while they were away during evenings, weekends, or the summer. Although the concern was not voiced in later years, it would have been helpful to spell out more clearly the expectations at the beginning of the rollout. A few asked for more documentation about the expectations that they could consult at a later date.

Despite the inconsistencies in training, several principals and MDTs found the process of responding to tips to be "pretty darn easy to navigate." Most reported that although continued training would be helpful, the system itself is "fairly easy." One longitudinal MDT group initially reported that they had thought that they closed out a tip but had instead hit the wrong button. They recommended fewer tab options. On the other hand, that same team described the process in the fifth-year interview as "easy to use." Several really appreciated the follow up phone calls from the DPS tip line staff who guided them through the process if they had failed to properly close out a tip. They said the calls were helpful, rather than punitive.

After the initial roll out by the state, advertising materials were given to districts. It was usually up to the principal to disseminate information about *SafeVoice* to the students, non-MDT staff and the parents. Based on the focus group discussions, it seems that how and when those materials were distributed to the schools and whether they were notified of available promotion materials was inconsistent. Some schools reported getting large banners which were often displayed in locations that would be visible to large groups of students and parents, such as the fence in front of the school or in the cafeteria. Other schools did not remember receiving banners. After the first years of implementation, the interviewers rarely saw banners during their walks around the schools. The use of posters also varied. During interviewer walk-throughs of the schools, posters were usually seen prominently displayed at entrances to schools, outside and inside of many of the classrooms, and outside of bathrooms. In several cases, however, even though principals reported posters in every room, there were few posters to be seen. In other cases, the *SafeVoice* posters were not as salient because of the multitude of other posters crowded around them, or the colors of the posters that blended with other posters with school colors. Although the materials were offered in both English and Spanish, one principal whose population was 50% Spanish-speaking did not realize that this was the case. Interview respondents felt it was especially important for materials to be sent home to parents.

Intentionality of transmitting *SafeVoice* information to parents was highly variable. Some districts made concerted efforts to spread the information while others did not. In those schools where *SafeVoice* was advertised multiple times a year, parents were more likely to know about and use *SafeVoice* to address concerns. Some schools were reluctant to do more promotion, for fear it might overload their resources.

Consistently, principals and MDTs reported that during COVID 19 lockdowns and in the initial return to hybrid teaching, *SafeVoice* promotion declined. Most schools stated that with other things more pressing, continuing the promotion of *SafeVoice* was neglected. Schools also reported that fewer tips were made during this time, with most of them being for cyber bullying. Some counselors included information about *SafeVoice* in all of their email taglines during this time to remind students and parents that it was still available, even if the students were not in school. Some of the schools included flyers with the homework assignments or food they distributed to student's families during this time.

Awareness/Promotion of SafeVoice

Students

Students indicated that, at most schools, staff were responsible for the transmission of *SafeVoice* information to the students. In some schools, a member of the MDT or the principal made a presentation. One school used the student council to provide the information during an assembly. Some schools had teachers discuss *SafeVoice* in advisory classes or health classes. In some schools, counselors or social workers made a presentation and showed the students how to download the app.

Students in focus groups often reported that they had heard about *SafeVoice*, but not necessarily how or when to use it. They usually knew it could be used to make reports about students' safety, but not who received the tips at the state or school levels. In some focus groups, students had no knowledge of the reporting process, but could remember someone talking to them about it. Some students knew it was on their student IDs (a state requirement), while others were shocked when it was pointed out. Some students reported that they knew that if they or someone else were being bullied, there was an app that they could use to report it. Some students also reported feeling empowered if they had concerns about someone thinking about suicide or harming themselves, knowing that they could make a report. Most students knew that *SafeVoice* allowed for anonymous reporting, and thought it was a valuable element that would encourage student use. Other students were hesitant to believe that a tip would truly be anonymous. During the student focus groups, we often heard that when teachers or staff took the time to explain *SafeVoice* and show students how to download the app on to their phones and how to use it, students were more likely to know about and use the app.

Students discussed the advertising about *SafeVoice* in their schools. They stated that after a short period of time, the posters in their hallways faded into the background and no longer stood out. They suggested different options for making the posters stand out more, such as brighter colors, highlighting words of importance, and rotating posters. (After the initial roll out of posters, NDE acted on feedback and modified the posters to be less wordy and brighter.) Students in several schools thought it would be helpful if they were included in their schools' efforts to promote *SafeVoice*. They could provide their perspective on the best ways to promote *SafeVoice* so that it would be seen, heard, and understood by various audiences. Almost all student focus groups reported that *SafeVoice* needed to be promoted more at their schools, using tools such as morning announcements, asking media or theater classes to create videos or skits demonstrating how to use *SafeVoice*, and reinforcing situations for appropriate use of the reporting mechanism. They also suggested using older students to talk with younger students about *SafeVoice*.

Non-MDT staff

The dissemination of *SafeVoice* to staff members varied from district to district and in some cases from school to school. Several schools presented the information during staff meetings or

professional development days. Some heard about *SafeVoice* multiple times during the year, especially when counselors or social workers incorporated information about *SafeVoice* during classroom presentations about suicide or safety. Many staff members only heard about it once or twice or saw posters in the school. "We heard about it at a staff meeting and were given some posters." One staff member stated after the focus group, "I feel better about it now that I know about it. It could be really powerful." Some staff members reported having a general sense of the existence of *SafeVoice* at the school but did not know that they could use it themselves if they had concerns about a student. Staff that did know about *SafeVoice* stated that all students had contact information on the back of their IDs but that they still had to regularly remind students that *SafeVoice* was an option for them to report concerns. Staff at elementary schools were concerned that the posters used for advertising often had reading levels above that of their students. When this was pointed out to NDE, the agency had posters printed that were more developmentally appropriate for elementary schools.

Parents

Despite efforts by schools to inform parents about *SafeVoice*, many did not know about or remember hearing about *SafeVoice* until they were asked to be in a focus group. None of the parents mentioned that they had heard about trainings on *SafeVoice.* (Several principals said they might include these during future parent-teacher conference days.) Principals, MDTs, and staff stated they informed parents about *SafeVoice* during back-to-school nights or by sending packets and flyers home. Most schools had a link to the *SafeVoice* website on their home pages, as did the districts. Some larger districts used their automated call and text messaging to inform parents. Most schools said that pamphlets that had been given to them by NDE and DPS were available in the front office.

We asked parents how *SafeVoice* could be better marketed to them. They suggested things such as sending texts (for those districts not using them), sending flyers or other information more frequently, including information in local newspapers, Infinite Campus, and school and district Facebook pages. Parents in one school recommended refrigerator magnets, which NDE later created and disseminated. Parents in another group suggested tags that could be attached to backpacks. Flyers might be thrown in the trash, but refrigerator magnets or tags would always be visible. Multiple parents said that children are inherently bad at getting materials to them and so it was important that ways be found to give information to them directly, rather than through their children. Many also thought it was important to let parents know that tips were triaged at the state level first and then sent to the schools. They often said it was helpful to know that *SafeVoice* offered a mechanism to document issues so they could not be "swept under the rug."

Overall, awareness was mixed across the student, parent, and staff focus groups. Most principals and MDTs had a more optimistic view of student, parent, and staff understanding than was the reality among the latter groups. Many in these groups, especially parents, did not know about or knew very little about *SafeVoice* until asked to participate in the focus group. Awareness efforts that were most successful were those that were implemented multiple times throughout the

school year. Examples included having *SafeVoice* information as part of the counselors' and social workers' email signatures, as well as presentations several times a year in students' homerooms or advisory classes.

Ease of Use

SafeVoice was most often described as being an easy-to-use system by both those who made a report and those charged with investigating the tip. One MDT member described the system as "easy access and user-friendly. It tells you if the case is closed or needs something done. The notifications are good." One principal stated, "I really appreciate how it [tip] comes across on my cell phone. The online portal is easy to use." One suggestion previously noted is to provide annual refresher training, especially for schools that receive few tips, because it is hard to remember how to navigate the system if rarely used.

MDTs and principals reported that *SafeVoice* complements other safety programs they are implementing. Some also noted that they had used other reporting systems in the past, but that *SafeVoice* had many advantages over those systems. For instance, one MDT member did not recall ever getting any tips from the other platforms. A big advantage of *SafeVoice* is that it is staffed 24/7 every day of the year. For other systems, tips were left on voicemail and might not be heard until the next day or after the weekend. In addition, the DPS communication specialists receiving the tips can contact local law enforcement to check on a situation that presents imminent danger, such as potential suicide. Having outside resources directly connected to *SafeVoic*e (e.g., DPS and local law enforcement agencies) was a great relief to school staff because it took the burden of responding to a crisis situation after school hours off them. They were informed of the situation as it unfolded via P3 and could see the disposition when they returned to school, thereby preparing them to follow up with and support students if needed.

All teams reported that after the initial roll out, they had clear procedures about who from the team would address each type of tip, how they would investigate, and who would close the case. One principal stated, "Once we get a tip... usually bullying, suicidal ideation, self-harm, we pretty much know what to do and who to pull in. I can always ask if I'm not sure." Another principal stated, "After the initial breaking in period, it's been a valuable resource. It would be a real shame for it to go away. [It is] really beneficial that it's all over the state, so if a student moves, it's there and they don't have to learn a new system."

Overall, very few students in the focus groups had used the system, but those who had used it thought that it was easy to use. For administrators, the general thought was that it was an intuitive system. Several principals and MDTs said it was very helpful that they get notice of a tip and see dialogue between reporter and DPS as it is happening. They reported that it allowed them to prepare staff ahead of time if needed. One principal said they received a tip in the evening about a student potentially bringing a weapon to school the next day. They were able to have an administrator, a counselor, and a deputy at the school the next morning to meet the student before they entered the school and resolve the issue. "It's helpful to see dialogue box

when tip first gets in." Some mentioned they had not properly closed a tip and received a call from DPS to assist them with the process. Those who had made an error appreciated that it was a helpful, rather than a punitive call.

Appropriate Use of the System

Initially, many principals feared that *SafeVoice* would be used in unintended ways such as making false reports or attempts to get another student in trouble, and that *SafeVoice* would create unnecessary work. Although some schools in the initial roll out received these types of tips, overall, these events were rare and did not substantially add to the workload of the team. Some did say that false reports could add to the time crunch they already experienced during their day, because it would often take precedence over previously scheduled appointments. One member of an MDT reported that initially "we had about 50 tips and a lot were about revenge. Now it's more normal. It's changed from using it to bully. It's different now due to doing better education with students about why we have *SafeVoice* and when it's appropriate to use it." Another MDT member said, "the success is that we aren't getting tattling reports. All have been legitimate. It has to do with how it's rolled out." One principal stated, "When we first got it, we were afraid people would use it inappropriately, but it did not happen." Most participants voiced appreciation that students have a place to anonymously report.

Schools that had the most success with the appropriate use of *SafeVoice* discussed the importance of using *SafeVoice* as a tool comparable to making a report to 911. Schools that presented information about *SafeVoice* in conjunction with Signs of Suicide or other safety and wellness presentations found that students used *SafeVoice* more judiciously and had no or few false or frivolous reports.

In the later focus groups, misuse was rarely reported. Some participants stated that even with the misuse they prefer having *SafeVoice* so that students have an outlet to report things they otherwise might not. It was also stated that once students started seeing that the tips were followed up on and handled anonymously there was less misuse of the system. One principal said, "Kids use it and even the staff. The app is huge for the students. Everyone believes that things are being handled. We get very few false reports...only one this year. It's a big improvement over the previous Secret Witness program." Another principal felt that *SafeVoice* gave an outlet to the students who may otherwise feel unheard: "The victim of any sort of thing always has a feeling of being underdog. This gives them the confidence to believe things can be better. Someone is going to listen to them and take them seriously. [*SafeVoice*] creates safety for many students we may not be aware of, for the students who want to be anywhere except school because of safety fears."

Anonymity and Confidentiality

This issue of anonymity and confidentiality of *SafeVoice* created some unexpected challenges during the project. In one school district, school staff were told that, even if a person identified themselves in the tip (thereby choosing to not be anonymous), that person's name could not be forwarded to other school staff for a follow up action because of confidentiality. For example, if the person reported being bullied by others, and provided their own name as the victim, the district staff would not forward the name of the victim to school building staff, preventing adequate follow up. It took several discussions with staff from this school district to persuade them it was not a breach of confidentiality for purposes of trying to reach out and provide follow up support to students within the confines of the school.

During the first year, one student group said that their principal gave out the name of a student who reported other kids for drugs. At the same school, they had an assembly and the principal and SRO "yelled at them about false reports and prank calls. Now we don't trust the system." "It feels like the system is a joke." Notably, concerns about confidentiality were not raised by student groups in subsequent years.

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

To answer this question, we relied on three sources of data: Project meetings and documentation, P3 program data, and key informant interviews.

Project Meetings and Documentation

It must be emphasized that, even though *SafeVoice* is a statewide system operated jointly by NDE and DPS, the responses to the tips are driven by policies, procedures, practices, and preparedness in local jurisdictions. Neither DPS nor NDE dictated how tips should be responded to, other than making clear the confidential nature of the system. As such, responses to tips varied among school districts and among law enforcement agencies. Below are highlights from project meetings and documentation related to responses to *SafeVoice* tips.

- Each school was mandated by NRS 388.14553 to have a multi-disciplinary team (MDT) to respond to *SafeVoice* tips. For schools that were too small to have their own full MDTs, district staff often served on the teams (and, therefore, often served on MDTs of multiple schools within the district). For the purposes of the project, members of MDTs were defined as all district- or school-level staff who received *SafeVoice* tips (i.e., their contact information was loaded into P3). The policies, practices, and procedures for responding to tips were established (or not) within each district and school. NDE and DPS worked with district personnel to encourage communication among MDT members—and between MDT members and DPS—within P3.

- Law enforcement responses largely depended on their relationship with school districts. The largest district, Clark County, has its own police department (Clark County School District Police Department, CCSDPD) which operates around the clock all year. As such, communication between the law enforcement and schools was fairly unified.[10] The second largest district, Washoe County, also has its own police department but it only operates during school hours (Washoe County School District Police, WCSDP). Again, communication between law enforcement and educators was relatively fluid during school hours. After hour calls for service were handled by the Washoe County Sheriff's office or municipal police departments, making communication with educators more challenging. Outside of Clark and Washoe Counties, engagement of law enforcement varied. Some schools have School Resource Officers (SRO) who may have been included on MDTs, but not necessarily. Other schools have no formal relationships with law enforcement, potentially increasing barriers for coordinated responses to tips.

- Related to the formality of the relationships between schools and law enforcement is the issue of access to student data. Ideally, tips include enough actionable information for school personnel or law enforcement officers to respond. In many cases, however,

---

[10] Even with a full-time police department, there was need for CCSDPD to coordinate responses with Las Vegas Metro Police, Clark County Sheriff's Office, and other municipality-based police departments in Clark County.

tips do not include information to identify students of concern. When it is apparent that a student needs immediate help, but not enough information is provided to identify the student, school staff can turn to Infinite Campus, a statewide student information database, to try to identify the student (e.g., by using a first name, school name, and grade-level to identify the student). Typically, MDT members have access to Infinite Campus, as do CCSDPD and WCSDP officers. Other law enforcement agencies have no such access. To address situations in which law enforcement agencies felt they needed access to Infinite Campus, NDE identified several staff members who could be reached any time throughout the day and night to field requests for data from Infinite Campus. The designated NDE staff would determine whether the release of data within Infinite Campus was warranted by the urgency and imminent danger involved in the situation.

- One area that has continued to be a challenge was the involvement of Mobile Crisis Response Teams (MCRTs) in *SafeVoice*. Three regional MCRTs serve Northern Nevada (the Reno area), Southern Nevada (Las Vegas area), and Rural Nevada (all other areas). Despite efforts by NDE and DPS to include MCRTs as *SafeVoice* recipients, MCRTs are not included directly in *SafeVoice* and, as such, do not receive tips within P3. In addition, Nevada MCRTs can only intervene with minors with the presence or expressed approval of parents. That is, in crisis situations for which parents are not available or refuse to provide permission—some of which might be most dire—MCRTs will not respond on the scene.

P3 Program Data

When tip recipients receive tips, they are encouraged to enter data in P3 indicating the immediate actions they took in response to the tips. Responses are categorized into two main groups: law enforcement actions/responses and school actions/responses. Tip recipients from law enforcement and the schools can then use check boxes to report their actions.

With more than 27,000 tips ranging from the very serious (e.g., suicide threat) to those with less need for immediate response (e.g., bus/transportation complaint), we chose to focus on the following groups of tips to answer this research question (what were the immediate responses to *SafeVoice* tips?): bullying, suicide threats, threat to students, planned school attack/threat to school, and those deemed as life safety tips. We chose these particular event types because they seemed likely to require immediate action. Exhibit 19 shows the percentage of immediate responses for each of the six event types.

There are several limitations to these data that make it challenging to interpret the counts of responses. First, tip recipients can report more than one response, so the number of responses cannot be summed to indicate the number and percentage of tips that had responses. Second, multiple tips can represent a single event, with responses entered into some or all of the tips. Thus, it is impossible to know the full range of responses that may have occurred for an individual school incident. Third, the quality of tips varied considerably, with some having actionable information and others having no such information. Thus, low rates of response

might be indicative of not being able to follow-up (e.g., students could not be identified) rather than choosing not to follow up. Fourth, it is likely that tip recipients did not use the follow-up fields as extensively as expected, leading to underreporting and an incomplete picture of the follow-up actions that occurred. We expect this is especially true among law enforcement responses. Nevertheless, below are several highlights from the two data tables.

- The percentage of school-based responses was greater than law enforcement responses. This is important because *SafeVoice* is considered to be a law enforcement-centric system, with the Nevada Department of Public Safety receiving all tips. This shows that, even with a system that begins with law enforcement (DPS), the local response was more likely to be driven by schools. (As noted above, however, we do believe that law enforcement officers were less likely to enter their actions in P3.)

- 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 most 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. The second most commonly reported law enforcement action occurred when responding to life safety tips. Of those, 30% 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).

Examining data from all tips (not shown in the table), law enforcement officers reported making arrests in 89 cases (0.3% of all tips) and giving out citations in 116 cases (0.4% of all tips). These low rates of reported arrest suggest that, even with a law enforcement-centric reporting system, punitive actions on the part of law enforcement agencies were rare.

Exhibit 19. Percent of Responses for Select Event Types

Response	Bullying (n=4,680)	Suicide Threats (n=2,663)	Threats to Students (n=1,670)	Planned School Attack/ Threat to School (n=1,580)	Life Safety Tips (n=458)
Law Enforcement Actions/Responses					
Welfare check completed	0.2	15.5	2.5	2.8	18.6
Parent contacted	0.5	8.7	5.1	3.8	9.8
Suicide protocol completed	0	2.2	0.1	0.2	4.6
Student placed on emergency hold	0	0.3	0.1	0.2	0.7
Threat/risk assessment completed	0	0.9	0.5	2	0.7
Law enforcement investigation initiated	2.6	25.9	13.2	39.7	29.7
Arrest	0	0	0.5	2.3	0
Citation	0.2	0	0.9	0.6	0
Referred to CPS/DCFS	0	0.2	0.2	0	0.7
Referred to mobile crisis or behavioral health	0	0.8	0	0.1	1.3
Student transported to hospital	0	1.0	0	0.2	1.7
Unfounded or insufficient information	3.9	4.2	5.0	8.1	4.1
School Actions/Responses					
Parent contacted	42.2	61.7	48.8	20.5	58.1
Student check-in completed	28.1	47.8	37.1	10.8	43.9
School-based supports provided	20.7	35.9	28.5	11.5	35.8
Referral to community supports	2.3	17.3	3.8	3.9	18.6
Bullying/cyberbullying protocol engaged	34.6	1.9	15.9	0.5	2
Restorative disciplinary action to be initiated	13.7	0.6	15.1	7.0	0.2
Re-entry/Safety plan created	3.4	1.7	4	1.6	3.5
Suicide protocol completed	0.3	18.6	1	1.6	14.4
Student placed on emergency hold	0	0.2	0.1	0.4	0.2
Threat/risk assessment completed	0.4	2.2	3.3	5.8	1.7
Referred to CPS/DCFS	0.1	1.6	0.5	0.2	2.8
Referred to mobile crisis or behavioral health	0.1	3.2	0.4	0.1	4.8
Student transported to hospital	0	1.0	0	0.1	1.7
Unfounded or insufficient information	36.0	9.4	27.2	42.7	9.0

Key Informant Interviews

Administrators and MDTs consistently reported that *SafeVoice* prompted an appropriate initial response to a tip when they had enough information. In many cases, such as bullying, there are already statewide protocols and timelines that schools must follow for their investigation once a tip is made. In other cases, the tipster did not provide enough information to enable a full investigation. Several MDTs thought the reporters did not understand there was a live person taking the tip when they reported via the app or website and simply left when they thought they had provided the information needed. Staff thought it was less an issue if the phone line was used. Several teams suggested training for students about the kinds of information to provide, such as "who else was around who witnessed this? When and where did it happen? Did it happen at school, in the cafeteria, classroom, locker? Did you see it, or did you hear from someone else? It's hard to follow up if don't have details." Detailed information would help them do a better investigation even if the reporter was not known.

Most schools managed reports by having the whole team receive the tip and then, based on the nature of the tip, the appropriate member or whoever was free at the time would respond. For example, one MDT stated that "if we get a report of suicidal ideation, then the counselor responds. If we get a report of a fight, then the dean or principal responds. If we get a tip of a weapon, then the school resource officer responds."

One MDT member discussed a particularly powerful contact developed because of a tip. "We actually had a DCFS [Division of Child and Family Services] call turn into case management and getting [the] family the help they needed, rather than being punitive. We had a sheriff's deputy take a trunk full of food, along with visit from [community provider] where there was food insecurity." One principal reported, "With a parent abuse situation, the school and teacher were immediately informed about it. We would not have known about it, or maybe not as quickly, without *SafeVoice*." A member of the MDT stated that there were "a number of tips they would not have known about without *SafeVoice*." One team reported that they "had a couple of tips about things kids said that made other kids nervous, especially in light of other things going on in [the] world. *SafeVoice* probably stopped a lot of nervousness because it was addressed." One principal stated that their district had many suicides that year which caused "suicide contagion." Because of this they "had many tips from students about their friends' suicidal ideation, cutting, etc." They then were able to run groups and have counselors speak to teachers on how to talk with students.

One principal mentioned that *SafeVoice* has helped them know about students who wouldn't otherwise reach out to the administration: "[schools] always have a silent group, and if we did not have *SafeVoice*, they wouldn't have a voice. Hopefully, it does give them the empowerment to speak up without recourse or for another student. There are a lot of silent students out there. Hopefully as society moves forward with SEL, we will see it carried forward."

Perhaps even more powerful were the statements of students. For those who were aware of *SafeVoice* being used, a majority felt the tips were handled appropriately and in a timely manner. Many stated that they felt like bullying was on the decline since having *SafeVoice* in their schools. Students who either made a report or knew of someone who made a report had positive responses. One student stated that she had made a tip related to concerns about a friend. The friend figured out who made the tip and later thanked her for reporting because she received the help that she needed and had not been able to ask for it herself. One student spoke of a time where they saw someone post thoughts about suicidal ideation online. They reached out to the student but still had concerns, so they made a report. The tipster later found out that the counselor met with the suicidal student. Another student spoke of a friend who was going through a breakup and seemed suicidal. The same student stated that she had another friend who saw a concerning drawing and made a tip about it. Because of the tip, the student received help and is "doing much better now." One student reported that a friend used *SafeVoice* when a gun had been pulled on them at home and Child Protective Services was brought in.

Even students who did not know a lot about *SafeVoice* initially felt that it could be useful in their schools. Most students reported that after having the focus group they knew more and were more likely to use or recommend *SafeVoice*. Unfortunately, this also highlighted the fact that students were not always clear on details about *SafeVoice,* other than that it existed.

Several students reported that they feel like *SafeVoice* is "very needed" at their schools. One student stated, "[school] is pretty split financially. The lower income students are often more timid, so an anonymous app might make them more comfortable. Coming into high school from middle school is hard. Kids can be rude, etc. so it's a good resource. Some students can't always go to their parents. A lot of people struggle with harmful or suicidal thoughts. *SafeVoice* can be very helpful, especially now with isolation at home [because of Covid]. Talking to someone they don't know is good." Several students reported that had they known about *SafeVoice*, they might have used it. One student said, "If I knew more about *SafeVoice* when I was concerned about friends, like when they talk about suicide and have mean parents at home, I would probably use it. There are some kids coming in next year who talk about suicide all the time. If something was serious, I would put their name on it so the person could actually get help, especially if someone at home wasn't concerned about it."

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

To answer this question, we relied on two sources of data: social worker study and key informant interviews.

Social Worker Study

Clark County School District social workers reviewed 854 reports from the 12 pre-defined event types and were able to identify the student of concern in 748 cases (81.1%). Among the 748 reports with identifiable students, 642 had services provided to the students (85.8%). Exhibit 20 shows the frequency of the tip types among the 748 identifiable reports and Exhibit 21 shows the frequency of event types among those for which services were provided. Among those with services provided, 30.7% were reported for suicide threat and 27.4% for self-harm. Between 9% and 14.5% of the tips were for anger issues, drug abuse/drug distribution, and depression.

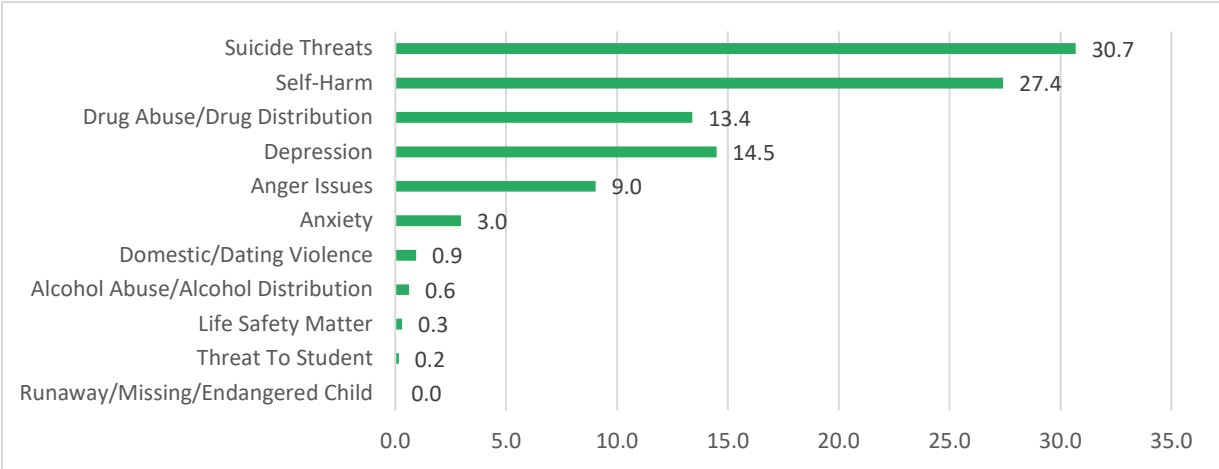Exhibit 20. Frequency of Event Types among Identifiable Reports (n = 748)
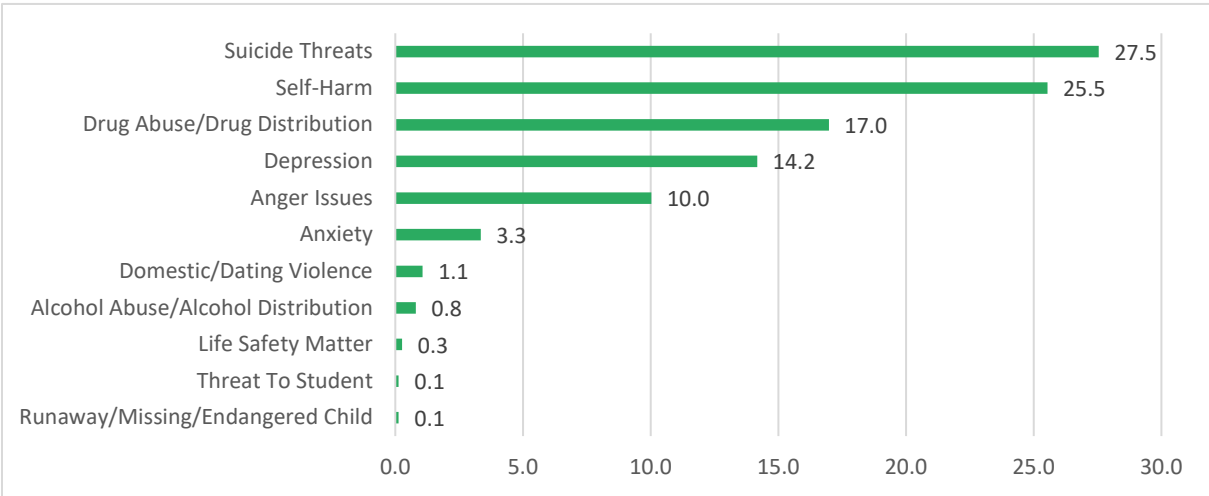
Exhibit 21. Frequency of Event Types among Reports with Services Provided (n = 642)

Of the 642 known cases of students receiving services (Exhibit 22), the most commonly reported services were referrals for counseling with an on-site agency (51.7%), referrals for counseling with an outside agency (45.0%), and student check-ins (41.9%). Suicide protocols were initiated for 21.2% of the students and suicide ideation procedures for another 7.6%. Student assessments were conducted in 10.7% of the cases. A small, but not insubstantial, portion of the students were documented as receiving intensive services outside of the schools, such as outpatient hospital services (3.1%), hospitalization (3.1%), Legal 2000 involuntary hold (3.0%), and in-patient hospital services (1.9%).

Exhibit 22. Frequency of Follow-Up Services among those Receiving Services (n=642)
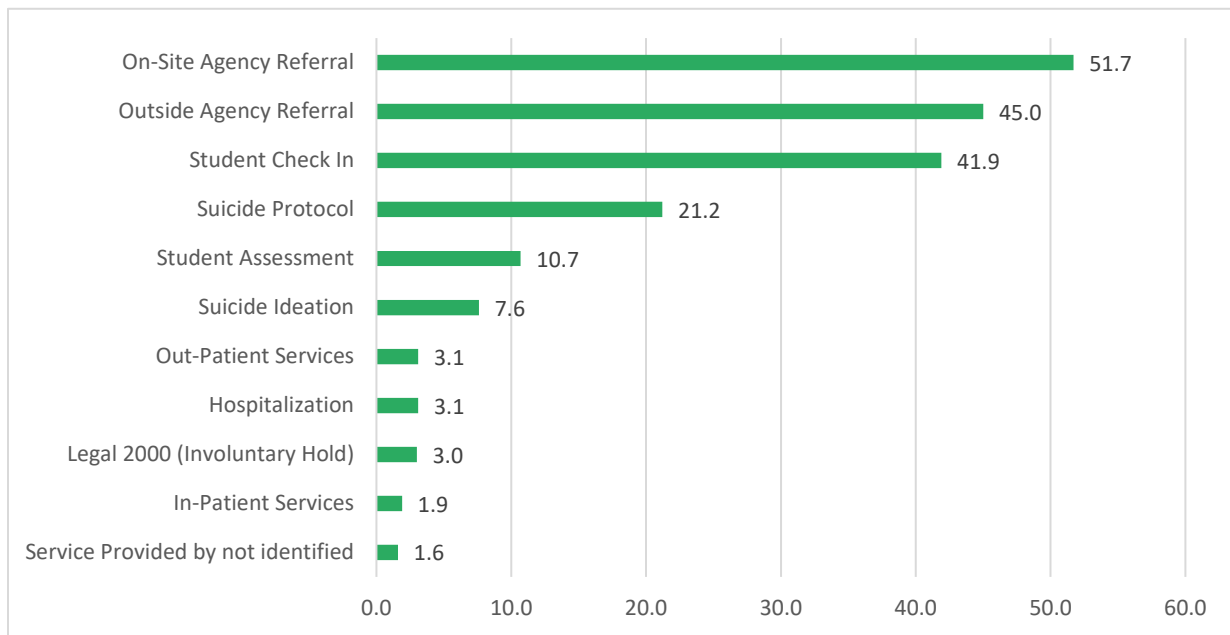
Key Informant Interviews

The key informants' perceptions about their school's ability to provide appropriate follow-up services within their school were mixed. While many of the principals, MDTs, and staff thought adequate services were available, others mentioned the lack of sufficient numbers of counselors or social workers to handle their school's caseload. They often mentioned insufficient funding levels for staffing, few available candidates for positions, or the inability to attract candidates to rural areas. An MDT member stated "In many rural areas, counselors are shared between middle and high schools. We may only have them on site for one day a week. We have to find them and bring them in if there is an emergency. The counselor's role is more often focused on academics, and they often have to take on the role of social worker as well. They can't do it all. Many schools have no social worker or have to share them with other schools." One principal stated that he had funding for a social worker but was unable to find anyone to hire. They also reported having one counselor for 700 students.

Students often reported easy access to staff when needed, but others mentioned long waits, up to several weeks, to see a counselor. Some said a counselor would try to squeeze them in if they were in crisis, but also stated there weren't enough counselors for the number of students at the school. Some students did say they heard of very quick attention to students' concerns when a *SafeVoice* tip was made. Parents were the least likely to think the school had adequate resources, and some said that they weren't sure what was even available.

Some school staff indicated that internally they had sufficient means to address student concerns. Most of these schools were either very small or very large. One MDT member from an urban school said, "We have a great team. There is a licensed school mental health therapist to work with students on site. We have a lot of resources at the school including two counselors. As a district, we have partnered with UNR and have extra counselors coming in weekly to help with students." One principal stated, "we have an incredible counseling team and social worker, and they will continue support with students." One school reported that they have sufficient staff to meet needs with social workers and counselors, a school psychologist, mentor, and case workers within school if students have IEPs.

Often after an initial investigation, schools have to make outside referrals to get the student the help they need. Most focus groups reported that overall, there is a shortage of available services in their communities, especially in the more rural communities, although some reported improvements in the past several years. Even in the larger communities, the participants mentioned barriers to service such as transportation, waitlists, stigma, language needs, and funding to receiving appropriate services. Principals and MDTs often said that even if they made referrals for a student, parents might not follow up because they were dismissive of the concern or they feared stigma if their child was taken to a therapist.

One principal described the dire need for community resources. "[Our community] has 150 kids needing services and the providers only work a couple hours a week after school." One member of an MDT stated, "one barrier is that we are a smaller community. We may not have the services that are needed. There are waitlists for therapists, sometimes up to two years. Luckily telehealth is available. Some have to go to Reno [several hours away] and people with Medicaid aren't able to pay those out-of-pocket expenses." Another rural MDT member said, "the biggest weakness is when we have to go outside of the school. We reach out to rural Mobile Crisis because there is nothing here. The hospital is not equipped for psychiatric cases and there is no transportation. We can triage at school, but there is no one to hand off to." Another MDT reported, "there are always barriers of lack of insurance and transportation, but we try to work with them. It's especially difficult in rural communities where the closest resources are two to three hours away or in another state. Where the resources are scarce, the wait time for a referral can be anywhere between 6-8 weeks. Most places will try to get them in if they're critical or at least arrange for telehealth." A group of students stated that "there may be some resources, but we don't know about them." The students also stated that due to stigma, "if needed, I would be more

comfortable going out of town because it's a small town and people talk. There's lots of rumors."

Some successes for outside supports were identified. One principal stated that "there have been kids who were identified as depressed, and we were able to get help for them. Last year, one student was reported as suicidal, and we sent them to in-patient services as a result of a tip." One MDT in an urban area reported "We have an amazing mental health component. We had a Project Aware grant, [a local agency] comes in that sends three clinicians out to work with students at the school—weekly on different days. The hospital here is very good now about what to do. They have trained staff on expectations, and now have a psychiatric nurse practitioner who can handle meds."

If the follow up needed was a criminal issue, some schools reported having school resource officers (SRO) who are trained to work with students and do a good job. Some communities reported having a good relationship with law enforcement while others reported that the relationship was sometimes strained. In many places, especially where there is an SRO in the school (at least part-time), schools praised the relationships with the police. Many said they felt very supported by the police when tips came in needing immediate attention outside of school hours, in addition to when they needed assistance during the school day. "The sheriff's office has been really supportive and especially with a deputy on campus. He doesn't see it as a waste of time. He has a good relationship with kids." "There is an SRO on campus. When police get tips, they check in to make sure we get the information." Several groups reported that law enforcement communicates the results of their visits to a home.

A sizeable portion of interview participants mentioned frustrations with police investigating a tip, but not entering any details in the *SafeVoice* system so the school would know how to handle the case from their end. Police who do the investigation or welfare check may not be the ones to put in notes and schools often don't know which officer actually made the visit. While many schools mentioned that the police developed a good relationship with the students, others stated that the police needed more training, especially in dealing with teens, which requires a different skill set than working with adults. Several principals and MDTs also thought police needed more training concerning suicide welfare checks. One student mentioned that when they put in a tip about concern a friend who was contemplating suicide, the police went to the house and asked the student if they were thinking about suicide in front of the parents. The student said 'no' and the school talked about it as a false report, not understanding that it might have been a valid tip, but the student's response might have been influenced by the presence of the parents.

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

To answer this question, we relied on five sources of data: school discipline data, youth suicide data, student school climate data, MDT school climate data, and key informant interviews.

Before presenting the data to answer this question, it is important to understand why we are asking the question. That is, what is it about an anonymous reporting system in general, and *SafeVoice* in particular, that would lead to a safer school and healthier school climate? The logic model below shows the hypothesized links from *SafeVoice* to safer schools and healthier school climates.

The logic model (Exhibit 23) posits two pathways to safer schools and healthier school climates. With the first pathway, the implementation of *SafeVoice* leads to increased use of *SafeVoice* for reporting potentially harmful events, which leads to earlier—and better informed—responses to meet students' needs, which leads to safer and healthier school climates because needs are being met. With the second pathway, the availability of *SafeVoice* and its subsequent effects would bring attention to it as an effective surveillance tool, leading to fewer harmful events because students would fear being caught, leading to safer and healthier climates. The first pathway leads to safer schools through early intervention while the second pathway leads to safer schools through deterrence. Although not shown on the logic model, the positive effect of *SafeVoice* is also expected to build across time as fewer discipline incidents lead to safer and healthier environments that in turn make future disciplinary incidents less likely to occur.

Exhibit 23. *SafeVoice* Logic Model for Safer and Healthier School Climates
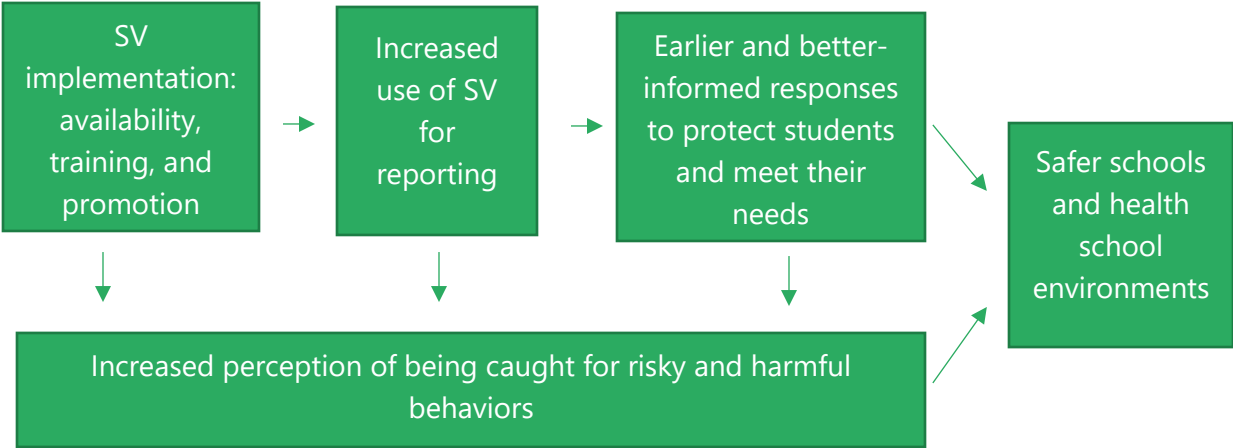
School Discipline Data

Using the annual school discipline data from the 17 school districts and monthly data from Clark County School District, we examined whether SafeVoice had an impact on broader student safety outcomes. After reviewing all the school safety data available through the Nevada Report Card, we determined the following five variables to be the most relevant for assessing the impact of *SafeVoice*:

1. Incidents of **violence to other students**
2. Incidents of **violence to school staff**
3. Incidents of **bullying** determined to be so after an investigation
4. Incidents of **cyberbullying** determined to be so after an investigation
5. Incidents of **possession of weapons**

PIRE obtained the <u>annual</u> incident data for these variables, as well as enrollment information, for the 2014-15 to 2020-21 school years for the county-level districts and the sub-districts in the two largest counties (Washoe and Clark). We also acquired <u>monthly</u> data for the 2015-16 to 2020-21 school years for the 14 sub-districts in Clark County because: (i) implementation of *SafeVoice* began in the middle of a school year, (ii) the delay in training/promotional activities between the two cohorts was less than a full school year, and (iii) changes in monthly data are more sensitive to detection of statistically significant changes over time. Data from Clark County did not include possession of weapons.

With these two data sets we were able to examine data for districts/sub-districts across the state in annual units and examine data for the sub-districts in Clark County in semester units (the Fall semester including incidents occurring from August-December, and the Spring semester including incidents from January-May). We aggregated the monthly data into semester units because the data were more reliable in aggregate, and we expected detectable differences to emerge across semester units.

Given the widespread impact of the COVID-19 pandemic on all aspects of life in 2020 and 2021, including schools suspending operations, operating virtually, and making other adjustments to their standard practices, we chose to analyze data through the 2018-19 school year but not beyond. We noticed that data from the Fall semester of 2019 incident data were unusual (e.g., reported bullying incidents at the beginning of the school year dropped to near zero) and suspect that official reporting of incidents for the full year was influenced by the pandemic.

Intent-to-Treat Analysis

We first examined the data using an *intent-to-treat* model, whereby we analyzed the data using the randomized cohorts as assigned to condition. With this model, we would expect Cohort 1 districts and subdistricts to show earlier and distinct effects of *SafeVoice*, relative to Cohort 2 districts and subdistricts, because of the delay in implementation. We tested this model using the annual data for all districts and the semester data for Clark County. More specifically, we

would expect that the implementation of *SafeVoice* and its associated trainings and promotion in the Spring of 2018 would lead to: (1) the annual rates of discipline incidents in the school districts changing more favorably in Cohort 1 than Cohort 2 in 2017-2018 and (2) the semester rates of discipline incidents in the Clark County changing more favorably in Cohort 1 sub-districts than Cohort 2 sub-districts in 2018.

We examined the changes across time using controlled interrupted time series analyses. These analyses utilized the experimental design in place during the cluster randomized trial period (the time while Cohort 1 was in its full implementation phase with Cohort 2 as a control group). That is, we analyzed the five student incident variables to assess differences between the two cohorts during the two pre-pandemic school years when *SafeVoice* was being implemented.

We estimated pre and post intervention trends in each incident rate using a generalized linear mixed model (GLMM) to conduct negative binomial regression with the time-by-treatment model predictor variables and intercepts nested within each district/sub-district, the log of the total student enrollment for each measurement period as an offset variable, and semester (Fall vs. Spring) as a covariate for the Clark County data. The analyses included cohort group and its interaction with time as predictor variables and estimated the treatment effect as the difference between the mean rate parameters for each cohort at the end of the trial period.

Intent-to-Treat Results

Using this intent to treat approach, *we found no statistically significant differences between the cohorts for any of the variables for either the annual statewide or the semester-based Clark County data.*

We recognized that there were several limitations to our ability to detect the effects using the intent-to-treat model. First, the trial period was short (essentially, one semester). When the study was initially proposed and funded, we expected to have one full year between implementation of Cohort 1 and Cohort 2. The planning period, however, took longer than anticipated, forcing us to have only a one-semester gap between cohorts. Second, Cohort 2 schools had access to *SafeVoice* (recall, the launch of the platform could not be isolated to Cohort 1 schools). Where the cohorts truly differed was in the amount of training and promotion that occurred, with both being delayed for Cohort 2 until August of 2018. Third, and related to the previous limitation, data in P3 indicate that there was a relatively high level of use of *SafeVoice* in Cohort 2 districts and subdistricts during the trial period. The tip rate during the trial period was particularly high in the Clark and Washoe Counties Cohort 2 sub-districts.[11] We suspect the high tip rates were

---

[11] During the cluster randomized trial period (Spring 2018), the average number of tips received across the State via *SafeVoice* was 6.1 per Cohort 1 district/sub-district school, and 2.5 per Cohort 2 district/sub-district school. In Clark County, the average number of tips received was 5.1 per Cohort 1 sub-district school, and 3.6 per Cohort 2 sub-district school.

because of contamination in the training and promotion between the sub-districts due to being in the same county.

Alternative Model Analysis: Access to SafeVoice

We then tested our hypothesis using an alternative model that examined changes over time across all districts and subdistricts. In other words, we tested for the effects of the intervention over time rather than the differential effects between cohorts over time. Specifically, we expected that the introduction of *SafeVoice* throughout all school districts in Nevada and gradual exposure to the trainings and promotional activities would begin to have a positive influence on: (1) the annual rates of discipline incidents in the school districts after the 2016-17 school year, and (2) the semester rates of discipline incidents in the Clark County sub-districts after Fall of 2017.

We examined the changes across time using interrupted time series analyses. This quasi-experimental design does not control for other factors that may have been influencing the incident rates at about the same time as the introduction of *SafeVoice*. Similar to the intent to treat analysis, we estimated pre and post intervention trends in each incident rate using a generalized linear mixed model (GLMM) to conduct negative binomial regression with the time predictor variables and intercepts nested within each district/sub-district, the log of the total student enrollment for each measurement period as an offset variable, and semester (Fall vs. Spring) as a covariate for the Clark County data.

We estimated the treatment effect by calculating the difference between the estimated mean rate at the latest model measurement point compared to the counterfactual condition. The counterfactual was constructed under the assumption that, in the absence of the intervention, the overall trend in the outcome observed prior to the intervention would have been maintained.

Alternative Model Results

Statewide Annual Data. We analyzed the 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). For three of the variables, violence against other students, bullying, and cyberbullying, there was not a statistically significant change in the linear trend (i.e., for each variable, the *p*-value was greater than .05 for the inferential test assessing whether there was an inflection point in the trend that corresponded with when *SafeVoice* began implementation). In contrast, there were statistically significant changes in the student incident rates for **violence against staff** (an estimated 32% reduction when comparing the 2018-19 school year statewide rate estimates for the *SafeVoice* intervention vs. the counterfactual condition based on the trend without *SafeVoice*) and **possession of weapons** (an estimated 32% reduction). Exhibit 24 shows the results of our inferential analyses.

Exhibit 24. Results of Timeseries Analyses Using the Alternative Model

Effect	Estimate	Standard Error	DF	t value	p value
Violence Against Students					
Intercept	-4.2072	0.2779	32	-15.14	<.0001
Study Year	0.1438	0.04640	32	3.10	0.0040
Intervention Period	0.04691	0.09228	32	0.51	0.6147
Violence against Staff					
Intercept	-6.4571	0.1445	32	-44.7	<.0001
Study Year	0.2385	0.04975	32	4.79	<.0001
Intervention Period	-0.193	0.08828	32	-2.19	0.0363
Bullying					
Intercept	-4.8430	0.2154	32	-22.49	<.0001
Study Year	0.04927	0.07819	32	0.63	0.5331
Intervention Period	-0.1810	0.1509	32	-1.20	0.2393
Cyberbullying					
Intercept	-7.2441	0.1628	32	-44.50	<.0001
Study Year	-0.00578	0.06106	32	-0.09	0.9252
Intervention Period	0.03761	0.1152	32	0.33	0.7461
Student Weapons Possession					
Intercept	-6.2023	0.07065	32	-87.79	<.0001
Study Year	0.1283	0.02946	32	4.35	<.0001
Intervention Period	-0.1896	0.05573	32	-3.4	0.0018

The linear model trend lines for the two significant variables are shown in Exhibits 25 and 26. The fitted values shown in blue are based on the model estimates obtained from the observed data during the intervention period. The fitted values shown in red are based on an extrapolation of the pre-intervention trend. The difference between the red and blue fitted values is the treatment effect. In the figures, these trend lines have been superimposed onto a bar chart displaying the mean rates for the variables with one standard deviation confidence intervals.

Clark County Semester Data. Weapons incidents were not included in the Clark County database. We, therefore, analyzed the other four student incident variables to assess changes in the rates during the three semesters following the start of *SafeVoice* (Spring 2018 – Spring 2019). There were not statistically significant changes in the linear trends for the four variables.

Summary. In sum, using the intent-to-treat model for comparing the effects of *SafeVoice* in Cohort 1 districts and subdistricts to the control group of Cohort 2 districts and subdistricts, we found no effects. The lack of findings may have been influenced by a short trial period and contamination between the cohorts. Using an alternative model that examined effects of *SafeVoice* across all school districts over time, we found significant differences between

observed trends after the implementation of *SafeVoice* compared to the estimated trends in the absence of *SafeVoice* on statewide violence against staff (32% or an estimated 485 incidents) and statewide student weapons possession (32% or an estimated 511 prevented incidents).

Exhibit 25. School-Year Rates of Student Violence Against Staff, with Modeled Pre-Intervention and Intervention Trends
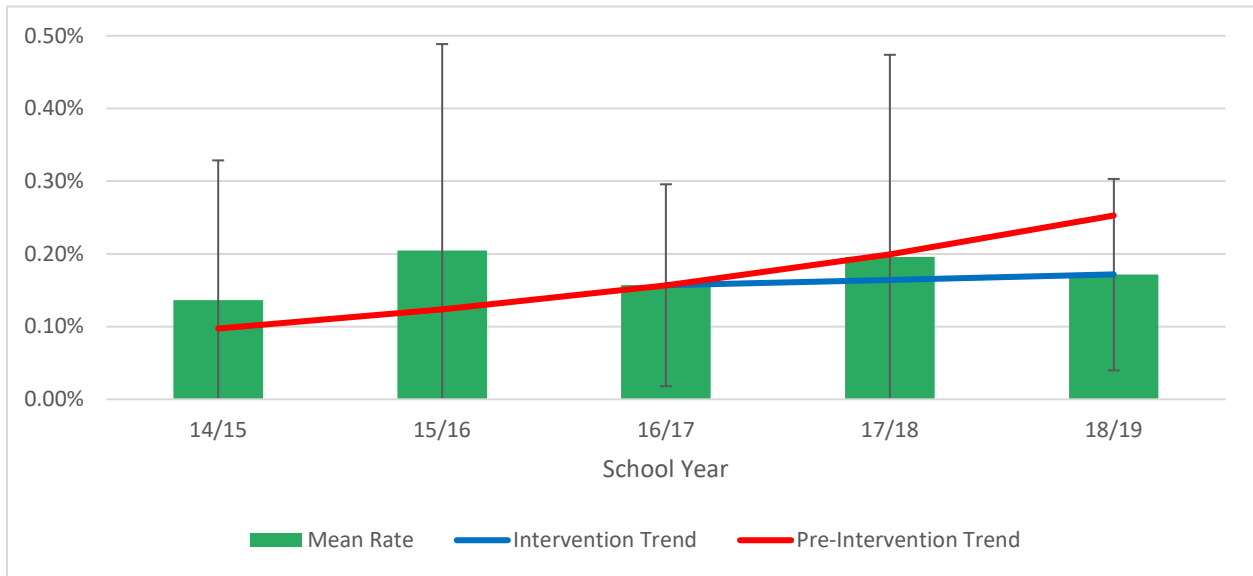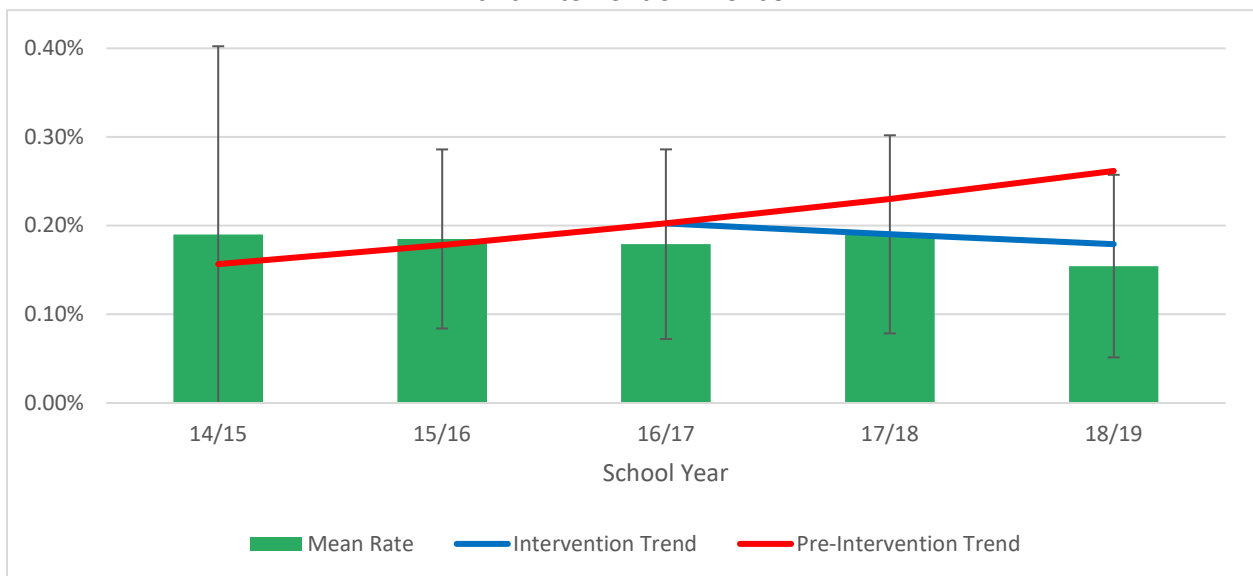

Exhibit 26. School-Year Rates of Student Possession of Weapons, with Modeled Pre-Intervention and Intervention Trends

Suicide Data

One of the anticipated outcomes of *SafeVoice* was that it would allow more crisis situations to be identified by assistance providers, and for this assistance to arrive more quickly than in the past. Therefore, we hypothesized that there would be a desirable change in the rate of suicides in the state after *SafeVoice* became available in 2018.

Similar to the school discipline data alternative model analyses, we conducted interrupted time series linear regression analyses to estimate pre and post intervention trends in the statewide youth suicide rate, with the treatment effect being the difference between the intervention model estimate at the latest measurement point (24 months after the intervention began) compared to the counterfactual model estimate. The counterfactual was constructed under the assumption that, in the absence of the intervention, the overall trend in youth suicides prior to the intervention would have been maintained. It is important to note again that this quasi-experimental design does not control for other factors that may have been influencing the suicide rate at about the same time as the introduction of *SafeVoice*.

We obtained monthly counts of Nevada resident deaths that are indicative of suicidal intent (ICD-10 codes indicating suicide or deliberate self-intoxication) from the Multiple Causes of Death database, published annually by the National Center for Health Statistics (NCHS) for the National Vital Statistics System. The data are compiled at the state level from death certificates and collected nationally by NCHS. 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.

Analyses and Results

We began by investigating the patterns in the monthly data with Auto Regressive Integrated Moving Average (ARIMA) modeling techniques. IBM SPSS 27 Expert Time Series Modeler was used to identify the best fitting ARIMA model for these timeseries data with both seasonal and non-seasonal components and no additional predictors. More specifically, the Expert Modeler examined the fit of models with different values for the autoregressive [AR: correlation of time point with preceding time point(s)], integrated [I: differencing between time point with preceding time point(s)], and moving average (MA: moving average across time points as the best point estimate) time series components. This automated process identified (0,0,0) (0,0,0) as the best fitting stationary model. In other words, the models with seasonal and non-seasonal AR, I and MA effects did not significantly improve the fit of the simple model without these components. This was the case when first examining the 48 months prior to *SafeVoice* implementation, as well as when examining the full 72-month dataset.

Based on the ARIMA results, we determined that it was appropriate to estimate pre and post intervention trends in youth suicides using a generalized linear mixed model (GLMM) to conduct

Poisson regression. As with the school discipline data analyses, the primary effect of interest was the statistical significance of the time-by-treatment term as a test of whether there was an inflection point in the trend that corresponded with when *SafeVoice* began implementation. We found that there was not a statistically significant change in the linear trend for the youth suicide count data, both when looking at these data independently and when using the older age group as a comparison (i.e., assessing the time-by-treatment effect difference between the age groups).

School Climate

Student School Climate Survey

Analyses. To examine whether we could observe changes in school climate measures after the implementation of *SafeVoice*, we examined annual data from the Nevada School Climate/Social Emotional Learning (SEL) Survey for the Spring 2017, 2018, and 2019 administrations. As mentioned earlier, we restricted our analyses to the 15 rural and frontier school districts because comparable data from Clark and Washoe Counties were not available due to differences in their administration schedule and instrumentation. Recall that *SafeVoice* was launched in January of 2018. Thus, the 2017 data are from a period with no exposure to *SafeVoice*; 2018 data are from a period during which Cohort 1 had been exposed to *SafeVoice* for several months; and 2019 data are from a period during which both cohorts had been exposed to *SafeVoice* for at least six months.

Individual-level data from 74,150 students were available across the three years (n=22,867 in 2017, n=25,437 in 2018, and n=25,846 in 2019). We only included data from schools that participated in all three waves of data collection. We examined the 11 measures noted in Exhibit 27 related to physical and emotional safety, all of which were measured on a 4-point scale ranging from "Strongly disagree" to "Strongly agree." We began by dichotomizing each outcome variable into response options of "Disagree or strongly disagree" and "Agree or strongly agree" and coded these new variables such that more positive scores represent more desirable outcomes.

We began our analyses using an intent-to-treat approach in which we examined the data by cohort as randomly assigned at the beginning of the project. Using PROC SURVEYLOGISTIC in SAS, we regressed our dichotomous outcomes on a time variable that contrasted 2017 (pre) and 2018 (post), a cohort variable that distinguished between the two randomly assigned groups, and the interaction between two, which served as a test of differences between the cohorts in changes over time in our outcomes. We controlled for individual-level measures of gender, grade, and race/ethnicity and accounted for the non-independence of observations by specifying school district as a clustering variable in our models. We hypothesized that we would see greater positive changes (or less negative changes) over time in Cohort 1 compared to Cohort 2 because of the exposure to *SafeVoice*.

Recognizing that the 2017 vs. 2018 cohort analysis was limited because of the short exposure period for Cohort 1 schools (about four months), we followed this analysis by conducting secondary analyses that combined both cohorts and simply looked to see whether the school climate measures showed improvements from 2017 to 2019. We again controlled for individual-level measures of gender, grade, and race/ethnicity and accounted for clustering of students at the school district level. We hypothesized that the overall trajectory of the outcomes would be positive over time when both cohorts were combined.

We then conducted a final set of analyses in which the two sets of models described above were repeated, this time examining the period of 2018 to 2019. The purpose of these analyses was to further explore the results of the initial models to see whether our understanding of the patterns observed could be enhanced by examining the intervening year of 2018.

Results. The results of our analyses are shown in Exhibit 27. Using the the intent-to-treat approach, we found no differences between Cohort 1 schools and Cohort 2 schools over time (2017 to 2018) in the predicted direction. We did find two significant differences in the opposite direction ($p < .05$), such that students from Cohort 1 schools reported a higher level of students carrying guns or knives and damage to students' property. Using the alternate approach (i.e., combined cohorts, 2017 vs. 2019) , we found mixed and limited results, with significant reductions in spreading rumors or lies on the internet but significant increases in staying at home because of feeling unsafe. Thus, it appears that *SafeVoice* had no discernable effect on school climate (physical and emotional safety) within the first 16 months of implementation in the rural and frontier school districts in Nevada.

Looking more closely at the data, we noticed an initial dip in perceptions of safey among Cohort 1 schools (2017 vs 2018) and then a rebound in 2019. (See graphs in Exhibit 28.) When we isolated our analyses to 2018 vs. 2019 for all schools in our data set, we saw largely positive changes, with significant improvements in perceptions of bullying, feeling safe, staying home because of safety, carrying guns or knives, and stealing. Thus, it appears that after an intial decrease in percpetions of school safety, particularly in Cohort 1 schools, there was an overal increase in perceptions of safety from 2018 to 2019. We cannot confidently attribute this increase in perceptions of school safety to *SafeVoice* but note that it coincided with a full roll ouf of the program.

Exhibit 27. School Climate, Student School Climate/SEL Survey

Variable[a]	Intent to Treat Cohort Interaction 2017 vs. 2018		Alternate Model Combined 2017 vs. 2019		Cohort Interaction 2018 vs 2019		Combined 2018 vs. 2019	
	Estimate	P value	Estimate	P value	Estimate	P value	Estimate	P value
Students at this school are often bullied.	-0.1431	0.0598	0.0343	0.4452	0.0314	0.6683	0.084	0.0249
Students at this school try to stop bullying.	-0.0833	0.0908	-0.0861	0.0636	0.0346	0.4128	-0.0495	0.0866
Students often spread mean rumors or lies about others at this school on the internet	-0.1908	0.0781	0.1031	0.019	0.1466	0.0427	0.0721	0.0662
I feel safe at this school.	-0.0874	0.4175	-0.054	0.3546	-0.1072	0.172	0.1175	0.023
I feel safe going to and from this school.	-0.0048	0.9530	-0.0467	0.2786	-0.1236	0.0464	0.0672	0.0656
I sometimes stay home because I don't feel safe at this school.	-0.0433	0.6096	-0.1094	0.0107	-0.0275	0.7029	0.1081	0.0025
Students at this school carry guns or knives to school.	-0.2095	0.0186	0.0658	0.3191	0.0204	0.8526	0.1588	0.0029
Students at this school threaten to hurt other students.	-0.1359	0.1075	-0.0501	0.4369	0.0242	0.7659	0.0249	0.5707
Students at this school steal money, electronics, or other valuable things while at school.	-0.2079	0.0540	0.1249	0.073	-0.0281	0.6034	0.1049	0.0005
Students at this school damage or destroy other students' property.	-0.2107	0.0204	0.0628	0.2413	0.0471	0.4432	0.0441	0.2067
Students at this school fight a lot.	-0.0249	0.8991	-0.1241	0.2503	-0.1512	0.3013	0.0169	0.8306

[a] Higher estimates are in the favorable direction.
Light green cells are changes in the desired direction, p < .10.
Dark green cells are changes in the desired direction, p < .05.
Light blue cells are changes in the undesired direction, P < .10.
Dark blue cells are changes in the undesired direction, p < .05.

Exhibit 28. Cohort Trends Over Time, School Climate/SEL Surveys*

Students at this school are often bullied

Students at this school try to stop bullying

Studens often spread mean rumors or lies about others at this school on the internet

Students at this school carry guns or knives to school

Students at this school steal money, electronics, or other valuable things while at school

Students at this school damage or destroy other students' property

* Higher values are more favorable.

MDT Survey

Our annual MDT survey contained a series of items about perceived school climate as it relates to *SafeVoice* and mental health services (Exhibit 29). Notable observations from the these data include the following:

- Respondents reported a high level of agreement that their schools provided a supportive environment for responding to *SafeVoice* tips.

- They also reported a high level of agreement that their schools provided a positive environment for addressing students' behaviors of concern, including their own ability to address such behaviors.

- Respondents reported feeling that their viewpoints on students of concern were less respected by administators 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.

- On the positive side, they 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% felt that, overall, *SafeVoice* had benefitted students, with a statistically significant increase at Wave 4. About 48% felt that it had benefitted staff.

- Slightly more than one-third reported feeling that their school was safer for students, and slightly more than one-quarter reported feeling that school was safer for staff, compared to the time before *SafeVoice* began.

Exhibit 29. School Climate by Wave, MDT Survey[a]

	Wave 1	Wave 2	Wave 3	Wave 4
Has support needed from school administrators to conduct proper follow-up after a tip is received.	90.9	88.0	91.2	90.2
The administration at the school is interested in knowing the outcomes of the reported tips.	91.9	90.1	93.0	91.0
There are resources (e.g., counselor or social workers) at this school to provide students with opportunities to communicate their feelings and discuss concerns about themselves, their friends, other students, or adults.	94.6	94.6	94.7	95.6
This school encourages students to communicate with teachers or other adults when they are feeling hurt, angry, or scared.	97.5	96.6	96.7	97.2
There is an adult at this school with whom students would feel comfortable talking about a problem that was bothering them.	96.7	96.8	95.9	97.2
I know how to respond to a student when their behavior indicates they may be hurting or angry about something.	97.1	98.2	96.0	97.3
When students seek help from school staff about a problem they are having, that problem is resolved as soon as possible to the best of the school's ability.	96.9	97.2	96.3	96.6
When students are reported for violating school rules, they receive guidance/assistance along with any consequences.	92.6	91.9	93.0	91.8
I can easily access or obtain information about students' behaviors of concern (e.g., from Infinite Campus technology).	91.4	93.6	92.7	92.9*
I feel reluctant to share information about a student's behavior of concern because of FERPA and/or HIPAA regulations.	37.6	38.7	38.0	37.4
Teachers feel comfortable reporting students' behaviors of concern to administrators.	91.8	91.7	92.7	90.7
Teachers' viewpoints on students' behaviors of concern are respected by administrators.	90.8	89.1	90.1	86.6**
It can be difficult to have students' behaviors of concern "heard" by administrators at times.	16.0	17.9	13.8	16.8
I feel overwhelmed by the need to watch for students' behaviors of concern.	17.2	21.6	14.7	24.0***
School-based mental health services, provided by licensed professionals, are available for students in this school.	60.4	66.6	73.9	74.9***

	Wave 1	Wave 2	Wave 3	Wave 4
There are mental health services outside the school to which we can refer students.	84.4	85.9	86.9	88.7**
I know how to connect students to mental health services if I believe it is needed.	83.1	85.3	87.2	89.6***
Overall, SafeVoice has benefitted students at this school.	--	--	60.3	63.0*
Overall, SafeVoice has benefitted staff at this school.	--	--	47.5	47.5
Compared to the time before SafeVoice began in January 2018, how much safer or less safe do you feel your school environment is for students?	--	--	--	35.2
Compared to the time before SafeVoice began in January 2018, how much safer or less safe do you feel your school environment is for staff?	--	--	--	27.8
[a] Percentages who responded agree or strongly agree except for the final two items which are those who responded somewhat safer or much safer. *p<0.10, **p<0.05, ***p<0.01 Green cells are changes in the desired direction; Blue cells are changes in the undesired direction					

Key Informant Interviews

Principals and MDTs often reported that the safety of children has to come first and *SafeVoice* helps with that. Some principals reported that they believed the culture of the school was positive enough that students would go to administration if they had a concern. Sometimes that was confirmed by the student focus groups, but in other instances that was not the case. One student reported that feeling safe enough to speak with the adults was "not true for all students. For some kids [school] doesn't feel, like, safe. Some kids are less involved--just come in to do what is required for them to do. So, they have no relationships and wouldn't go to staff if they were thinking about suicide. They might fear about repercussions if something big happens. Sometimes students …fear about repercussions from parents, or other students, especially if school doesn't take helpful measures." One principal summarized their thoughts about *SafeVoice* by saying, "As long as it is a resource that could potentially save one child, then it is worth it." A staff member at a different school stated, "[*SafeVoice* is worth it] to help protect the community and the kids. If it saves one school shooting, it's worth it."

Although we are not able to draw a direct causal link to *SafeVoice*, many participants discussed the improvements to school climate since the addition of *SafeVoice*. Some principals were able to identify specific incidents that were addressed because of a *SafeVoice* report. According to one, "now they [students] say, maybe we should call someone if they see a fight. Previously, they just recorded the fight." Parents reported that they appreciated knowing that they had an avenue to report concerns about their own children or their children's friends. Several parents stated they felt more confident an issue would be addressed, because *SafeVoice* provided a

documentation process that was above the school level. While they thought schools tried to deal with all their students' concerns, they believed staff were often overwhelmed with caseloads and either didn't have time to immediately investigate or brushed off the concern. One parent said they had used it to make a report after multiple calls to Child Protective Services (CPS) about abuse of children in a neighbor's home. They knew that CPS staff were often overwhelmed and understaffed due to budget cuts, but they also knew police would be sent out to investigate if they made a *SafeVoice* report and the case would be documented.

Several students reported improvement in their sense of safety. Students particularly appreciated the anonymity of the reporting. "Anonymity is important because I was so afraid of repercussions. It felt more comfortable saying more when I did use [*SafeVoice*]." Over and over, we heard the phrase, "Snitches get stiches." For students concerned with being labeled snitches, *SafeVoice* provided a way to report anonymously. Students in many schools said they could go to administration or teachers, and they did. However, others were concerned they would be seen making a report and there would be payback. In some schools, there was a long wait to get an appointment with a counselor, or students did not trust the school to take a report seriously.

Where students and parents did not fully trust the school, they thought *SafeVoice* provided a way to ensure there was a record trail that could be monitored by the state. Many students said they no longer felt powerless if they knew a friend was harming themselves or considering suicide, as *SafeVoice* provided a way for them to make a report and get help for someone they were concerned about. Many principals and MDTs said it was a great source of information about potential incidents. Only in the first year did we really hear any questions about the necessity of the system. A quote heard often from principals and MDTs was, "if it saves one life, it's worth it."

One student said that somebody they knew was being bullied and reported it to *SafeVoice*. "After 2-3 days, it stopped." Students also reported that they felt teachers were now more aware of potential issues and that teachers were more likely to be stationed, before school and at lunch, where fights and bullying had previously happened. Given changes in staff awareness, a student said, "I feel more confident that I won't be bullied." One student stated that they feel others are "less up tight. More at ease" since the implementation of *SafeVoice*.

One student said, "there is a lot of need. Students have a big workload and some students [are] really stressed out and some students are getting in trouble and are hit if they're getting B's and C's, not A's. Suicide and stress are really linked. Parents see [school's name] as important for their future and not the impact and stress on the student, especially if we're coming from a school that's not as good. There are a lot of fights (died down) and bullying (still going). *SafeVoice* is important because sometimes it's easier to talk to a stranger."

Overall, administration and the MDTs reported that because of *SafeVoice,* they knew more about their students and the students' safety. Notably, they estimated that they would not have known about 35-80% of the tips if not for *SafeVoice*. One principal stated, "it's the knowledge that a

student could be self-harming or suicidal and we can address it because we now know about it. We probably wouldn't have known about 80% of the tips. As the school grows, it was 700 and now it's 800 kids, we can't know about all issues." One MDT stated that they would not have known about a significant number of tips in general and especially self-harm and fights. One team stated that "probably over half we would not have known about, maybe 60%, even though we are a small school and would think we would hear about it." Some of the other comments made were, "there were some that had the potential to be very serious, that we might not have known about otherwise...mostly mental health issues. We had a few students who talked about suicide. The bullying piece is right up there with mental health tips." "Only 13 tips so far, but two that felt very serious. The students were not on our radar. Nothing showing up in grades, etc. They were reported by a friend that was concerned." "More than half of all tips I did not know about it...self-harm, suicidal ideation, some bullying, things happening in the home, etc." "Hard to predict, but two potential suicides that could have gone bad without addressing. Better to be on the safe side!"

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

To answer this question, we relied on two sources of data: school discipline data and program cost data.

As noted earlier, our analyses indicated that there were an estimated 485 prevented incidents of violence against staff and 511 prevented incidents of weapons possession from August of 2017 through December of 2019. Using data from Miller et al. (2021), we estimated the associated costs per incident, with cost categories consisting of medical, mental health, productivity, property loss, public services, adjudication/sanctioning, perpetrator work loss, and quality of life.[12] Exhibit 30 provides a breakdown of costs per incident. The total cost associated with the 485 incidents of violence (at $66,397 per incident) equaled $32,202,545. The total cost associated with the 511 incidents of weapons possession (at $3,900 per incident) equaled $1,992,900. Thus, the total cost associated with both sets of events was $34,195,455.

Exhibit 30. Costs Per Incident of Violence Against Students and Weapons Possession (2017 – 2019), 2019 Dollars

	Medical	Mental Health	Product-ivity	Property Loss	Public Services	Adjudication /Sanctioning	Perpetrator Work Loss	Quality of Life	Total
Violence Against Staff	2,157	416	2,423	82	4,500	6,437	2,417	47,965	66,397
Weapons Possession	0	0	0	0	82	2,684	1,134	0	3,900

---

[12] We did not estimate the costs associated with other student outcomes (i.e., violence against students, bullying, cyberbullying, and suicides) because our analyses found no significant changes over time in those variables.

PIRE compiled state-level costs associated with *SafeVoice* from 2017-2019, the period for which we gathered data about the costs of incidents, plus the planning phase of the project. We did not compile costs associated with the local implementation of *SafeVoice* (e.g., local school staff or local law enforcement). Exhibit 31 displays the breakdown of state-level program costs from 2017 to 2019, which totaled $2,479,401.75. *With program costs of $2.5 million and cost savings of prevented incidents of violence against staff and weapons possession estimated to be $34 million, we estimate that for every $1 spent at the state level on SafeVoice, there was a savings of $13.80 including $3.45 in direct out-of-pocket costs.*

Exhibit 31. SafeVoice Program Costs, 2017 – 2019

	2017	2018	2019	Unspecified 2017-2019	Total
Department of Education (sources = NIJ grant, state general funds)					
Salaries and Fringe	$73,512.55	$84,242.62	$67,931.90		$225,687.07
Travel	$12,431.16	$27,262.01	$9,064.81		$48,757.98
Supplies	$82,075.12	$59,291.41	$3,715.81		$145,082.34
Consultants/Contracts	$101,150.47	$174,636.10	$275,266.10		$551,052.67
Other	$106.17	$1,231.08	$915.24		$2,252.49
Indirect	$13,927.46	$68,521.23	$40,968.35		$123,417.04
Department of Education Total	*$283,202.93*	*$415,184.45*	*$397,862.21*		*$1,096,249.59*
Department of Public Safety (sources = NIJ grant, DHHS funds, state general funds)					
Salaries and Fringe	$4,592.00	$14,368.73	$27,452.56	$664,618.35	$711,031.64
Travel	$3,480.17	$10,589.72	$447.65		$14,517.54
Equipment	$3,908.70	$13,632.59	$283.70		$17,824.99
Supplies	$0.00	$2,635.55	$1,425.96		$4,061.51
Consultants/Contracts	$0.00	$195,405.33	$194,230.58	$44,143.00	$433,778.91
Other	$0.00	$3,530.17	$3,897.40		$7,427.57
Indirect	$0.00	$0.00	$0.00		$0.00
Department of Public Safety Total	*$11,980.87*	*$240,162.09*	*$227,737.85*	*$708,761.35*	*$1,188,642.16*
Other (source = NIJ grant)					
P3 Platform	$0.00	$85,000.00	$85,000.00	$0.00	$170,000.00
Media and Information Dissemination	$0.00	$0.00	$0.00	$24,510.00	$24,510.00
Other Subtotal	*$0.00*	*$62,500.00*	*$140,000.00*	*$24,510.00*	*$194,510.00*
TOTAL	**$295,183.80**	**$717,846.54**	**$765,600.06**	**$733,271.35**	**$2,479,401.75**

Summary, Lessons Learned, and Unanswered Questions

In this section of the report, we summarize our findings, highlight lessons learned, and pose several questions that remain unanswered and could be explored in future studies.

Summary of Findings

Question 1. How was SafeVoice implemented across the state?

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. The range of tip types was wide and included bullying and cyberbullying, suicide threats, threats to students and schools, substance use, depression and anxiety, guns, knives/weapons, 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 11 tips. 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.

Key findings from the MDT survey about *SafeVoice* implementation including the following:

- 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.

- 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.

- One-fourth of MDT members reported that *SafeVoice* increased their workload a moderate amount or a lot and 90% reported that the reporting system is easy to use.

During the key informant interviews, multiple participants expressed the need for annual training to ensure the new staff have the capacity to use *SafeVoice* and respond to tips. Annual training would also reinforce *SafeVoice* capacity in schools that tended to have fewer tips.

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%).

A sizeable portion of interview participants mentioned frustrations with police investigating tips, but not entering any details in the *SafeVoice* system so the school would know how to follow up with students.

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

Although we designed the RCT to answer this question, the study was marred by a delay in the intervention leading to a shorter time period with a comparison group, as well as contamination between the intervention and comparison groups. As such, the results below are from time series analyses using all school districts in a single intervention group.

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** (an estimated 32% reduction or a total of 485 events) and **possession of weapons** (an estimated 32% reduction or a total of 511 events).

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 and, instead, found two instances of significant changes in the unfavorable direction. 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 the following related to school climate:

- A high level of agreement that their schools provided a supportive environment for responding to *SafeVoice* tips.
- A high level of agreement that their schools provided a positive environment for addressing students' behaviors of concern, including their own ability to address such behaviors.
- Feeling more overwhelmed by the need to watch for students of concern at Wave 4 than at Wave 1.
- 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* at the state level from 2017 – 2019 totaled $2.49 million dollars (including grant funding and in-kind staffing support from the State).[13] Using published average costs per incident, we estimated that savings associated with our estimates of 485 prevented incidents of violence against staff and 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.

Lessons Learned

This study of Nevada's statewide anonymous reporting system is one of the first comprehensive studies of a statewide ARS, reaching hundreds of thousands of students and their families. From our quantitative and qualitative data collection efforts, we distilled a series of lessons learned that we believe are valuable for policy makers, program planners, and program staff who are interested in implementing similar systems in their states, communities, and school districts.

- A well-managed and well-publicized ARS will be used by students and others, as evidenced by the 27,000 tips received by *SafeVoice* over a 4.5-year period. Importantly, it will be used for a wide array of issues, ranging from mental health and drug use; to bullying, violence and school threats; to complaints about school staff. This means that communications specialists and local responders must be adequately prepared to vet, triage, and respond to a diverse set of tips.

---

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

- The resources and staffing needed to adequately plan for and implement a 365/24/7 tip line are substantial and should not be overlooked by other states or communities that are interested in establishing similar systems.

- A well-resourced and well-managed ARS can lead to appropriate immediate responses, needed follow up services, improvements in population-level indicators of school safety, and even cost savings, as illustrated by the estimated $13.80 saved on every statewide dollar spent on reductions in violence to staff and possession of weapons alone, including $3.45 in direct out-of-pocket costs.

- An ARS is much more than the availability of an app, website, or call-in number. An effective tip line consists of robust technology, 24-hour staffing by trained communications specialists, trained local personnel who can respond to a myriad of issues including imminent threats and crises, continuing professional development for such local personnel, a system of follow up services to meet the immediate and longer term needs of students who use or are referenced in the ARS, and ongoing campaigns to inform school staff, students, parents, and community-based first responders of its existence and utility.

- Even with a robust ARS that includes a mechanism for cross-sector communication, there is still much work to be done to enhance communication between education, mental health, and law enforcement when responding to and following up on tips. A benefit of an ARS with a communication platform is to allow responders from these three sectors to provide sufficient information for a warm handoff (e.g., to an administrator, counselor, or mental health professional in the school). Yet, we know from reviewing tip records and our conversations with DPS staff that the information shared within the system often lacks details or specificity needed for effective follow up. This suggests that more training is needed, not just on how to use the ARS for internal communication, but between sectors about the need for, and value of, sharing information while still respecting the privacy of individuals involved. To a large extent, this also involves building trust between the sectors.

- Once a tip is disseminated, the information in P3 is only as good as the information that users enter. There is limited connection between the data in P3 and school-based records of students and the services they receive; and virtually no connection between P3 data and records of services received by students in community settings. We believe steps could be taken to enhance the data in P3, including working with law enforcement agencies to train users to provide more information about follow up actions and increasing expectations and norms for the provision of such data.

- Despite some early skepticism about *SafeVoice Nevada* (including concerns that it would be overly burdensome and would lead to a high degree of false reporting), the system was largely embraced by MDT members, school administrators, school staff and

teachers, students, and parents as an important tool to facilitate school safety and student wellbeing. Those who respond to tips (e.g., MDT members and administrators) felt that *SafeVoice* was well worth any burden it placed on them during the school day, were grateful that that local law enforcement agencies were available to respond to crises after school hours, and appreciated that they could see dialogue about the status of a tip when they returned to school the next day or after the weekend. They also appreciated the ongoing technical assistance and support provided by DPS as they managed tips. Students expressed that it was important for them to have a mechanism for anonymous reporting and that *SafeVoice* helped ensure that adults responded to issues they reported in the system.

Unanswered Questions

Even with this comprehensive study of *SafeVoice*, there are unanswered questions about the implementation and outcomes associated with a statewide anonymous reporting system, several of which we discuss here. First, we do not know much about the experiences of law enforcement agencies and officers with *SafeVoice* because our study focused on school-based responses and the school community. Surveys and interviews with law enforcement officers who respond to tips would be viable options for future research (akin to the MDT survey and our interviews and focus groups with members of the school community). We believe it would be valuable to learn from law enforcement officers about their experiences using *SafeVoice* and the P3 system, their need for training (specifically to use *SafeVoice* and P3, as well as to respond to mental health issues of adolescents), the kinds of tips they respond to, their perceptions of its value for their community, the level of burden it adds to their work, and their relationships with educators and mental health providers as a result of *SafeVoice*.

Another law enforcement-related question is the extent to which *SafeVoice* leads to law enforcement actions versus (or in addition to) school-based actions. We do know that the percentage of law enforcement actions reported in P3 was much lower than that of school actions but that may be partly due to lower levels of reporting participation among law enforcement officers. But we did not examine, for instance, the overall percentage of tips received by law enforcement agencies, nor the percentage of tips to which law enforcement responded. The former would require an audit of all tips and the second would require following up with law enforcement agencies on all the tips they received, both of which were beyond the scope of this study but could be the focus of additional research.

Related to this is the question of unintended consequences of anonymous reporting, especially as it applies to communities of color. The limited and incomplete information in P3 does not tell us, for instance, whether anonymous reporting leads to a high rate of arrests or hospitalizations, or disproportionate rates of both among Black, Brown, or LGBTQ+ communities. These are questions that should be addressed as anonymous reporting systems are quickly springing up

across the country and the role of law enforcement in responding to non-violent calls for service and mental health issues is being more heavily scrutinized (e.g., Dee & Pyne, 2022).

Finally, perhaps the biggest unanswered question is whether *SafeVoice* saved lives. Unfortunately, the hard data we have from this study does not definitively answer this important question. We know there were 2,663 reports of suicide threats and 1,580 reports of planned school attacks; we also know that 391 suicide threats and 15 planned school attacks were deemed by DPS to be life safety events, meaning of apparent imminent danger. Additionally, anecdotal information from our interviews and from our discussions with DPS and NDE indicates that lives were, indeed, saved. In one case, it seems that a tip prompted law enforcement officers to intervene while a suicide attempt was in progress. And we have many stories of school- and community-based interventions for students who expressed suicidal thoughts, as well as hard data showing that follow up services were provided for students with suicide ideation. But the data available to us in P3 do not provide an indication of whether a *SafeVoice* tip led directly to a life-saving intervention. This is a shortcoming of an otherwise robust data system that is embedded in *SafeVoice*. The disposition information in the system is often limited, especially from the parties most likely to know if a life-saving event occurred—i.e., law enforcement.

It is important to note that when a student dies by suicide in Nevada, DPS reviews tips to see if any actionable tips were received in *SafeVoice* that could or should have prompted an immediate response. To date, no such tips have been found. This is both a relief and a concern. It is a relief to know that actionable tips that could have prevented deaths by suicide were not missed or ignored. If such tips were discovered, it would call into question the central foundation of *SafeVoice*—that reporting information to trusted adults will result in immediate help. Yet it is disconcerting that this tool is available, widely used, and can save lives, but its availability did not prevent some of the most tragic circumstances. Continued effort should be made by NDE, DPS, and all school districts to publicize *SafeVoice* as a safe harbor for people to report their safety concerns and as a tool that can prevent tragedies.

References

Amman, M., Bowlin, M., Buckles, L., Burton, K. C., Brunell, K. F., Gibson, K. A., Griffin, S. H., Kennedy, K., & Robins, C. J. (2017). *Making prevention a reality: Identifying, assessing, and managing the threat of targeted attacks.* U.S. Department of Justice, Federal Bureau of Investigation. https://www.fbi.gov/file-repository/making-prevention-a-reality.pdf/view

Cutbush, S., Planty, M., Williams, J., Gremminger, M., Witwer, A., & Banks, D. (2019). *Assessment of the Safe Oregon School Safety Tip Line* [Presentation]. American Society of Criminology 2019 Annual Conference, San Francisco, CA, United States.

Dee, T.S. & Pyne, J. (2022). A community response approach to mental health and substance abuse crises reduced crime. *Science Advances, 8(23).* doi/10.1126/sciadv.abm2106

Espelage, D.L., Robinson, L.E., Woolweaver, A., Valido, A., Davis, A., Hunt, K., Marmolejos, R.R., Medina, C., Meltsner, Z., Yalamanchi, K., Vincent, C.G., Marquez, B., Walker, H. M., Svanks, R., & Pennefather, J. (2021). Implementation of tiplines and reporting apps for school safety: A qualitative analysis of parent and school personnel perspectives. Journal of School Violence, 20(3), 336–350. doi.org/10.1080/15388220.2021.1910518

Gourdet, C., Kolnik, J., Banks, D., & Planty, M. (2021). State legislation to explore or establish school safety tip lines. RTI International. https://www.rti.org/sites/default/files/13736_tip_lines_management_2-4-21.pdf

Hsieh, H-F., Lee, D.B., Zimmerman, M.A., Pomerantz, N., Cunningham, M.C., Messman, E., Stoddard, S.A., Grodzinski, A.R., & Heinze, J.E. (2022) The Effectiveness of the Say-Something Anonymous Reporting System in Preventing School Violence: A Cluster Randomized Control Trial in 19 Middle Schools, *Journal of School Violence*, 21(4), 4, 413-428, DOI: 10.1080/15388220.2022.2105858

Messman, E., Heinze, J., Hsieh, H. F., Hockley, N., Pomerantz, N., Grodzinski, A., Scott, B., Goldstein, N., & Zimmerman, M. (2022 January, 26). Anonymous reporting systems for school-based violence prevention: A systematic review. Health Education & Behavior, 1–9. https://doi.org/10.1177/10901981211073734

Miller, T.R., Cohen, M.A., Swedler, D.I., Ali, B. & Hendrie, D.V. (2021). Incidence and costs of personal property crimes in the USA, 2017. *Journal of Benefit-Costs Analysis*, 12(1), 24-54. https://doi.org/10.1017/bca.2020.36

Mojtabai, R., & Jorm, A. F. (2015). Trends in psychological distress, depressive episodes and mental health treatment-seeking in the United States: 2001–2012. *Journal of Affective Disorders*, 174, 556-561. https://doi.org/10.1016/j.jad.2014.12.039

Mojtabai, R,, Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics,* 138(6), e20161878. https://doi.org/10.1542/peds.2016-1878

Payne, S. R. T., & Elliott, D. S. (2011). Safe2Tell®: An anonymous, 24/7 reporting system for preventing school violence. *New Directions for Youth Development,* 2011(129), 103–111. https://doi.org/10.1002/yd.390

Planty, M., Banks, D., Cutbush, S., & Sherwood, J. (2018). *School Tip Line Toolkit: A blueprint for implementation and sustainability.* Research Triangle Park, NC: RTI International.

Planty, M., Banks, D., Lindquist, C., Cartwright, J., & Witwer, A. (2020). *Tip lines for school safety: A national portrait of tip line use.* RTI International. https://www.rti.org/publication/tip-lines-school-safety/fulltext.pdf

Planty, M., Lindquist, C., Williams, J., Cutbush, S., & Banks, D. (2022). National assessment of the relationship between tip line implementation and school safety outcomes. *Journal of School Violence.* DOI: 10.1080/15388220.2022.2108433

Poulin Carlton, P. (2021). *School safety: Research on gathering tips and addressing school threats.* National Institute of Justice. https://nij.ojp.gov/topics/articles/school-safety-research-gathering-tips-and-addressing-threats.

Rosenberg, J. (2019). Mental health issues on the rise among adolescents, young adults. *American Journal of Managed Care.* https://www.ajmc.com/view/mental-health-issues-on-the-rise-among-adolescents-young-adults.

Schwartz, H. L., Ramchand, R., Barnes-Proby, D., Grant, S., Jackson, B. A., Leuschner, K. J., Matsuda, M., & Saunders, J. (2016). *The role of technology in improving K-12 school safety.* The RAND Corporation.

Stein-Seroussi, A. (2021). *Preliminary data from a statewide anonymous tip line and multidisciplinary teams in Nevada* [Presentation]. NIJ 2021 School Safety Conference, virtual.

Stein-Seroussi, A., Hanley, S., Grabarek, M., & Woodliff, T. (2021). Evaluating a statewide anonymous reporting system for students and multidisciplinary response teams: methods for a randomized trial. *International Journal of Educational Research*, 110, 101862. https://doi.org/10.1016/j.ijer.2021.101862

Twenge, J., Cooper, A., Joiner, T., Duffy, M., Binau, S. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017, *Journal of Abnormal Psychology*, 128(3), 185-190. https://doi.org/10.1037/abn0000410

Vossekuil, B., Fein, R. A., Reddy, M., Borum, R., & Modzeleski, W. (2002). *The final report and findings of the Safe School Initiative.* U.S. Secret Service and Department of Education. http://pds4.egloos.com/pds/200704/20/40/ssi_final_report.pdf