



April, 2010

A Framework for Developing a Comprehensive Plan for Improving Student Health and School Safety

Though elementary and secondary schools remain among the safest places for our children, school safety concerns continue to garner considerable attention from school and community stakeholders, as well as policy-makers. As affirmed in the No Child Left Behind Act of 2001 (NCLB), it is clear that all children need a safe environment in which to learn and achieve. However, the process for ensuring such a school environment is not always as clear, especially given the nature (both quantity and quality) of available data to assess needs, range of problems to be addressed—from building security to improving student behavior—and the multitude of available programs, policies, and materials being pitched to school administrators and community partners. Decision makers increasingly need information to help them identify needs, set goals, determine strategies and select programs, build partnerships, implement new activities, and assess progress. Perhaps even more important, school decision makers need a framework for ensuring that all of these efforts are strategically aligned and that limited resources are effectively allocated to best address the needs of their students, schools, and district/community.

In response, this brief is designed as a framework for assessing student health and school safety and determining appropriate courses of action. All too often, districts and schools make policy, program, and practice decisions in response to specific crises, complaints, or funding opportunities. These responses also tend to be relatively discrete strategies, often isolated from each other and from a larger understanding of the district or school context and other improvement efforts. The challenge is to think about improving student health and school safety in a comprehensive and coordinated fashion. *A Framework for Developing a Comprehensive Plan for Improving Student Health and School Safety* is designed both as a set of guiding questions and as a best practices brief that provides a general outline of some school-based programs and inter-

ventions, and includes ideas and research on successful implementation of interventions. Many of these guiding questions may already be addressed within a given school district, but can still provide a point of reference from which to continue to improve current practices. A review of current best practices can also shed light on improving student health and school safety. All guiding questions contain components that address school climate and efforts that overlap with the goals of the federal Safe Schools/Healthy Student Initiatives (www.sshs.samhsa.gov).

BACKGROUND TO SCHOOL SAFETY

Historically, school safety efforts focused on protecting children from fires (e.g., developing legislative regulations to increase buildings' fire safety and mandating regularly scheduled fire drills), natural catastrophes (e.g., securing buildings, warning systems, and emergency plans for tornadoes and hurricanes), and in the 1940s–1960s, dangers from abroad that led to the building of fallout shelters and “duck and cover” trainings. Suicide prevention and student mental health emerged prominently in the 1980s with federal money earmarked for suicide prevention programs in some states (Guetzloe, 1988). More recently, the Clinton and Bush administrations promoted and supported national school antiviolence programs. In particular, President Clinton supported White House School Safety Conferences and federal laws (e.g., Safe Schools Act of 1994, School Safety Enhancement Act of 1999) and resources to support drug-free and gun-free school zones. The September 11, 2001 World Trade Center attacks, as well as high-profile student attacks on public schools (e.g., Columbine) also heightened the need for more secure facilities and crisis prevention and management plans. As a result, definitions of and expectations for ensuring safe and healthy schools have become increasingly complex.

Under NCLB (Title IV of ESEA, Part A), schools

are required to report crime statistics and threats to school safety. NCLB endorses the selection of research-based programs and strategies that have been proven to decrease school violence and increase school safety. The following pages provide guiding questions for school districts to consider as they start on a path toward making sense of the reported data and developing more strategic, evidence-based efforts to improve school safety and climate.

DEVELOPING A VISION OF SCHOOL SAFETY

National guidelines, including the No Child Left Behind Act of 2001 (NCLB, 2001), mandate specific reporting of crime statistics and threats to school safety, but developing a safe and healthy school climate extends beyond these reported statistics. As with other significant school improvement efforts, improving school climate requires an articulated vision that is understood and supported by a variety of stakeholders both within and beyond the school building and can incorporate aspects of single-school culture into the development of a healthy school climate, which is key to preventing acts of violence in schools. Single-school culture draws upon local norms and strengths of that culture and is a framework for uniformly addressing behavior, academic, and climate issues that in turn creates a culture of fairness in a school. When assessing health and safety using single-school culture, the first guiding question is:

- **What does student health and school safety mean to this school/district?**

As discussed in the prior section, perceptions of health and safety may vary at different times, by different roles, (e.g., students, teachers, aides, security staff, principals, parents) or in different settings. Although a school/district may share commonalities with other schools/districts, each school can be viewed as a unique entity within its own culture and contain unique microcosms within schools (i.e., what works in this school or district may not work in another school or district). Since all schools/districts share the overarching goal of meeting the educational and social needs of students, all schools/districts will, at one point or another, address similar problems arising from the nature of school climate (e.g., interactions between groups of students, between students and teacher, between different teachers, between teachers and administrators, etc.). Both global and individual measures of school health and safety will provide a more complete picture of overall health and safety and will aid in the development of a vision of school safety appropriate for the school/

district. Therefore, each school/district needs to begin exploring what student health and school safety means to its community. For example, an elementary school's prevailing problems may not involve violence or weapon carrying, but may instead be related to health issues (e.g., lack of exercise, nutrition, and obesity). School health and safety to this school will focus predominantly on these issues, whereas other schools/districts may have unique presenting problems. Attention to school-specific, regional, and societal trends, particularly those that impact student development and learning, should help school/district staff to develop an explicit focus on student health and school safety, shared understanding among diverse stakeholders, and priority areas with specific, measurable goals.

- **What are our needs and goals?**

Different stakeholders within the district may hold varying opinions on issues of student health and school safety. Possible stakeholders include, but are not limited to, LEAs, administrators, teachers, support staff, students, families, and community individuals. When gathering stakeholders, it is important for one to consider who can best contribute to the work and who can bring additional insights to the effort, including, for example, juvenile justice and law enforcement professionals, social service agencies, recreation program staff, and local civic and neighborhood associations. Retired school personnel also tend to bring an honest and reflective perspective. During the development of goals for student health and school safety, these differing perspectives should be included. Likewise, a variety of data, both quantitative and qualitative, should be explored to understand both real and perceived problems and changing trends. A concrete needs assessment will be especially valuable as the work continues.

Developing a perception of single-school culture is also an important step at this point in creating shared expectations for student health and school safety. Single-school culture extends beyond the policies implemented within the school and addresses the ownership of the school climate by all individuals within a school. Single-school culture establishes a collective set of values and reinforces these values within the school culture. Development of single-school culture is the understanding of a consistent pattern of teacher and student behavior within the school setting. Both students and teachers experience a sense of ownership within the school and will address the issues equally when the expectations are violated. For example, students who feel a sense of single-school culture may confront an individual if the students experience a

deviant act (e.g., another student writing graffiti on a wall). An inclusive attitude towards fostering a shared vision for student health and school safety leads to a positive, single-school culture and will also improve stakeholder “buy-in,” which will be discussed later in this brief.

With a shared vision in mind, sorting through various data sets and community interests and recommendations toward identifying specific goals generally becomes more focused and manageable.

- **How will a consensus be reached?**

Determining a consensus will depend heavily on the political structure of the school/district. Does the school/district model democratic practices, or are programs selected by one or a few individuals? Are there systems in place to assess differing opinions? Is consensus required to ensure implementation that actively engages all stakeholders? If the answer is yes, then what processes need to be engaged to build consensus? Some districts engage in community workshops where they carefully examine relevant data, while others host a variety of community forums where stakeholders voice their concerns. In some cases, ideas that emerge from either approach are then considered and organized by central office staff, a task-force of community experts, or an external consultant for review by either the community and/or the district’s leadership team (e.g., superintendent and his central office cabinet, school board, principals). Following the development of a consensus, the stakeholders need to articulate a clear goal with measurable outcomes to all individuals that will be affected by the change process.

The ability to achieve specific goals is, in large part, a factor of how the goals are written once priorities are set. The SMART process for goal articulation is one that can be especially helpful. It involves ensuring a goal is specific (s), measurable (m), attainable (a), relevant (r), and time-bound (t) (Drucker, 2001). An overarching goal (e.g., school safety) needs to be broken down into specific areas of concern and needs to be defined in measurable terms (e.g., decrease the number of violent incidents at the school playground by half of the baseline measurement by the end of the second year of Intervention X). Goals should be realistic and attainable in their reach, relevant to the identified problems within the school, and time-bound, so that stakeholders are motivated to address the problem situation and held to account when progress is not achieved. The goal should still challenge all stakeholders to achieve the best possible outcomes for any given situation.

- **How do I communicate the vision to others?**

After you have established goals and a vision for improving safety in the school, communicating the goals and vision becomes a crucial step. Part of the task of leadership is to communicate clearly, consistently, and repeatedly the vision of a safer school, with the intent of helping every stakeholder (administration, staff, students, community, etc.) understand what work needs to be completed and why. Building buy-in into the rationale for the work is nearly as important as building buy-in for the work itself and will also likely affect commitment over time and changing leadership and implementation challenges. Furthermore, it is important to provide a clear articulation of the part that individual roles play in the overall effort.

The goals and visions should be communicated often in both subtle and explicit ways. For example, one can tie the day’s events into a vision of school safety by reminding students and staff about the vision of school safety during morning announcements. Presentations and posters throughout a school can help articulate the vision of school safety, which serves as a reminder to all stakeholders of their purpose and goals. Likewise, allocation of resources—from space in regular school staff and community newsletters to professional development time and purchase of materials—should be aligned to and reaffirm the vision. School and system leaders should also consider how the questions they ask and the events and meetings they attend communicate mission and vision to others. For example, a superintendent who wishes to communicate particular school safety goals as priorities might make it a point to ask principals to report on progress on these at regular senior staff meetings and/or ask data staff to prepare quarterly reports on progress that will be discussed at regular meetings. Principals might similarly use their time with school staff, both individually and as a whole.

- **Who are the “key leaders” in bringing about change in the school/district?**

As in line with single-school culture, the “key leaders” may change depending on the intensity and duration of the identified issues in student health and school safety. Stakeholders at all levels of the school/district should be involved. Key leaders should be motivated to collect and carefully review data on school/district needs, implement agreed-upon interventions, and provide ongoing monitoring of interventions, student health, and school climate and safety. Key leaders will generally include members from the

central administration, teachers, and other staff, and may involve students or individuals from the community, including but not limited to police officers, juvenile justice liaisons, and mental health professionals/providers, as well as clergy and other community leaders. The number of key individuals may vary depending on the intensity and duration of the identified issue.

- **How does the vision of student health and school safety translate into practice?**

Once a district develops a vision for school safety, specific and measurable goals should be created that can be assessed both qualitatively and quantitatively. The development of the goals can be driven either top-down (e.g., school district administrators selecting interventions) or bottom-up (e.g., student or staff input in selection of interventions). Regardless of the way in which specific programs or interventions are selected, the programs or interventions should emerge from the agreed-upon need identified within the school population or district, and, to the extent possible, should be based on the best available evidence relevant to the school-community context. Principles for selecting programs for adoption are described later.

- **How much can the school/district improve school safety?**

This question deals with the capacity for change, or the potential impact of an intervention. When assessing the potential impact of an intervention, it is important to consider the time frame for improvement (e.g., a week, a month, a year, several school years, etc.). Realistic time frames should be considered based on the severity of need and capacity to change. Constraints on student health and school safety improvement include financial resources (i.e., does my district have enough funds to successfully implement this intervention?), individual “buy-in” (i.e., are there individuals who will “own” this intervention and see it through to successful completion?), and time (i.e., is there enough time left in the school year to adequately train individuals, get supplies, complete the intervention, etc.?).

Schools and districts should consider each of these questions, as well as the extent to which their early interventions should attempt to reach all schools, staff, or students or target specific groups based on their needs or capacity. For example, noting specific data on violent behavior emerging in the middle grades, a community may choose to focus early energy on students and teachers in the upper elementary grades. In another case, the community might see an immediate need for

district- or schoolwide intervention, but not have the capacity to take this on effectively. At that point, stakeholders should consider whether they focus on the most at-risk community or that which has the greatest potential to successfully pilot the intervention and help the larger community “work out the kinks” before going to scale. Of note, the two sites may not be mutually exclusive; the high-need site might also be ideal for piloting a specific strategy. For all these reasons, setting SMART improvement goals at the school and student group levels (e.g., grade, age, gender) will be important.

ACHIEVING THE GOAL: CONDUCTING A NEEDS ASSESSMENT

A Needs Assessment is a direct way of measuring areas of success and concern within a school or district. Data for a Needs Assessment can be obtained through national (e.g., AYP, comparisons to national crime statistics, and student and staff survey data), state (e.g., PSSA scores, state crime statistics), or local measures (e.g., benchmark assessment scores, local or district crime statistics, attendance and truancy, suspensions or expulsions, referrals to social services/counseling, schoolwide student surveys) of student health and school safety. Areas of changing trends over time and/or discrepancies between national, state, and local norms and/or like schools or districts may be seen as areas for targeted intervention.

- **What are the current areas of success in my school?**

Intervention models, such as Positive Behavior Interventions and Supports (PBIS), focus on the positive aspects and successes occurring within the school or district. PBIS is proactive; instead of focusing on discipline and punishment-based strategies, it models and reinforces schoolwide positive social and learning outcomes using data-based decision-making techniques. The creation of positive schoolwide norms is one way to incorporate aspects of single-school cultural environment in each school/district. The areas of success (e.g., existing staff and student engagement and motivation for change, school-community partnerships, positive relationships between staff and students, or successful school-based clubs and programs) within a school or district may be used as a foundation from which to foster additional programs or interventions.

- **What are areas of potential problems?**

Schools and districts may or may not know of areas

that are potential threats to health and school safety. Potential threats may be unknowable (e.g., a random natural disaster at a school), or may be able to be identified (e.g., weapons carrying). Potential threats to student health and school safety may be global (e.g., all schools may be susceptible to a fire) or unique to each school or district (e.g., the presence of a local gang in the area of a school). School administrators should make a preventative effort to address both of these sources of potential problems. Considering different stakeholder may hold alternative opinions on areas of potential problems, data can be collected from multiple stakeholders within the school or district. One example for school administrators may be the development of both a prevention team, in order to help determine areas of potential concern, and a crisis response in order to respond following an incident. The National Association of School Psychologists (NASP) offers the PREPaRE training (www.naspweb.org/prepare/index.aspx), which is designed to help schools develop teams for prevention and response.

Crisis intervention, while containing some elements of prevention, is primarily reactive and a focused effort to deal with the aftermath of crises. School-based crisis planning is driven by “top down” mandates from both state and federal legislation (Pagliocca & Nickerson, 2001). NCLB requires schools and all public agencies to follow a uniform organizational framework to manage catastrophic events. This framework enables schools to develop disaster procedures that are manageable and in line with those of other emergency agencies that can assist. NCLB includes initiatives related to school safety and presses schools to develop safety plans. In 2003, the U.S. Department of Education in conjunction with the Office of Safe and Drug-Free Schools developed a manual offering practical information on crisis planning. This manual is intended to help both schools and communities in developing emergency response and crisis management plans, and can be found at the end of this brief.

While there are many different frameworks for crisis intervention, most present a problem-solving approach. This overarching process involves identification, assessment, and intervention with individuals or groups of students experiencing a crisis. This approach involves pretraining with school responders (e.g., teachers, principals, paramedics) and the intervention is only activated in the event of a crisis. Schools begin with their own staff and select those individuals in the community with the skills needed to provide mental health services to students and staff. Some districts have assembled a Crisis Intervention Team that they can activate in the event of a crisis. School officials

preplan emergency operations to ensure efficient use of available resources in the event of a crisis. Strategies recommended for crisis intervention included developing a comprehensive crisis management plan, forming a multidisciplinary crisis response team, and using crisis drills. Although developing crisis response plans and forming multidisciplinary crisis teams have face validity, empirical data are currently lacking (Pagliocca & Nickerson, 2001).

- **What are the areas that need improvement (known problems)?**

In some cases, specific areas of concern can be directly identified (e.g., a high rate of violence within a school). Areas of known concern are a good starting point for looking into specific interventions to address student health, school safety, and climate. When assessing problems in a specific area, it is important to obtain data on the scope, range, and/or severity of the problem, including its locus (e.g., grade levels, student groups). Again, data from all stakeholders (e.g., students, staff, parents, administrators, etc.) can help in addressing the area of concern.

- **How do I assess the problem? What type of data am I going to use?**

The type of assessment for problem identification (and root cause analysis) in a needs assessment is driven in part by the perceived potential problem and the definition of school safety developed and understood by the community, as discussed earlier. Data can come from subjective (e.g., surveys of perceptions of stakeholders including students, parents, teachers, administrators, etc.), and/or objective data (e.g., local, state, or national statistics). More data regarding student health and school safety lead to informed decisions regarding interventions. If no previous studies or sampling have been undertaken, establish a baseline of student health and school safety data. A baseline of student health and school safety data will often depend on known variables of success and variables that have shown to need improvement. These may include, but are not limited to, student, teacher, and administrator perceptions of school safety and climate; overall student involvement within the school (e.g., number of student clubs/activities); measures of mental and physical health; student truancy and skipping classes; alcohol, tobacco, and other drug (ATOD) use; student office referrals; student violence (including fighting and victimization); weapons carrying violations; and gang-related incidences.

STRATEGIC PLANNING

Strategic planning is used to help determine the future goals of an organization (including a school or district), how the organization is going to reach the goals, and ways to measure ongoing progress toward the goals. The effort, both the process and resulting plan, can also serve to organize a community around the important work by building both a deeper understanding of the problems to be addressed and the strategies and interventions to be implemented.

There are a variety of models and approaches used in strategic planning. The National School Boards Association (NSBA) provides a free toolkit for educators to use to aid in strategic planning (<http://www.nsba.org/sbot/toolkit/spt.html>). Goals-based planning is probably the most common approach and starts with focus on the school's or district's mission, goals to work toward the mission, strategies to achieve the goals, and action planning, which involves who will do what and when. Issues-based strategic planning often starts by examining issues facing the organization, strategies to address those issues, and action plans. Organic strategic planning might start by articulating the organization's vision and values and then action plans to achieve the vision while adhering to those values. Quite often, organization's strategic planners already know much of what will go into a strategic plan (e.g., improve school safety). However, development of the strategic plan greatly helps to clarify the organization's plans and ensure that key leaders are all "on the same page" (McNamara, 2008).

An important first step in developing a strategic plan for change involves ensuring that stakeholders from all levels (e.g., students, parents, staff) provide information about the identified problem and articulate possibilities for resolving the problem. All interventions require a systems change, or input from each level of the school to run properly. For example, if a school identified "gang-related assaults" as a safety concern, information from students (both involved in the fight and perceptions of other students in the school), teachers, administrators, and community members will aide in identifying the nature of the problem and aide in identifying possible interventions for resolving the problem.

This systems change includes support from administration to increase teacher and staff "buy-in," as well as the development of a team dedicated to successful implementation and the development of an initial plan for implementation. Interventions rarely work when only one individual or a small group of individuals is attempting to implement a systems change in a large group setting like a school or district. Establishing

"buy-in," or creating a sense of community ownership of an intervention, is important for intervention fidelity and success.

PRIORITIZING TARGETS

• How does the school/district prioritize targets for interventions?

Following the problem-identification phase, it is important to select intervention programs that match (1) the targeted concern (e.g., student weapon carrying), and (2) the targeted population (e.g., fifth through seventh grade). As a general rule, evidence-based interventions have shown to be efficacious or have a history of effectiveness in similar populations, and should be used whenever possible. Efficacious in research means that the programs have been repeatedly shown to be effective in a school or schools under study. Emphasized in a different way, programs shown to be efficacious have shown a significant difference in outcomes between practices or behaviors before the implementation of the intervention to practices or behaviors following the intervention. Effectiveness of programs can vary from school to school based on the local norms, practices, and policies of the school. Therefore, although programs can be shown to be efficacious in research, it does not necessarily follow that the program will always be effective in an individual school. Alternatively, a program that has yet to be studied, or has been studied and shown not to be efficacious, can (although rarely) be effective. It is generally best practice to use interventions that have been shown to be efficacious, since these programs have already demonstrated that they were effective in alternative settings. The Substance Abuse and Mental Health Services Administration (SAMSHA) provides a National Registry of Evidence-Based Programs and Practices (NREPP) (<http://nrepp.samhsa.gov/>). Other research to consider for evidence-based interventions is the What Works Clearinghouse (WWC) (<http://ies.ed.gov/ncee/wwc/>), Jim Wright's Intervention Central (<http://www.interventioncentral.com>), and the National Association of School Psychologists webpage (<http://www.nasponline.org>).

That is, decision makers should ask not only if a particular program or approach has evidence of effectiveness, but under which conditions that evidence has been produced. For example, some interventions have been shown to be evidence-based in certain areas (e.g., rural vs. urban), different populations (e.g., kindergarten vs. middle grades), and different levels of stakeholder involvement (e.g., levels of parent involvement or community resources needed). Matching evidence-

based research to the specific conditions under which the program has shown effectiveness will generally produce the best outcomes. In selecting evidence-based programs, it is important that the school checks that sufficient resources are available to implement the program with a high degree of fidelity. For example, if evidence-based *Program A* includes three components, *Intervention 1*, *Intervention 2*, and *Intervention 3*, and the school or district only implements *Intervention 1*, the intervention may no longer be valid as an evidence-based program and the school or district should not expect the same degree of change. Data-based decision making is important at all levels of the intervention to monitor program implementation, fidelity, and success.

SUGGESTIONS FOR COMMON TARGETS OF SCHOOL SAFETY

- **What types of intervention programs are available for student health and school safety?**

Interventions targeting school safety tend to begin with the physical layout of the school building and facilities. The following is a general outline of ideas for facilities management:

- The safety and security of school buildings and grounds is primarily approached through the planning and assessment of the physical facilities. There is a relationship between school safety and school facilities.
- Facility management includes several main components:
 - Natural surveillance is the capacity by which staff members can easily observe school grounds without the aid of technology.
 - Natural access control means that school grounds are secure and that traffic is directed through intentional entries and exits.
 - Territoriality is the capacity to establish authority over an environment.
 - Lockdown capacity is the ability to restrict movement of individuals on school grounds. Well-designed environments can encourage desirable behavior, heighten functionality, and decrease antisocial behavior.
- One resource for districts addressing safety of buildings is the National Clearinghouse for Educational Facilities (NCEF), which provides a checklist that combines the nation's best school facility assessment measures into one online source for assessing the safety and security of school buildings and grounds. It includes over 400 measures covering school surroundings, school grounds, buildings

and facilities, communications systems, building access control and surveillance, utility systems, mechanical systems, and emergency power. The checklist is updated frequently and may be used for planning and designing new facilities or assessing and improving existing ones.

(<http://www.edfacilities.org/>)

- Another resource is the Hamilton Fish Institute on School and Community Violence. The Hamilton Fish Institute advises educators and community members on crime prevention through environmental design and provides an overview of current security technology, safety audits, and security surveys. (<http://www.safeyouth.org/scripts/index.asp>)

Schools and districts will often adopt specific school policies that are designed to affect student health and school safety. The following include three policies that are adopted by schools and have varying levels of acceptance. Important to the process of implementing any of these programs are three steps:

1. Professional Development and Training

Each of the following programs requires professional development in order to understand both the nature of the program and to manage expectations of the stakeholders. Professional development is also important to ensure that the program is implemented with fidelity.

2. A Process of System Management

Schools/districts that want to begin implementing any of the following programs require a process of system management, whereby individuals involved with the program understand the roles needed for successful implementation. Included in a process of system management is a system of communication, whereby individuals can share both successes and areas that need improvement.

3. Monitoring of Progress

Once a specific intervention is selected, ongoing monitoring of the intervention is important to assess any changes occurring within the school or district as a result of the intervention. Throughout any intervention, stakeholders should be collecting data on the program in order to ensure that the intervention is having a positive effect on anyone being served by the intervention. Progress monitoring is also important for treatment fidelity and to ensure that the intervention is

not having any unintended negative consequences. It is also important for understanding different impacts on and implementation needs at different sites or with different teacher, student, or parent communities.

POSSIBLE PROGRAMS THAT CAN BE IMPLEMENTED WITH SAFE SCHOOLS/HEALTHY STUDENTS

Student Assistance Program

Pennsylvania's Student Assistance Program (SAP) is a process used to assist school personnel in identifying resiliency and risk factors that impact a student's success in the school setting. The Student Assistance Program is administered by the PA Department of Education's Division of Student and Safe School Services in partnership with the PA Department of Health's Bureau of Drug and Alcohol Programs, and the PA Department of Public Welfare's Office of Mental Health and Substance Abuse Services. The student assistance process is based upon state guidelines, professional standards and policies, and procedures adopted by the local school board of directors.

SAP is a systemic process using techniques to organize and initiate school resources in order to remove barriers to learning. The core of the program is a professionally trained team, including school staff and liaisons from community alcohol and drug and mental health agencies. SAP team members are trained to identify problems. If the SAP team determines that the presenting problem lies within the responsibility of the school, the SAP team mobilizes resources and makes recommendations to assist the student and the parent. When the problem lies beyond the scope of the school, the SAP team will assist the parent and student so they may access services within the community. For those students receiving treatment through agencies beyond the scope of the school, the student assistance team, in collaboration with parents and the agency, can assist in helping plan in-school support services for the student. The student assistance team members may refer a student for screening or an assessment for treatment, but they do not diagnose, treat, or refer to treatment.

There are four phases to the student assistance process. In the *Referral* process, a student is referred to SAP by anyone that is concerned about the student's behavior. Referrals can be made by a student requesting services, any school staff, a student's friend, a family member, or a community member. Following the initial referral, but prior to initiation of the SAP process, the SAP team must contact the student's parents or guardians for consent to proceed.

The *Team Planning* stage refers to when the SAP team gathers objective information about the student

from school personnel and parents about student performance. Following data collection, the team meets with the parent and student to discuss the data collected. As a team, a plan is developed that includes strategies for aiding in resiliency factors and decreasing risk factors inhibiting the student's academic and personal success. A plan is targeted to include in-school and/or community-based services and activities.

In the *Intervention and Recommendation* stage, the team assists in linking the student to in-school and/or community-based services and activities. The identified problem drives the intervention. Depending on the need of the student, the team might recommend a drug and alcohol or mental health assessment.

Finally, in the *Support and Follow-up* stage, the SAP team continues to work with and support the student and their family. Follow-up includes monitoring student progress, mentoring the student and parents, and motivating the student for academic success. It is the parent's legal right to be involved in the SAP process and to have full access to school records. Involvement by the parent is a key role and responsibility in the decision-making process affecting their children's education and is vital to the successful resolution of problems. The CSAP process overlaps with the goals of SS/HS since it provides a systematic process for identifying and referring students who are experiencing significant barriers to safety and health. Additional information is available at the Pennsylvania Student Assistance Program (<http://www.sap.state.pa.us/>).

Positive Behavior Interventions and Supports (PBIS)

Schoolwide Positive Behavior Interventions and Supports (PBIS) is a schoolwide system that includes proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments (OSEP, 2010). PBIS supports all students along a continuum within the school instead of focusing solely on individual behavior management plans, such as the Student Assistance Program (SAP). PBIS is proactive; instead of focusing on schoolwide discipline and punishment-based strategies, it models and reinforces positive social and learning outcomes using data-based decision-making techniques. PBIS has a conceptual foundation in Applied Behavior Analysis (ABA) and has an evidence base for primarily using positive reinforcement of desirable behaviors. The goal of the PBIS system is the establishment of a climate wherein appropriate behavior is the norm.

PBIS is an application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that link research-validated practices and the

school. “Attention is focused on creating and sustaining primary (schoolwide), secondary (classroom), and tertiary (individual) systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making problem behavior less effective, efficient, and relevant, and desired behavior more functional” (OSEP, 2010). The Primary System is preventative. Its goal is to provide systemwide efforts to prevent new cases of a condition or disorder. As a systemwide effort in schools, PBIS consists of rules, routines, and physical arrangements that are conducive to preventing initial occurrences of problem behavior. For example, in order to prevent students from getting hurt and running in the hallways, “schools may develop Primary Preventions by (1) establishing and teaching the rule, ‘walk in the hallways,’ (2) creating a routine in which staff station themselves in the hallways during transition times to supervise the movement of pupils, and (3) altering the physical arrangement, such as making sure that an adult is with any group of students when they are in the hallways” (OSEP, 2010).

The primary prevention system is designed to meet the needs of 85%–95% of school students. The Secondary System is designed to target students who are not responding to the Primary System. Interventions are more intensive and focus on a smaller number of at-risk students who need additional support. The Secondary System is designed to target 5%–15% of students with chronic and intensive needs in multiple settings (Netzel & Eber, 2003). As opposed to the universal Primary System, the Secondary System practices focus on small groups of students or simple individualized interventions. Secondary Prevention is designed for use in schools for students who have chronic behavior problems, but do not need intensive interventions provided at the Tertiary level. Tertiary Prevention was originally designed to focus on the needs of individuals who exhibited patterns of problem behavior and is most effective when used in conjunction with primary and secondary systems in the school. PBIS has been used to support the behavioral adaptation of students with a wide range of characteristics, including developmental disabilities, autism, emotional and behavioral disorders, and even students with no diagnostic label (OSEP, 2010). Tertiary Prevention involves a process of functional behavioral assessment (FBA) at the individual student level. A support plan is developed which is comprised of individualized, assessment-based intervention strategies such as instruction for replacements behaviors of current problem behavior, the rearrangement of the antecedent environment in order to prevent problem behaviors, and procedures for monitoring,

evaluating, and reassessing of the behavior plan. The behavior plan may also include emergency procedures to ensure safety and rapid de-escalation of severe episodes (this is required when the target behavior is dangerous to the student or others), or major ecological changes, such as changes in school placements, in cases where more substantive environmental changes are needed (OSEP, 2010).

Response-to-Intervention (RtI)

Response-to-Intervention (RtI) is a service delivery model that includes “tiers” of instruction and support. Students advance through the tiers based on the level of support needed for academic success. RtI focuses primarily on general education, meaning that its goal is to serve as many students as possible in the general education classroom. RtI looks to provide evidence-based universal and high-quality instruction for all individuals, at varying degrees of intensity and frequency, based upon need. The child’s progress is carefully monitored to see if the intervention is working, and changes in the intervention are made until success is achieved.

Tier 1 is considered a universal intervention, where all student progress is monitored through the use of instructional goals (benchmarks) and with regular progress-monitoring tools, such as curriculum-based measurements (CBMs). For individuals who are not responding in Tier 1, Tier 2 provides an increase in intensity or support using evidence-based intervention, generally provided in a small group format. Tier 2 uses the Problem-Solving Model (PSM), which includes problem identification, problem analysis, intervention development/implementation, and intervention evaluation/modification. For children not responding to Tier 2 interventions, Tier 3 interventions are implemented. Tier 3 is sometimes referred to as special education. Tier 3 services are similar to Tier 1 and 2 services, except that the services are more intense. The intensity of services is determined by the child’s educational needs and learning style.

RtI, when implemented successfully, includes understanding an underlying *set of principles* that do not change, and four features of the RtI process that can vary from setting to setting. At its core, RtI has five principles discussed throughout the scientific literature: (1) a proactive and preventative approach to education; (2) ensuring an instructional match between student skills, curriculum, and instruction; (3) a problem-solving orientation and data-based decision making; (4) use of effective practices; and (5) a systems-level approach (Barnes & Harlacher, 2008). The four features of RtI that can vary across contexts and settings

are a multiple-tier model, an assessment system, protocol (e.g., the approach schools use when determining the level of intervention and resources), and evidence-based instruction and interventions (Barnes & Harlacher, 2008). Although a multiple-tier model is utilized in the implementation of RTI, research has suggested different tier models for service delivery, including a two-tiered (Fuch & Fuchs, 2005), three-tiered (Vaughn, Wanzek, Woodruff, & Linan-Thompson, 2007), or four-tiered approach (Ikeda et al., 2002).

Zero Tolerance

“Zero tolerance” is the phrase that describes a response to severe student misbehavior. Zero tolerance means that a school will automatically and severely punish a student for a variety of infractions. In public schools, “zero tolerance” means that students are quickly suspended or expelled for breaking the law or violating school rules. These policies were initiated on the federal level by the 1994 Gun-Free Schools Act, which responded to several notorious school shootings across the country. This federal law required states to expel students who brought firearms to school. Zero tolerance has become the rule in over 80% of the nation’s schools (Dunbar & Villarruel, 2004).

Zero tolerance has been referred to by opponents as a “one-size-fits-all” mandatory punishment. A zero-tolerance program’s goal is to act as a deterrent and provide swift intervention for misconduct, sending a strong, “one strike and you’re out” message to students. It prescribes non-negotiable punishment (typically, suspension or expulsion) for a specified behavior, regardless of the extent or context of the infraction. Possession of a butter knife and possession of a switchblade, for instance, automatically receive the same punishment, even though common sense indicates a different intention and degree of risk in the two infractions.

Zero tolerance policies are interpreted, implemented, and enforced differently in urban, rural, and suburban districts. In some cases, administrators modified the zero tolerance policy to meet the needs and culture of their districts, while in other situations administrators adhered to the policy as written (Dunbar & Villarruel, 2004). The argument is made that differential treatment of zero tolerance results in unequal num-

bers of expulsions and suspensions in these different settings. The varying interpretations allowed some children to remain in school for particular offenses while other children were expelled immediately for similar infractions. Furthermore, a study revealed that zero tolerance policy adversely impacts a disproportionately higher number of students of color in urban school districts (Dunbar & Villarruel, 2004). Communities should pay special attention to implementation efforts and related data on the number of expulsions and suspensions, types of infractions, and resulting interventions both by type (e.g., in-school suspension, alternative school placement) and length of time (e.g., days of suspension) to ensure that schools are not disproportionately targeting one population.

PRACTICAL STEPS IN BEGINNING TO IMPROVE STUDENT HEALTH AND SCHOOL SAFETY

As stated previously, the first step should be the development of a team within the school/district that receives input from all stakeholders in order to construct a vision of safety and specific goals for health and safety. Increasing school safety is based off a continuous improvement model, whereby schools/districts can always reassess current safety, develop programs for prevention of future events that may limit school safety, and strive to improve areas that show problems. Schools should continue to use evidence-based interventions whenever possible, and should be vigilant about monitoring for new evidence-based interventions that may better improve student health and school safety.

The document *A Framework for Developing a Comprehensive Plan for Improving Student Health and School Safety* can be used as a starting point in determining the appropriate initial steps in assessing the health of the student population and safety of one’s own school/district. This guide can be used in order to help identify needs, set goals, determine strategies, and select programs that will improve school safety. Given the strong link between health, safety, and achievement, schools/districts will benefit by not only experiencing enhanced climate, but education-based improvement. Schools/districts should continually monitor and update the practices in order to ensure that best-practices are utilized. §

REFERENCES

- Barnes, A. C., & Harlacher, J. E. (2008). Clearing the confusion: Response-to-intervention as a set of principles. *Education and Treatment of Children, 31*(3), 417–431.
- Drucker, P. (2001). *The essential Drucker*. London: Butterworth-Heinemann.
- Dunbar, C., & Villarruel, F. A. (2004). What a difference the community makes: Zero tolerance policy interpretation and implementation. *Equity and Excellence in Education, 34*(4), 351–359.
- Fuchs, D., & Fuchs, L. S. (2005). Responsiveness-to-intervention: A blueprint for practitioners, policymakers, and parents. *Teaching Exceptional Children, Sept/Oct 2005*, 57–61.
- Guetzloe, E. (1988). Suicide and depression: Special education's responsibility. *Teaching Exceptional Children, 20*(4), 24–28.
- Ikeda, M. J., Grimes, J., Tilly III, W. D., Allison, R., Kurns, S., & Stumme, J. (2002). Implementing an intervention-based approach to service delivery: A case example. In M. R. Shinn, H. M. Walker, & G. Stoner (Eds.), *Interventions for academic and behavior problems II: Preventive and remedial approaches* (pp. 53–69). Bethesda, MD: National Association of School Psychologists.
- McNamara, C. (2008). *Basic description of strategic planning*. In Free Management Library. Retrieved February 12, 2010 from http://www.managementhelp.org/plan_dec/str_plan/basics.htm
- Netzel, D. M., & Eber, L. (2003). Shifting from reactive to proactive discipline in an urban school district: A change of focus through PBIS implementation. *Journal of Positive Behavior Interventions, 5*(2), 71–79.
- No Child Left Behind Act of 2001* (2001). Pub. L. No. 107-110, 115 Stat. 1425.
- Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions & Supports. (2010). *School-wide positive behavior interventions and support*. Retrieved February 15, 2010 from http://www.pbis.org/school/what_is_swpbs.aspx.
- Pagliocca, P. M., & Nickerson, A. B. (2001). Legislating school crisis response: Good policy or just good politics? *Law and Policy, 23*, 373–407.
- Vaughn, S., Wanzek, J., Woodruff, A. L., & Linan-Thompson, S. (2007). Prevention and early identification of students with reading disabilities. In D. Haager, J. Klinger, & S. Vaughn (Eds.), *Evidence-based reading practices for response to intervention* (pp. 11–27). Baltimore: Paul H. Brookes Publishing Co.

THE URBAN EDUCATION COLLABORATIVE (UEC) was established in 2004 by the College of Education at Temple University, with support from the William Penn Foundation. Collaborating with the School District of Philadelphia and other districts and schools in the region, the UEC seeks to develop a mutually supportive educational reform strategy, one that simultaneously improves both the work of schools and institutions like the college. In particular, UEC's strategy is designed to correct a lack of coordination between school improvement efforts—as pursued by district leaders and staff, principals, and teachers—and educational research and training of educators—as conducted in institutions of higher learning.

This coordinated effort supports urban school reform focused on (a) improving the quality of teaching, (b) developing leaders, and (c) ensuring safe schools conducive to learning. Within each of these areas of its focus, the UEC seeks to

- conduct continuous monitoring in order to develop a thorough understanding of the specific needs of preK–12 practitioners;
- pursue rigorous research in response to specific school or district problems; and
- encourage and support the application of practices demonstrated to be effective by research, practices that will improve the system of education, particularly in the professional education of teachers and school leaders.

Through the effort of the UEC, it is hoped that the college, districts, and schools will identify and develop innovations in urban education and the preparation of urban educators to significantly improve school conditions and student learning.