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Trauma-Informed Schools
Priorities for Student Health
The Role of School Resource Officers
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The horrific school shootings of 2018 sparked urgent new rounds of questioning, across the country and also in meetings of state boards of education. What can we do to keep students safe? How are such tragedies to be prevented? What role do schools play in helping students deal with challenging circumstances and trauma? Of necessity, the answers will be multifaceted. The supporting policies for student safety and wellness that animated many members’ discussions throughout the year have touched on the interplay between various aspects: students’ physical, mental, social, and emotional health, their sense of well-being, the quality of the school plant and school climate, and their physical security while at school. The issue at hand covers much of this ground.

It begins with a voice of hard-earned experience. Longtime educator and state board member Jane Goff recounts how she and her colleagues in Jefferson County, Colorado, struggled together to respond to the aftermath of the Columbine High School shootings. As she puts it, “Deep listening and unshakeable patience are essential items in a leader’s emotional first-aid kit.”

Several articles address the impediments to learning that come from inattention to student health and wellness. To set the context for these articles, authors from the nonprofit research group Child Trends share findings from their study of what state board members and other stakeholders and policymakers rank as highest priorities for advancing child health and wellness. Mental health is high on the list.

Harvard researcher Stephanie Jones and colleagues offer guidance to state boards that are aiming to build up social and emotional learning (SEL) skills statewide. “Just as with math or literacy, simple skills act as building blocks for more complex skills, and skills that emerge early provide a foundation for skills that mature in later years,” she writes. “As a result, some SEL skills are more salient than others during particular developmental stages.” Sharon A. Hoover delves into the alarming prevalence of childhood traumas and their classroom impact. She references state policy efforts and resources to support trauma-informed schools. State education agencies and state boards are at work on many aspects of student wellness, and Megan Blanco gives us a sampling of those efforts.

Amid the surge toward integrating SEL into classrooms, public health expert Susan Goekler and colleagues urge state boards not to overlook the role that health education can play. Strong, comprehensive, and well-taught curricula provides a natural home for fostering healthy students, they write.

In the category of “things you may not have considered yet,” we include two pieces: Architect Brian Minnich urges state and district education leaders to consider how school building and campus design can advance student safety. Erika Eitland and Joseph Allen reprise their Schools for Health report on how poor building quality exacerbates student and staff illnesses. They write, “Ensuring healthy indoor environments is not just jargon but a strategy to help students reach their full learning potential.”

In an interview, Montgomery County Chief of Police Tom Manger speaks about the role of school resource officers (SROs) and what state boards should know about SRO programs in their state. Also, National Council of State Board Education Executives’ John-Paul Hayworth writes an inaugural column on combating youth suicides.
Following the 2018 midterms, unified Republican control of Congress has ended, and Republican dominance in state legislative chambers has eroded. On the federal level, Democrats gained at least 39 seats and control of the U.S. House of Representatives, while Republicans increased their majority in the Senate by two seats. Education policymaking during the 116th Congress is likely to differ from the previous two years, but the election is unlikely to create a less contentious atmosphere. At the state level, Democrats flipped seven governors’ mansions and seven legislative chambers.

The House Education and the Workforce Committee changes substantially this month. At least nine members, mostly on the Republican side, will leave due to retirements or the election, and others are expected to move to other committees. Several senior Democratic members are in line to assume chairmanships of other committees and likely to move off Education & Workforce. But the leadership will look familiar. Rep. Bobby Scott (D-VA) is slated to become chair, and Rep. Virginia Foxx (R-NC) is expected to remain the committee’s top Republican. Scott’s and Foxx’s policy positions differ significantly, but the pair has forged a positive working relationship that can be expected to continue.

Scott has indicated that reauthorization of the Higher Education Act (HEA) will be a top priority, as it was for the 116th Congress. He has also expressed interest in updating the Education Sciences Reform Act, championing greater investments in early learning, and new funding for school construction. Some House members and the wider stakeholder community are interested in issues such as reauthorization of the Individuals with Disabilities Education Act.

Scott has said he would like to run a bipartisan HEA reauthorization, using the House Democrats’ Aim Higher Act (AHA, H.R. 6543) as the baseline for negotiations. Democrats introduced the AHA this summer to reflect their wish list for higher education reforms and priorities. The bill was written without Republican input and includes costly proposals that budget hawks may oppose, so Scott’s staff has already begun to consider strategies for scaling back. It is too early to tell if a bipartisan process can succeed. At the very least, a bipartisan HEA bill is likely to be significantly stripped down relative to the AHA.

With the election of some high-profile progressive activists, House Democratic leadership may feel a leftward pull, just as Republicans have felt the pull on their right flank over the past two years. These forces could ultimately constrain the HEA conversation in the House, forcing attention back to the Senate, where the process requires more bipartisanship.

Democratic House control likely means increased oversight of the U.S. Department of Education. Secretary of Education Betsy DeVos has testified only a few times before Congress, but Democrats will likely call on her and senior department officials to justify their management of the Office for Civil Rights, implementation of the Every Student Succeeds Act (ESSA), and the administration’s broader regulatory agenda and reorganization plan.

On the other side of the Capitol, Sen. Lamar Alexander (R-TN) is expected to remain chair of the Health, Education, Labor and Pensions Committee, though this will be his final term as chairman given Republicans’ six-year term limit for committee leadership. Sen. Patty Murray (D-WA) will likely return as senior Democrat. A slot on the Republican side has opened up with the retirement of Sen. Orrin Hatch (R-UT), and open slots on other committees may cause some reshuffling among Democrats. Even so, the makeup of the HELP Committee likely will remain much the same.

Although Alexander seems interested in making ESSA, the Perkins Career and Technical Education Act, and HEA the legacy of his chairmanship, the same forces that stymied HEA in the Senate persist. There are also ongoing divisions over ESSA implementation.

The House Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee will likely be led by longtime Appropriations Committee member Rosa DeLauro (D-CT). The ranking member may be the current subcommittee chairman, Representative Tom Cole (R-OK). The Senate Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee will likely continue to be led by Senator Roy Blunt (R-MO) and Patty Murray (D-WA).

The federal education budget fared well during the past two fiscal years, but expect a much more difficult environment for fiscal 2020. The skyrocketing budget deficit, lack of agreement on adjusting Budget Control Act caps, and the newly divided government will likely further roll the budget and appropriations process.

Thanks to Reg Leichty and the Foresight Law + Policy team for this analysis.
In April 2007, the report of a review panel of the mass shootings at Virginia Tech said that college staff and others interviewed for the report “explained their failures to communicate with one another or with [the student shooter’s] parents by noting their belief that such communications are prohibited by the federal laws governing the privacy of health and education records…. There is widespread confusion about what federal and state privacy laws allow.”

Similarly, a January 2016 report on the Arapahoe, Colorado, High School shooting, said that “the school is concerned about a certain kid, but they are holding back [on sharing information] because of fears…. [S]everal [staff] indicated that they could not discuss a student’s concerning behaviors with other teachers or staff prior to the shooting because AHS administrators had told them that FERPA guidelines prohibited it.”

Knowledge is power. Knowing what the Family Educational Rights and Privacy Act (FERPA) does and does not prohibit can save lives.

FERPA generally prohibits the disclosure of education records or information from such records by a covered school without the written consent of a parent or adult student. An educator’s observations are not “education records.” A teacher would not violate FERPA by telling a fellow teacher, administrator, or others that a student appeared agitated, wore a trench coat, or sketched a swastika on his desk. Neither would naming the student to an outside party violate FERPA, assuming student names were designated as directory information. Likewise, students’ postings on social media are not “education records.”

Like most prohibitive laws and regulations, FERPA is full of exceptions. An important one permits disclosure of personally identifiable information (PII) from an education record in “a health or safety emergency.” FERPA regulations now permit covered schools’ employees and officials to disclose PII—to law enforcement, student peers, and victims, among others—in such situations “when knowledge of the information is necessary to protect the health or safety of the student or other individuals.” Following the Virginia Tech shootings, FERPA regulations were amended to remove language that required strict construction of what constitutes such emergencies. FERPA now provides a “totality of the circumstances” approach, giving deference to educators’ determinations of an “articulable and significant threat.” It is similar to the good-faith rationale that serves as a basis for reports of suspected abuse or neglect to a human services agency.

One should not discount or minimize the importance of FERPA compliance. However, educators should understand the limits of FERPA. There is no private right of action for a FERPA violation. Neither an individual nor an institution can be sued in court for money damages for an alleged unauthorized disclosure. FERPA is enforceable only administratively by the U.S. Department of Education. Also, FERPA prohibits “policy or practice” that is noncompliant. Thus, an isolated incident may prompt a communication from the department’s family policy compliance officer but is unlikely to be deemed a “policy or practice.”

According to the federal Interagency Working Group on Youth Programs, suicide is the second leading cause of death among youth age 15 to 24. About 1 in 15 high school students reports attempting suicide each year, and 1 in 53 made an attempt serious enough to be treated by a doctor or a nurse. There may be as many as 100 to 200 attempts for every suicide death among young people. And the incidence of suicidal behavior is even higher for those involved in the child welfare and juvenile justice systems; those who are lesbian, gay, bisexual, and transgender; American Indian/Alaska Native youth; and those in families with military service members.

In spring 2018, the District of Columbia’s Office of the State Superintendent of Education (OSSE) released results from its own Youth Risk Behavior Survey (YRBS), which captured middle and high school student data. The survey compiled self-reported behaviors over a two-year period (2015–17) and compared DC and national data. It showed an increase in suicidal behaviors among DC youth. Among heterosexual middle school students, 10.2 percent reported that they had “ever tried to kill themselves,” while 12.6 percent of their heterosexual high school counterparts reported attempting suicide. Among lesbian, gay, and bisexual youth in middle school and high school, 32.1 percent and 31 percent, respectively, reported they had attempted suicide.

These alarming statistics signal a need for state boards of education to consider the multiple environmental and social factors that are influencing young people’s mental and emotional states. Some factors that come into play are well known: family function, predisposition to mental disorder, bullying and peer pressure, lack of trusted adult figures, and misinformation about emotional distress and mental well-being. DC’s OSSE and its state board keep vigilant watch on the climate of DC schools. Over the coming months, we will be working closely with parents, students, school leaders, and educators to develop quantifiable measures for school climate and student health. But these efforts alone will not be enough.

We also intentionally equip teachers, administrators, and parents to recognize the signs of emotional distress. In April 2016, the DC state board voted unanimously to update the district’s health education standards, which are vital to ensuring that students learn to be healthy, safe citizens. The standards address bullying, addiction, and sexual and mental health issues, and they provide students with a framework for building skills they need to be healthy for the rest of their lives.

But standards are only the start. Sound implementation must follow. Within the past year, DC has expanded its school-based mental health service. A critical component is training teachers and staff to recognize, address, and support youth in distress. The training platform, Kognito, includes modules that increase their knowledge, skills, and abilities to foster youth mental health.

DC will continue to monitor student health through the YRBS and other survey tools. But the measure that matters most will be a decrease in suicidal behaviors among DC’s young residents. ■

Thank you to Kerriann Peart, health education manager at the DC Office of the State Superintendent of Education, for her assistance on this article.
On April 20, 1999, two Columbine High School students walked into their school midday and killed 12 students and one teacher. Twenty-one other students were injured. All that had been normal came to an abrupt end. Education leaders in Jefferson County, Colorado, quickly realized they were laying the groundwork for a new normal.

As one of those leaders, I well remember that day. After 27 years as a Jeffco classroom teacher, I had begun the 1998–99 school year as the freshly elected full-time president of our local teachers union, the Jefferson County Education Association (JCEA). As such, I spent the bulk of my time with Jeffco’s teachers, support personnel, board of education members, district-level administrators, parent organizations, and local business and community groups. In other words, I was one adult working with, and learning from, other adults who shared the common goal of making our already successful school district even better.

Colorado’s Jefferson County Public Schools, west of Denver, had long enjoyed its reputation as a nationally renowned large suburban school district. Most of our students graduated, went directly to college or work, and by all accounts built healthy, productive middle-class lives. Despite intermittent struggles with statewide school funding policies and occasional ideological skirmishes amongst our local board members, Jeffco had maintained its standing as a lighthouse district.

With a renewed commitment to continuous improvement, our collective leaders group had unveiled a new strategic

Lessons Learned from Columbine

We are never more in danger than when we think ourselves secure, nor in reality, more secure than when we seem to be most in danger.

—William Cowper
plan for the district earlier in the year aimed at further increasing student achievement and community support. It had been 17 years since local voters had passed a mil levy increase, which made it necessary and urgent to form productive relationships and new revenue solutions. The district’s Anchor Group—which comprised employee association leaders, the local board, superintendent, and other key administrators—was formed as part of that strategic plan. To guide plan implementation, we conducted surveys and community gatherings and learned that public support was growing, as was confidence in the district’s direction and its leaders.

On the morning of April 20, 1999, we gathered to celebrate local agencies and individuals who had gone above and beyond to foster community spirit and care for people in need. The Good News Breakfast, an annual Jefferson County event, came as a welcome respite before we were to resume intense 11th-hour contract negotiations. Because the Anchor Group had worked hard to build positive working relationships, I was optimistic we would reach a settlement, despite ongoing budget shortfalls and a few persistent policy language disagreements.

On that fateful Tuesday, we had only one significant contract article to address before facing the inevitable discussion about money. We signed off on “Student Discipline and Teacher Protection” at 11:05 a.m. Sixteen minutes later, at 11:21, the shooting began at Columbine High School.

Within minutes of the first live televised report at 11:30, both negotiations teams and our respective staff members were called to the central administration building for the first of dozens of crisis organizing and response meetings. Joining us were the other members of the Anchor Group and the leaders of the district’s communications, risk management, security, mental health, counseling, and academic offices, as well as the PTA.

The purpose of this first gathering was to provide real-time status reports from district administrators on the scene. I remember struggling to make sense of their abrupt, disjointed words through the static of walkie-talkies, the constant, jarring blare of fire alarms, and multiple helicopters hovering overhead. I imagined all those frightened students and teachers having to endure that cruel sensory assault firsthand. That’s when I shed my first tears.

By this time, all the schools in the Columbine area of Littleton, Colorado, had been put on lockdown, and communication to all district schools was under way. As Columbine High School students were evacuated, they were directed to a nearby elementary school, and a quickly established family reunification protocol was put in motion. The decision was made to close all 147 Jeffco schools for the remainder of the week. A lengthy list of tasks had already surfaced, and the appropriate individuals or group representatives either volunteered or were assigned to each task. Hanging in the air were two unspoken questions desperate for answers: Why did this happen? How could it happen here?

My assignment, along with JCEA Executive Director Jim Hodges, was to call the homes of all 110 Columbine High School staff members. It was a brutal task. I grew up in Jefferson County, attended and graduated from Jeffco schools, and had taught in them for 27 years. Among the Columbine teaching staff were some of my own high school friends and neighbors, former colleagues, and dozens of association members I knew well. Jim had also spent most of his teaching career in Jefferson County, with many of those years at Columbine. We helped keep each other’s emotions in check, at least until the phone calls were completed.

I put off making the last call on my list until it could no longer be avoided. The only name left to contact was Columbine science teacher Dick Will. Dick and my husband had been college roommates, and both Dick and his wife Jacque had been my teaching colleagues for over 25 years. The four of us remain close friends. When I connected with Jacque, at 7:30 p.m., she told me that Dick was among the last to be rescued, nearly five hours after the mêlée began, and that he had escaped injury and was on his way home. Dick had kept his entire class of students safe even as bullets sprayed the windows near the ceiling of his classroom.

When the response team reassembled at nearly 10 p.m., we received word that Dave Sanders, a beloved Columbine teacher and coach, had died from gunshots he took while ushering students to safety. By that time, we also had confirmation that all other staff survivors had arrived at home. We agreed to reconvene at 6:00 a.m. each day for the rest of that week.
Dedicated attention to the emotional needs of the adults would be a critical step in the entire community’s recovery and healing.

We walked into the Good News Breakfast that morning under a sunny blue sky. We drove home shortly after midnight through a wet spring snowfall. It seemed as if Colorado’s typically unpredictable weather spirits were crying along with us.

In the Aftermath

At 8 a.m. the next morning, Jim Hodges and I walked into a church a few blocks from Columbine High School. We were there at the personal request of the principal to simply be with the teachers when they reconvened as a group. There was no structured agenda; there was no expected outcome. There was quiet and heartbeat, shock and confusion, frustration and anger, random sobs and silent tears, self-examination and guilt, fear and worry, and love for one another. There was one brief emotional exchange about missed warning signs and bullying, another about ideological conflicts that had been brewing in the area. Of course, there was no discussion whatsoever about the impact of social media, cell phones, or any other postmillenium technology. This gathering was simply the educator’s heart on full display. My takeaway was that dedicated attention to the emotional needs of the adults would be a critical step in the entire community’s recovery and healing.

In the first terrible week following the shooting, the countless memorial services and funerals began amid an ensuing media circus. Even then, none of us grasped how many lives had been affected and forever changed. After a couple of days, I lost track of the phone calls I received at work and at home. Some concerned last-minute changes to the crisis team’s meeting schedule or requests to speak at hastily arranged press conferences. Some were from local, state, or national media outlets. Some involved rumor control and problematic communication gaps within the community. Several colleagues from Colorado and across the country reached out to convey their sympathy and resolve to make sure it never happened again, at any school.

The calls that hit closest to home were from Jeffco’s teachers and longtime allies. Their calls came at all hours of the day and night. Some people just needed an ear. Others needed to vent their general frustration with the superintendent, the local board, high school administrators, law enforcement tactics, the student dress code, the lack of discipline, dangerously loose gun policies, the divide between various student groups, or the parents of the two shooters. Several teachers who were not able to sleep related their nightmares and lack of confidence in knowing which nooks and crannies in their schools would be safe to hide in.

Particularly poignant was a conversation I had with Janet Bingham, then a Rocky Mountain News reporter who had been covering Jefferson County Schools for years. Standing in the empty parking lot of the church following the Columbine staff gathering, we shared off-the-record reflections. Bingham expressed her personal concerns as the mother of two teenage children and the challenge of maintaining objectivity in order to do her job. Shortly before the first anniversary of the shooting, I learned that the Bingham family had taken an extended hiatus to Africa to work on humanitarian projects in local villages.

Another realization came about a week after the shooting. A small team of staff from the National Education Association (NEA) and the Colorado Education Association (CEA) had arrived to help us facilitate our overall response and communication plans. One part of our daily routine at the JCEA office was to gather for a check-in/mutual support session, which lasted as long as needed. One morning, as I was leaving the daily update meeting at the district’s central offices, the president of the Jeffco board
of education took me aside and quietly asked if he could join our session. He told all of us later how much he appreciated this needed relief in a familiar, no-pressure atmosphere. Up to that point, there had been no opportunity for school board members to debrief, either individually or as a group.

In addition to keeping the delicate emotional state of the Columbine family in mind, there was a long, complex list of logistical details. The school's interior was in ruins. The building and everything within its perimeter had been cordoned off and declared a crime scene. Neither students nor staff members were allowed access to their cars or any personal belongings left in or around the school. It was several weeks before the police investigation was complete and the most damaged areas of the building were cleaned, or razed, to an acceptable degree. Only then was permission to reenter granted.

District and school staff were pressed to make urgent decisions in a number of areas:

- where to hold classes when the Columbine students and teachers returned;
- what to do about instructional materials that could be off-limits for weeks;
- what to “teach” the first day back, the second day, and every day after that;
- what to do if a student, or a teacher, experienced emotional upset and needed immediate support; and
- what to do about interrupted grading cycles, AP tests, graduation activities, sports matches, and more.

Because of the supportive, trusting atmosphere throughout the community, all of these challenges were met with little disruption. A nearby Jeffco high school temporarily instituted a partial-day schedule to accommodate the Columbine students’ use of the building for the other part of the day. Teachers districtwide stepped up to donate textbooks and other teaching materials. NEA and the Jefferson Center for Mental Health provided “first day back” lesson plans, customized for elementary and secondary students. The staff of the district’s Employee Assistance Program and all school counselors and social workers were available around the clock to help students and staff through the rough moments. One overall priority was to make the last month of the school year as normal as possible for Columbine’s students.

Because of the collaborative efforts of district officials and the school’s parent community, only minor changes were made to Columbine’s graduation, testing, and activity schedules.

Meanwhile, both the JCEA office and the school district were overcome by a heavy influx of mail and packages. Within the first 24 hours after the shooting, our office received letters, faxes, and emails from Maine to Washington, Israel to Russia. Throughout the next several days, individual students and parents sent cards, posters, poems, and letters. Families and student bodies sent signed banners, flower wreaths, and crates full of teddy bears, in hopes that we would deliver them to the memorial site, which had been set up in the park bordering the grounds of Columbine. Because of the volume of items and the worldwide scope of the postmarks, centrally located warehouse space was made available to sort, store, and disburse items, and a system was set up to screen them for security purposes.

Over the subsequent weeks and months, there were cards and letters from individuals, organizations, and community groups, which often included monetary donations. The district and JCEA immediately established separate funds for specific purposes. To this day, the Jeffco Schools Foundation’s Columbine Memorial Scholarship Fund and JCEA’s Christa McAuliffe/Dave Sanders Excellence Fund support continuing education for Jeffco students and teachers, respectively.

Surviving Columbine students and staff returned to their repaired, renovated building in the fall of 1999, steadfastly determined to restore their school’s reputation of excellence. Since then, Columbine graduates have carried that spirit of strength and unity with them into adulthood. For all of us in Jefferson County, they continue to be a source of inspiration and a beacon of promise for a better future.

Sharing Our Experience

The past is behind, learn from it. The future is ahead, prepare for it. The present is here, live it.

—Thomas S. Monson

The Columbine tragedy and its aftermath consumed most of my term as JCEA president, and it has continued to be a central part of my...
A strong, effective system grounded in strong, trusting relationships is the linchpin of school violence prevention, response, and recovery.

Jane Goff is a member of the Colorado State Board of Education and past chair of the NASBE Board of Directors.

Professional life. The following summer, I met with eight local association presidents from across the country whose districts had experienced a school shooting prior to Columbine. Between 1999 and my retirement from the district in 2006, I participated in several panels along with law enforcement personnel and parents of shooting victims. I was often asked to speak to a variety of audiences on matters related to school safety and crisis response, presenting the teacher leader perspective. Following the mass shooting at Virginia Tech, CEA colleagues and I were asked for guidance on planning their upcoming memorial service.

I received calls or speaking invitations from local leaders in Colorado, California, Vermont, and other places where a school shooting had occurred. Along with other Anchor Group members, Jim Hodges and I were major contributors to the original NEA School Crisis Guide, the first publication of its kind to address the full spectrum of school safety and crisis response. Most recently, I had the privilege to participate in the Western states roundtable discussion hosted by the Federal Commission on School Safety and the general session panel on school safety at NASBE’s 2018 Annual Conference.

In each of these cases, my message has centered on the critical first step in school crisis prevention and response: taking time to build and nurture strong relationships between and among students and the adults who touch their lives.

At the time of the tragedy, tending to the endless details was often tedious and exhausting. Now, nearly 20 years later, what comes to mind most vividly are the rich personal interactions I had with teacher colleagues and education community partners. Though often painful and sensitive, these connections helped me further define and shape my own role as a leader, particularly in times of high stress and high stakes. I learned that deep listening and unshakeable patience are essential items in a leader’s emotional first-aid kit.

I also learned to deeply appreciate the power for good that lives in local communities and schools. The skills and collective heart of the Anchor Group, mental health professionals and school counselors, classroom teachers, local superintendents, boards of education, district administrators, support staffs, the PTA, the medical and faith-based communities, businesses, student-centered legislators, and the NEA family carried us through the survival and healing process. Each of us relied on mutual trust grounded in our history together to guide one another through the overwhelming moments that turned into days, then months, then years. We shared tears, held one another up, and reminded ourselves that we were not alone.

At the same time, Colorado’s governor, attorney general, and state legislature worked with citizens to enact laws that required school crisis planning, expanded background checks, and restricted the sale of firearms to juveniles. Combined with Jefferson County’s focus on the immediate needs of local families and district employees, these collaborative new policies were considered a good omen for building and sustaining partnerships.

We have certainly learned over the past 20 years that collaboration among legislators and governing bodies, such as state boards of education, is critical in actualizing sound school safety policy. Schools and communities statewide have contributed to the exemplary work of Colorado’s School Safety Resource Center, the Safe2Tell program, and Mental Health Colorado, to name a few.

The Columbine tragedy and the others that have followed have further solidified my belief that a strong, effective system grounded in strong, trusting relationships is the linchpin of school violence prevention, response, and recovery.

We can no longer wait until the next horrific thing happens to plan for the immediate and long-term welfare of students and adults directly affected by such tragedies. Keeping a keen eye on restoring a sense of community and well-being must be at the top of every school crisis task list. And if given the time and attention required, it will prove to be the one best practice that builds a new normal of truly safe and healthy schools.

Resources

School Safety Resource Center: www.Colorado.gov/CSSRC
Safe2Tell: https://safe2tell.org
Mental Health Colorado: https://www.mentalhealthcolorado.org/
School Mental Health Toolkit: https://www.mentalhealthcolorado.org/resources/school/
In a healthy school environment, school staff are addressing a student’s physical, emotional, and social needs in order to create the conditions for that student to learn.¹ The concept of supporting needs that go beyond academics—supporting the "whole child"—is far from new. In the early 20th century, progressive education pioneer John Dewey once proposed that traditional education …may be summed up by stating that the center of gravity is outside the child. It is in the teacher, the test-book anywhere and everywhere you please except in the immediate instincts and activities of the child himself…. Now the change which is coming into our education is the shifting of the center

Creating Healthy Schools: Students, Educators, and Policymakers Name Priorities

Mental health support and attention to school climate are foundational for an integrated policy approach.

Deborah A. Temkin, Bonnie J. Solomon, Emily Katz, and Heather Steed
of gravity…. In this case the child becomes the sun about which the appliances of education revolve; he is the center about which they are organized.2

Creating this healthy school environment requires more than the traditional “grammar of schooling”3—a primary focus on curriculum and pedagogy—and encompasses a broad range of issues such as student nutrition, employee wellness, and overall school climate. These domains are reflected in the Centers for Disease Control and Prevention’s Whole School, Whole Community, Whole Child framework (WSCC; see figure 1). Reflecting the ideals Dewey presented in 1907, the framework places the child at the center and defines 10 key domains in which they need support.

With limited time in a school day and similarly limited time for state board of education members and other policymakers to consider these issues, schools and policymakers alike struggle to prioritize among the myriad strategies for creating supportive conditions for learning. Consequently, policy efforts have been largely piecemeal, and issues are addressed in silos rather than as part of the comprehensive, integrated vision of the WSCC. At both the state and federal levels, for example, there has been considerable momentum over the last decade on student nutrition (e.g., passage of the federal Healthy Hunger Free Kids Act of 2010 and related regulations), bullying (e.g., adoption and/or revision of state antibullying legislation), school discipline disparities (e.g., federal guidance on identifying and addressing disparities and state legislation restricting use of...
lead to better outcomes overall, and yet policymakers still need to respond to pressing priorities, which leads to policy silos. As a first step toward resolving this paradox, and with funding from the Robert Wood Johnson Foundation as part of the Together for Healthy and Successful Schools Initiative, Child Trends conducted focus groups and interviews with key stakeholders. We sought to determine the key priority issues around healthy schools and how those issues can be leveraged to promote a more comprehensive vision. Our ultimate goal was to identify a starting point for policymakers to begin building the comprehensive model envisioned in the WSCC model.

Conversations took place between November 2017 and April 2018 and included interviews with policymakers (including state board of education members and state legislators and their staff), students participating in National 4-H’s Healthy Living Summit, and educators (including teachers, school nurses, and others). Although participants touched on nearly every domain of the WSCC model, collectively they came to a similar conclusion: Progress toward healthier school environments requires supporting student mental and emotional health and focusing on improving school climate. Below, we present snapshots of what we heard on each of these topics.

**Mental and Emotional Health**

Nearly half of all children in the United States have experienced at least one adverse childhood experience (ACE).8 Whether they have witnessed gun violence, engaged with the immigration system, or been abused or neglected, many children who are attending school desperately need mental health support (table 1). Throughout our conversations with educators and policymakers, trauma and the need to support trauma-informed care in school were identified as clear priorities, as were other mental health needs.

Policymakers and educators alike stressed the need for training and resources to address these issues effectively in schools. Regarding students’ mental health needs in general, one state board member said, “I don’t think we have very good systems. And sometimes it goes beyond a teacher’s level of expertise. And that’s I think
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Source: Vanessa Sacks and David Murphey, “The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity” (Bethesda, MD: Child Trends, 2018).
honestly believe that made it worse, because that’s basically screaming, ‘I have a problem,’ like, ‘I’m struggling.’

Students shared that when they did seek help and support from their schools, their schools were often not well prepared to handle the situation. As one student said, “[One] time, I got a panic attack and the only thing [the counselor] put me to do was paint something or draw something. I mean, I don’t feel like that will help me. I had to help myself to calm down.”

Each of the stakeholder groups identified clear linkages between mental health and other aspects of the healthy school environment. As one student shared,

I really believe one of the biggest problems America is having with teenagers is obesity. And I really think that yes, the lack of physical activity is a problem, but I really think that stress-eating and depression and things like that all really add up to a bigger problem than just the physical aspect of it.

In other words, addressing mental health is a foundational step to also addressing physical wellness. This sentiment was further reflected by a high school principal:

We have a student that’s going through depression. One of the coping mechanisms could be eating right, exercising, and things of that nature. But I’ll never get to that. I’ll never sustain those good decisions—and behavior, lifestyles, and practices—if I don’t deal with the depression first, the anxiety first, the high levels of stress first. And I think some of those pieces are leading to barriers in making healthy lifestyles. I think it’s centering themselves in a good place which will lead to sustained healthy decisions and choices and lifestyles, versus saying, ‘Hey, we want to
Students said that having a positive school climate means having multiple sources of support rather than a single school counselor to whom they can turn.

**School Climate**

Although definitions of school climate vary, it generally refers to the sense of community, quality of supportive relationships, prevalence of negative behaviors (e.g., violence, bullying, substance abuse), and student engagement within the school. School climate was repeatedly referenced as the fundamental factor for establishing a healthy school environment, although stakeholders offered varying perspectives as to why school climate is so critical. One state board of education member suggested, for instance, that school climate is key to retaining effective staff: “I think that [a needed policy] would focus on the way leaders in buildings can retain teachers by … building positive school culture, building teacher leadership, which trickles to a positive place for students.” A state legislator suggested that school climate is critical to creating supportive spaces, particularly for students dealing with issues such as trauma outside of school: “A school needs to feel like a very safe place for kids . . . a place that’s embed- ding [in children] a belief in themselves and in their communities, [where] people care about them and are there to help them succeed.” An educator furthered this theme, pointing out that a positive school climate enables staff to identify other student needs:

> If we have a healthy school environment where we’re concerned about all the kids . . . no one’s slipping through the cracks. You know that the kid’s able to get lunch, or you know when he’s not having lunch. . . . You’ll hear about the family problems: They’re moving. They feel comfortable telling you that they don’t have their work because it’s in a box somewhere. A healthy school environment will lend it to you.

Students said that having a positive school climate means having multiple sources of support rather than a single school counselor or other support personnel to whom they can turn. Students reflected that they did not always trust their school counselor and instead relied on teachers. As one student reflected:

> When you go to a counselor, it’s almost like they have to care, they’re being paid to care. And then the teacher . . . that’s not the purpose of their job. That shows that they’re really going out of their way, and that they really do genuinely care, and it’s not just because it’s their job.

Another student had similar sentiments:

> “[One] guidance counselor can be very biased coming into a situation, even if they are a guidance counselor. But . . . we have 13-14 teachers who have different opinions, and you can feel which one you’re most comfortable with. Because not everyone is comfortable talking to one guidance counselor.” Other students shared that their schools did not have counselors but that teachers filled the role by fostering strong relationships with students and providing emotional support in addition to academic support.

As with mental and emotional support more broadly, participants viewed positive school climates as the baseline for addressing each of the other elements of the WSCC—from getting students better engaged in physical activity to ensuring students were identified and directed toward needed health services.

**Next Steps**

State boards of education can lead in helping drive schools toward more coordinated plans for creating healthy schools that support all the critical conditions for learning. Our conversations with students, educators, and policymakers underscore the critical need to reduce silos in current approaches and illuminate a path forward. Specifically, stakeholders clearly articulated not only their priorities for improving student mental health and school climate but also their view that these two issues form the foundation for addressing the entire WSCC framework.

As new issues emerge—whether they be concerns over school safety or student health—policymakers should consider how they can be addressed comprehensively. Policymakers should consider, for instance, how emerging issues may be linked to or addressed by other issues and strategies, particularly mental health.
and school climate (e.g., links between depression and healthy eating). Our findings suggest that there is ample stakeholder support for leveraging student mental health support and school climate as building blocks for sustainable, coordinated systems to support healthy schools.

Interagency cooperation plays a vital role within coordinated systems that support healthy schools. Community schools that also serve as community service centers provide a “single point of contact” model for coordinating services across multiple WSCC domains. Other models similarly rely on interagency coordination and partnerships. Outside of these more coordinated efforts, many schools and districts have developed strategic partnerships to deliver enrichment programs, link students with needed services, or offer students dual-credit, service-learning, or other applied learning opportunities. Our findings suggest that partnerships that support mental health and school climate may be especially important for creating and sustaining healthy schools.

Policymakers should further consider how existing policies at the federal, state, or local levels already intersect with emerging issues. At the state level, policymakers can consult the NASBE school healthy policy database—a comprehensive compendium of state laws and regulations aligned to the WSCC model—to better understand the array of policies that may contribute. Further work is needed to better understand how to effectively structure these constellations of policies to work together. However, our research makes clear that students, policymakers, and educators alike value the coordinated school health approach that WSCC offers.


More Student Safety Resources

For more on promoting student safety, the U.S. Department of Justice’s National Institute of Justice has released reports on school safety statistics and safety technology, on what states and districts can do to improve school climate, and on how to maximize the effectiveness of state school safety centers:


The Federal Commission on School Safety, which held public sessions during the spring and summer, was expected to release its report by the end of 2018.
State education policymakers face many overlapping challenges: enhancing kindergarten readiness, graduation rates, and college and career readiness; closing the achievement gap; and reducing inequalities, particularly in access to mental health support and responses to behavior problems, which primarily affect low-income students and students of color. Underpinning all these challenges is a set of skills that can provide a common foundation for learning, behavior, and lifelong health—and therefore offers a promising target for state policies.

These skills, often referred to as social-emotional or “noncognitive” skills, are tied to important long-term benefits for children as well as society at large. For example, students learn more and classrooms function better when children are able to manage their emotions, focus attention, solve problems, and engage in positive interactions with peers and adults.1 School-based social and emotional learning (SEL) efforts can lead to increases in a host of short-term, learning-related outcomes. These include improved executive functioning, self-efficacy, and persistence, as well as positive behavior, positive attitudes toward school, and academic achievement.2

Promoting SEL skills in children can lead to important long-term benefits as well, such as increased likelihood of college completion, reduced criminal offending and substance abuse, reduced need for publicly subsidized housing, improved mental health, and higher income and job stability in adulthood.3 Furthermore, a recent cost-benefit analysis concluded that high-quality SEL programming provides a net economic benefit to communities; researchers determined that SEL efforts have an average return on investment of 11:1.4

SEL provides a unique opportunity to connect many state efforts already in place related to early learning, college and career readiness, school climate, antibullying, and behavior or discipline initiatives, thereby aligning and making multiple initiatives coherent. State policy action can directly support making SEL a foundation for student success.

**What Is Social and Emotional Learning?**

SEL refers to the process through which individuals learn and apply social, emotional, behavioral, and character skills required to succeed in schooling, the workplace, relationships, and citizenship. Over the years, it has been variously defined and has come to serve as an umbrella term for many subfields of psychology and human development, each with its own focus and related educational interventions—bullying prevention, character education, 21st century learning, employability skills, life skills, and more.5

As a result, public discussion about SEL suffers from the same issue that plagues many concepts in education: Not everyone can quite agree on what it is. To some, it involves a set of tools for learning, while others see it as a way of promoting resilience in the face of both normative and traumatic stresses. Others see it as a system of values, virtues, habits, and personality or character traits. Still others focus on the importance of neurocognitive skills such as working memory or cognitive flexibility. This

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State boards can do much to embed high-quality SEL in K-12 classrooms, and they should.

Stephanie Jones, Rebecca Bailey, and Jennifer Kahn
Schools and districts should organize their SEL work around trainings and materials that are developmentally sequenced and age appropriate.

lack of consistency does not mean, however, that SEL is “soft,” immeasurable, irrelevant, or faddish. According to the Aspen Institute’s National Commission on Social, Emotional, and Academic Development, “It means that social and emotional development is multifaceted and is integral to academics—to how school happens, and to how learning takes place.”

Generally, SEL skills can be grouped into three interconnected domains:

- **Cognitive regulation skills** are the basic cognitive skills required to organize behavior toward a goal. Children use cognitive regulation when faced with tasks that require concentration, planning, problem solving, coordination, conscious choices among alternatives, or exercising self-control.

- **Emotional competencies** include skills that help children understand, express, and manage their feelings, as well as show empathy and perspective taking. Children use these skills when faced with tasks that require dealing with frustration, embarrassment, or excitement, such as persisting through difficult activities or responding appropriately to classroom events. Children with strong emotional competencies recognize how different situations make them feel and address those feelings in healthy, effective ways.

- **Social and interpersonal skills** enable children to interpret other people’s behavior, navigate social situations, build supportive relationships, and interact positively with peers and adults. Children use social skills to work collaboratively, resolve conflicts, participate on a team, and demonstrate compassion.

It is worth noting that two additional domains, character and mind-set, are also frequently included in organizing frameworks and programs in this field. Character typically refers to the skills and values that support prosocial and ethical behavior, including respect for others, perseverance, and citizenship. Mind-set refers to the attitudes and beliefs that children have about themselves, others, and their circumstances. There is often significant overlap and interaction between SEL and the values and attitudes reinforced through character and mind-set education. Importantly, character and mind-set play an important role in how children interpret and respond to daily interactions and situations and ultimately how they apply skills and competencies.

Two concepts are important for understanding social and emotional development. First, social and emotional development is shaped by schools, families, and peers, as well as broader cultural and political factors. School culture and climate are closely related to children’s SEL skills. School culture includes norms, beliefs, values, and expectations of a place (“the way things are done here”), whereas climate refers to the perceptions that children and adults have about the impact of the environment on psychological well-being (“how it feels to be here”)—including if students and staff feel safe, connected, and engaged. Climate includes the quality of relationships within the classroom as well as daily interactions that occur in hallways, playgrounds, gym, and lunch areas. Therefore, it is important for schools and districts to take a systems approach to promoting SEL—addressing adult skills and beliefs; organizational culture, climate, and norms; and routines and structures that guide basic interactions and instruction.

Second, SEL skills are developmental: They emerge during certain periods of development, and they grow and change. Just as with math or literacy, simple skills act as building blocks for more complex skills, and skills that emerge early provide a foundation for skills that mature in later years. As a result, some SEL skills are more salient than others during particular developmental stages. For example, executive functions emerge during the early childhood period (ages 3 to 6) and grow dramatically as the corresponding region of the brain rapidly expands during the preschool and early school years. Therefore, these years are a critical time for promoting executive function, whereas other skills are more salient for older children and youth. Schools and districts should organize their SEL work around trainings and materials that are developmentally sequenced and age appropriate.

These efforts have special relevance for low-income children and children at risk for academic or behavioral problems. Children experiencing early adversity are more likely to exhibit challenges with learning, memory, attention, and self-control. Exposure to poverty or trauma increases the likelihood of having lower understanding of emotion, heightened
emotional reactivity, and difficulty with regulating emotion and behavior. At the same time, SEL programs tend to have their largest effects among students who face the greatest number of risks, including those with lower socioeconomic status and those who enter school behind their peers.15

**Approaches to SEL**

Interest in SEL is high among education leaders, practitioners, and policymakers. Fortunately, there is clear evidence that promoting SEL via high-quality programs, systems, and strategies in both school and out-of-school settings can be effective. In a seminal review of more than 200 school-based universal SEL programs spanning grades K-12, Durlak and colleagues demonstrated that participating students showed significant improvements in social and emotional skills, behavior, attitudes, and academic performance, as well as reduced emotional distress and conduct problems.17

Programs were most effective when they included (S) sequenced activities to teach skills, (A) actively engaged students in learning skills, (F) focused time on SEL skill development, and (E) explicitly targeted SEL skills, encapsulated in the acronym SAFE. A follow-up study revealed that students retained benefits for an average of 3.75 years following participation.18 Furthermore, SEL interventions benefit recipients of varying race, ethnicity, or socioeconomic backgrounds.19 Other approaches that emphasize just one aspect of social, emotional, or cognitive development—executive function, mindfulness, or growth mind-set, for example—were also effective.20

There are multiple ways that schools and districts approach SEL. Most common are school-based prevention and intervention programs, typically comprehensive, scripted curricula with sequenced lessons and explicit instruction in SEL skills—some emphasizing conflict resolution, others focused on empathy, and others targeting a range of skills and competencies. Some programs also focus more specifically on character development and may include lessons or activities that address values (ethical, performance, civic) and/or mind-sets (e.g., optimism, gratitude, self-confidence). This set of skills may be particularly important for helping children to use SEL skills in prosocial ways. SEL programs include varying approaches to professional development, some offering one-day teacher trainings and others providing ongoing coaching and support. Programs also vary in terms of whether they involve parents and families or include a community service component.

Many schools and districts also employ schoolwide behavioral management systems to promote SEL skills. These approaches typically focus on establishing systems and structures that support the development and maintenance of a positive school culture and learning environment. They emphasize clear norms, expectations, and logical consequences as well as classroom routines and structures. Positive Behavioral Interventions and Supports (PBIS), one such widely used approach, provides schools and districts with a tiered framework for building teacher and administrative capacity to track, manage, and improve student behavior and maximize learning and achievement. Another, Responsive Classroom, focuses on training teachers to use strategies such as morning meetings and academic choice to improve the educational environment.

In many settings, it can be difficult to implement comprehensive SEL programs, which often offer teachers and schools inadequate flexibility or adaptability. Moreover, limited time and resources, lack of local buy-in, and poor integration into everyday practice undermine efforts to bring programming to scale, and these barriers are likely exacerbated in low-income settings. However, low-cost, targeted strategies—sometimes called kernels—may provide a feasible, flexible, and cost-effective approach to promoting social and emotional development in such settings. Kernels are strategies that teachers and students can readily integrate into daily routines and academic instruction, including across classroom, lunchroom, hallways, and gym settings. Teachers can flexibly select strategies that best fit their students’ learning styles, skill levels, and interests and decide when and how to implement them.

**Considerations for Policymakers**

State policymakers can use the following guidelines to shape and make decisions about
SEL efforts that do not change adults’ own thinking, skills, or behavior are not likely to have a lasting impact.

Statewide SEL efforts. These guidelines are organized around four actions: conduct a needs assessment, align approaches, focus on adults, and develop and communicate a plan.

Conduct a needs assessment. SEL needs assessments identify state-specific SEL goals, opportunities, and identified challenge areas (e.g., attendance rates, discipline disparities, school safety, achievement gaps). The needs assessment will help states understand key features of their landscape, develop an effective plan for their context, and create buy-in and engagement with stakeholders and state leaders.

Use SEL needs assessments to address the following questions:

- Why is SEL important to K-12 students in our state? What SEL skills and competencies do our students need—for school and for work and life?
- Who are the key stakeholders in our state, and how will they be involved? Why is SEL relevant for families, educators, and employers?
- What SEL efforts already exist? Where are they successful (e.g., “bright spots” to build upon and extend) and where have they struggled (e.g., attempts we can learn from)?
- How can SEL efforts build upon work happening across agencies and sectors (e.g., education, early learning, out-of-school, college readiness, workforce development, health and human services, business)?
- Where are the potential roadblocks? How can we build relationships in critical places to overcome these obstacles (e.g., create “SEL champions”)?

Align approaches. One of the key opportunities involves breaking down silos. Cross-sector and interagency collaboration is essential because SEL skills build across time and over diverse environments and because SEL efforts affect a wide range of outcomes that are important to educational, health/mental health, economic, and criminal justice systems. Aligning SEL approaches can reduce the burden of a new initiative and can lead to bigger impact, whereas the absence of continuity or coherence can waste time and money.

The following activities can be used to support alignment:

- Close coordination with school discipline and classroom management. Some approaches to behavior undermine SEL, while others complement and boost it.
- Creation of a “map” of current efforts in the state that are related to SEL. Which agencies are involved? What are the existing relationships and history of collaboration? Can SEL be used to build common ground and seek joint funding rather than compete for resources?
- Generation of a list of potential partnerships and integration/coordination opportunities. What frameworks, products, or activities could become joint initiatives supporting SEL (e.g., state standards, teacher training, preK-3 efforts)? How can existing efforts be reframed or adapted to emphasize SEL-related work across agencies or systems?
- SEL initiatives can be supported using a variety of funding streams (early learning, innovation grants, Title II funds, health and human services funding, workforce development grants).

Focus on adults. Most SEL programs are organized around student activities, but adult SEL is the foundation for effective teaching and learning—in school and beyond. Educators and parents need SEL skills in order to be effective in their relationships with children and to model and use the skills daily. SEL efforts that do not change adults’ own thinking, skills, or behavior are not likely to have a lasting impact. State policymakers can advocate for training and professional development opportunities that aim to support SEL implementation and teachers’ own SEL competencies in ongoing ways, including both pre-service and in-service experiences.

Keep in mind the following:

- State standards for SEL can articulate not just what children should know and be able to do but also specific teacher practices that support social-emotional development. Standards can also identify features of the classroom and school environment that promote SEL and guidelines for how adults can create positive learning environments.
- Frameworks can be used to highlight how SEL is central to high-quality teaching and instructional practices, such as those that deliberately integrate academics and SEL.
- Ongoing professional development, coaching, or in-school/classroom support is key for improving teachers’ SEL capacities. Teacher well-being, mindfulness, and stress reduction programs have positive effects on teacher retention and teacher/classroom instructional practice, as well as on student outcomes. In some cases, teacher-focused SEL (with no direct child/student component) has larger effects and more sustained positive impacts over time than do traditional SEL curricula.

- Parent-focused and teacher-focused SEL programs and supports are important. What materials, online modules, and funding structures could provide support at scale?

- There are existing platforms for parent and family engagement that can be leveraged. Which ones could be integrated with SEL?

- School leader and educator/staff training around SEL can integrate SEL with academics, behavior management, or other initiatives that the state has identified as priorities. These efforts are most beneficial when all adults in schools and related settings participate.

- Many excellent resources help state policymakers introduce, expand, or embed SEL in K-12 settings (see box 1).

**Develop and communicate a plan.** Statewide SEL efforts require a compelling message and a clear plan of action. Developing a plan in turn...

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**Box 1. SEL Initiatives and Resources**

The Aspen Institute National Commission on Social, Emotional, and Academic Development seeks to fully integrate social, emotional, and academic development in K-12 education so that all students are prepared to thrive in school, careers, and life. The commission includes representatives from education, research, business, policy, and the military. The commission aims to (a) establish a shared understanding of social, emotional, and academic development in K-12 education; (b) set the foundation for a community-driven movement that acknowledges and supports the central role of local communities in this work; and (c) develop recommendations in research, practice, and policy.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) launched the Collaborating States Initiative in 2016 to help states ensure that preK-12 students are prepared academically, socially, and emotionally to succeed in school, at work, and in life. Teams from 25 states are developing plans and standards, and CASEL aims to share research and information about best practices for integrating SEL into academics, facilitate sharing across states, provide technical assistance, document implementation, and share key findings. In partnership with 20 districts across the country, CASEL’s Collaborating Districts Initiative has been working to support and promote systemic SEL. Participating districts receive funding and other resources and tools to help them to make strategic, informed decisions about embedding SEL in instruction across their schools.

The Every Student Succeeds Act (ESSA) instated key provisions that support SEL. The law provides states with greater flexibility in how student success is defined and measured. States now include at least one “nonacademic” indicator, such as school climate. ESSA also expands and encourages professional development, which could be used to enhance SEL supports for teachers.

Developed by the EASEL Lab at the Harvard Graduate School of Education, the Taxonomy Project organizes, describes, and connects SEL taxonomy across disciplines. This project aims to create tools for navigating, understanding, and comparing commonly used frameworks.
requires building long-term partnerships with a variety of stakeholders: legislators, agency and department heads, early education providers, K-12 educators, families, business leaders, and others in the community. Authentic engagement will increase the likelihood that SEL efforts are successful and sustained.

Develop an SEL plan that articulates the following:

■ SEL efforts include a commitment to give educators, principals, and other adults the time, resources, training, and ongoing support to develop SEL skills in students and to increase their own knowledge and capacity.

■ SEL efforts are not perceived to be an add-on or a threat to time spent on academic content. SEL is integrated into daily practice and routines.

■ SEL standards, benchmarks, and learning progressions need to be flexible—the development of SEL skills is sensitive to a variety of factors, including exposure to trauma and stress. Adults working with children will need knowledge and training to understand the normal range of behaviors and to set realistic expectations for children of different ages and life experiences.

■ SEL child-level assessments are in the early phase. More time is needed to ensure they are valid and reliable, and therefore states must be careful when using SEL assessments for accountability purposes. Instead, many experts suggest using school climate surveys, observations of teacher practices or classroom strategies that promote SEL to evaluate and document SEL efforts.


6Jones and Kahn, “The Evidence Base.”


8Ibid.


10Ibid.


cont’d on pg 44
Child Trends estimates that nearly half of all children in the United States have experienced at least one adverse childhood experience, or ACE (see article, page 11). Attention to these children’s needs pays off in a number of ways. Trauma-responsive schools increase students’ coping skills and graduation rates, and they improve attendance, classroom behavior, and emotional and physical safety.¹ Additional school outcomes of interest include decreased incidents of physical aggression, office discipline referrals, and out-of-school suspensions. Notably, schools that demonstrate a clear commitment to recognizing the effects of trauma besetting many of their students, many states, districts, and schools are revamping approaches to making schools physically and psychologically safer. Many of the steps to establish safer, more supportive schools are aligned with those needed to create trauma-responsive schools. State boards of education are well-positioned to caution school systems against focusing exclusively on “hardening” schools through physical safety and security measures and promoting a balanced approach, which embeds comprehensive, trauma-responsive mental health policies and practices in school safety planning.

Sharon A. Hoover

Comprehensive mental health support makes students safer and better able to learn.
implement these components can be assessed using the network’s Trauma Responsive Schools Implementation Assessment.3

The foundation of all these components is a comprehensive school mental health system. Such a system requires collaboration between schools and the community, in partnership with students and families, to provide a multitiered system of supports and services (MTSS). The MTSS promotes positive school climate, social emotional learning, and mental health.4 It also assesses and addresses the social and environmental factors that affect mental health, including public policies and social norms that shape student mental health outcomes (figure 1).

Many states, districts, and schools employ an MTSS approach toward instructional or behavioral interventions at varying levels of intensity. An MTSS for mental health offers an array of health promotion, prevention, early intervention, and treatment services to meet the needs of all students. A trauma-responsive MTSS integrates services and supports for students and staff with particular attention to supporting trauma-affected staff and students.

The number of tiers in an MTSS can vary, though many districts employ three:

shifting school climate via trauma-informed approaches and those characterized by strong relationships between school staff and mental health professionals seem to have greater effects than those that do not.2

The National Child Traumatic Stress Network has identified the following components of a trauma-informed school, as well as relevant tiers within each area:

1. Identifying and Assessing Traumatic Stress
2. Addressing and Treating Traumatic Stress
3. Trauma Education and Awareness
4. Partnerships with Students and Families
5. Creating a Trauma-Informed Learning Environment
6. Cultural Responsiveness
7. Emergency Management/Crisis Response
8. Staff Self-Care and Secondary Traumatic Stress
10. Cross-System Collaboration and Community Partnerships

The degree to which districts and schools
Universal services and supports (tier 1) are mental health–related activities, including promotion of positive social, emotional, and behavioral skills and wellness, designed to support the mental health of all students regardless of whether they are at risk for mental health problems. These activities can be implemented schoolwide, at grade level, or in the classroom.

Selective services and supports (tier 2) are provided for groups of students identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, problems can be eliminated or reduced.

Indicated services and supports (tier 3) are designed to meet the unique needs of individual students who are already displaying mental-health concerns, problematic behavior, or significant functional impairment. Sometimes these supports are referred to as mental health “interventions” or “intensive services.”

An effective MTSS is built on strong family-school-community partnerships and relies on professional development and supports for staff to ensure their competence in supporting student mental health and fostering their own well-being. MTSS also allows for practices to support target populations, such as trauma-exposed youth. Trauma-responsive school frameworks are increasingly adopting MTSS as a foundation for trauma interventions across the continuum of mental health supports. Figure 1 also shows how trauma-responsive programming maps to the tiers, including several evidence-based interventions developed by the National Child Traumatic Stress Network, listed below in the resources section.

Evidence for Trauma-Responsive Approaches

Strong evidence supports a multicomponent approach to creating trauma-responsive schools. School staff that receive professional development on trauma, ACEs, and stress demonstrate increased understanding of trauma and increase their use of trauma-informed practices in the school and classroom. As yet, limited evidence ties these training outcomes to student-level improvements, which may reflect the challenges of generalizing training knowledge to teaching practices. In general, research shows that collaborative, sustained professional learning is more likely to be effective and directly related to and integrated into teachers’ daily practices.

Efforts to ensure that training translates to classroom practice include “reflection-in-action” approaches that allow educators to practice with real-life scenarios, receive coaching from master teachers, and refine skills as they learn from mistakes. These approaches have been augmented with technological advances, including web-mediated online coaching and simulations that allow staff to practice talking with virtual students experiencing trauma-related distress.

Implementing the components of trauma responsiveness in schools has demonstrated positive effects on students’ daily functioning, including academic success. Schools with positive school climate and integrated social emotional learning (SEL) are more likely than comparison schools to achieve higher standards of school safety, including less bullying (verbal, physical, cyber), less student isolation, more positive peer and teacher-student relationships, and less weapon threat and use on school campuses.

Students who participate in SEL programs not only demonstrate improvements in self- and social awareness, decision-making capacity, and relationship skills, but also in academic outcomes, including standardized testing. Restorative justice approaches, which redirect school discipline practices toward relationship-based accountability and reduced punitive measures, also demonstrate positive outcomes. Schools that employ restorative policies and practices demonstrate improvements in attendance and academics as well as a significant reduction in exclusionary discipline.

Shifts in Policy

Recent federal and state policies offer state and district education leaders opportunities to advance trauma-responsive programming. The Every Student Succeeds Act (ESSA) also offers significant opportunity to increase access to comprehensive school mental health services and flexibility to develop policies and programming that address trauma. In February 2018, the U.S. House of Representatives unanimously approved H. Res. 443, a resolution recognizing the importance of trauma-informed care within schools with positive school climate and integrated social emotional learning (SEL) are more likely to achieve higher standards of school safety.
federal programs and agencies. In addition to designating a national trauma awareness month and trauma-informed awareness day, the resolution cites trauma-informed efforts in nine states: California, Florida, Illinois, Massachusetts, Missouri, Oregon, Pennsylvania, Washington, and Wisconsin. These statewide initiatives to address trauma include new laws to promote trauma-informed approaches and cross-sector collaboration on policies to reduce childhood trauma.

State legislatures have been incorporating language on trauma-informed systems and ACEs in recent bills. A 2017 scan by the National Conference of State Legislatures revealed close to 40 bills in 18 states with language on ACEs and 20 approved statutes in 15 states that referenced ACEs and trauma-informed policies and practices. These bills and statutes promote an array of practices, including trauma screening, staff training and professional development, and creating safe and supportive environments. Many focus on the education system. An Illinois law requires social and emotional screening at school entry. The Massachusetts state legislature established a grant program for schools implementing trauma-informed practices (box 1).

Box 1. State Examples

Several states have established frameworks for trauma-responsive schools. For example, the Massachusetts Safe and Supportive Schools program provides grants to schools to establish and implement trauma-informed practices and to train leadership to foster safe and supportive school cultures. The Washington State Compassionate Schools Initiative offers a blueprint for establishing trauma-responsive schools that promote compassion and resiliency among staff and students. State education agencies in Illinois, Massachusetts, and Wisconsin house a repository of trauma-responsive schools resources.

Policy and Practice Recommendations

States that have not yet begun initiatives to address childhood trauma can foster trauma-responsive schools through policies and legislation that support school and district leaders’ efforts to do the following:

- assess and systematically improve school climate;
- establish culturally responsive, restorative practices that limit exclusionary discipline;
- implement SEL programming across all grades;
- institute strategies and supports to promote staff self-care and well-being and to address secondary traumatic stress that arises from dealing with trauma-affected children;
- provide professional development on adversity, trauma, and toxic stress;
- establish a full continuum of mental and behavioral health supports, including universal screening for mental health concerns that incorporates an assessment of social determinants of mental health;
- incorporate evidence-based mental health promotion, prevention, and intervention activities, including for students experiencing traumatic stress;
- strive toward national standards for appropriate numbers of school psychologists, school social workers, school counselors, and school nurses; and
- establish memoranda of understanding with community mental health providers to complement mental health services and supports offered by school staff.

Resources

Several organizations offer support for states, districts, and schools in doing this work.

- The Framework for Safe and Successful Schools offers policy recommendations to support effective school safety and best practices. It is a joint effort of the American School Counselor Association, National Association of School Psychologists, School Social Work Association of America, National Association of School Resource
The National Center for School Mental Health led a rigorous, stakeholder-driven process that resulted in the first National School Mental Health Quality and Sustainability Performance Measures. These standards reflect best practice strategies for systematically developing, improving, and sustaining mental health supports and services in schools.

The School Health Assessment and Performance Evaluation (SHAPE) site is a free, web-based platform that offers a virtual work space to document, track, and advance school mental health at school, district, and state levels. It includes tools and resources to promote quality and sustainability in school mental health, including the Trauma Responsive Schools Implementation Assessment.

The Treatment and Services Adaptation Center develops trauma interventions and supports for implementation in schools. These include Psychological First Aid for Schools—Listen, Protect, Connect, Support for Students Exposed to Trauma, Cognitive Behavioral Intervention for Trauma in Schools, and Bounce Back.

ACES Connection raises awareness about trauma and resilience. It recently released profiles of major statewide and local ACES initiatives within the 50 states and the District of Columbia to highlight trauma-informed initiatives across the country.

A report published by health and social justice nonprofit Futures Without Violence details state-level approaches to promote trauma-informed practices.13

The National Center on Safe Supportive Learning Environments developed high-quality, adaptable ED School Climate Surveys, which allow states, districts, and schools to collect and act on reliable, nationally validated school climate data in real-time. A School Climate Improvement Resource Package helps diverse stakeholders understand and improve school climate.

The Collaborative for Academic, Social and Emotional Learning promotes an integrated approach to academics and SEL for preK-12. Their resources include background, research, and implementation tools to support states, districts, and schools.

3The free self-assessment comprises key domains of trauma-responsive schools and districts. It can be downloaded from www.theSHAPEsystem.com/trauma.
8, no. 1 (2016): 39, no. 2
12Fronius et al., “Restorative Justice in US Schools.”
A number of states have taken steps toward promoting student wellness, with many of their state boards of education in the middle of the action. Here are some examples of states leading on student wellness by addressing physical fitness, social and emotional learning (SEL), and mental health supports.

**Physical Fitness as ESSA Indicator**

The Every Student Succeeds Act (ESSA) gave states greater flexibility to deliver a more well-rounded education and to choose nonacademic measures of a school’s effectiveness in their accountability systems. Vermont seized that opportunity to elevate student health. The state included physical education in its measurement of the school quality or student success indicator under its ESSA plan, making “a commitment to education and evaluation that supports the whole child, knowing that healthier students perform better in every other aspect of school.”

Beginning with the 2018–19 academic year, all Vermont public school students in grades 4, 7, and 9 or 10 are taking the state’s physical education assessment, FitnessGram. Vermont aims to have 100 percent of students in all its schools aligned with measures of success under the Presidential Youth Fitness Program by 2025. The selection of this indicator follows the Vermont State Board of Education’s adoption of health and physical education standards in 2015. ESSA requires states to engage stakeholders when developing state plans. When state education policymakers in Vermont were developing their ESSA plan, they received significant stakeholder feedback calling for including a measure of student health.

**Social and Emotional Learning**

Connecticut, Illinois, Kansas, Michigan, and Washington are looking to SEL as a means for achieving student and schoolwide success. All five have adopted SEL grade-level competencies and have developed unique partnerships at the state and local levels to effectively move policy into practice.
SEL focuses on developing skills like collaboration, communication, problem solving, and resilience in an age-appropriate continuum through instruction, curriculum, and daily interactions, ideally with the involvement of all members of a school community. Research shows that developing these skills in school has a positive impact on absenteeism rates, school discipline, substance use, graduation rates, and academic achievement. This instructional approach also delivers significant economic benefit, with an $11 return for every $1 invested in SEL interventions.

In 2012, Kansas took SEL a step further by becoming the first state in the nation to integrate SEL and character development. As described by the Kansas State Board of Education, their social, emotional, and character development standards are “about learning to be caring and civil, to make healthy decisions, to problem solve effectively, to value excellence, to be respectful and responsible, to be good citizens and to be empathetic and ethical individuals.” The board adopted updated standards in July 2018 to better address mental health, employability, civic engagement, and putting the skills into practice.

### Mental Health

One in five adolescents has had a serious mental health disorder, such as depression or anxiety disorders, at one point in their life. Rates of attempted suicide and thoughts of suicides are also on the rise. However, many youth do not have access to mental health education and services to address these medical needs. Two states, New York and Virginia, are committed to changing that.

In 2016, New York became the first state to pass legislation requiring that mental health education be taught in all the state’s elementary, middle, and high schools (Education Law §804 as amended). The state education agency established, and the legislature funded, a School Mental Health Resource and Training Center to give districts and schools the training, expertise, and resources needed to comply with the law. Simultaneously, the Board of Regents engaged state education and health agencies, the Mental Health Association in New York State, and stakeholders on the Mental Health Education Advisory Council to inform its May 2018 adoption of amendments to the commissioner’s regulation §135.1 and §135.3 equipping schools for implementation of the law by its July 1, 2018, effective date.

In 2018, the Virginia legislature amended law §22.1-207 to include mental health education as part of required physical and health education, which is prescribed under the state’s Standards of Learning for all public school students in grades 9 and 10. The Virginia Board of Education is revising these standards in consultation with mental and behavioral health experts in state agencies and partner organizations.

In addition to state-level action, many districts are leveraging Student Support and Academic Enrichment Grants under ESSA’s Title IV, Part A to fund mental and behavioral health supports, including hiring additional school counselors, social workers, and psychologists, providing professional development for teachers around SEL, and implementing antibullying or school climate improvement strategies. By providing students with access to evidence-based supports, curriculum, and programming, states and districts are equipping students with the skills and knowledge they need to lead a healthy life well beyond their years in school.

Many districts are leveraging Student Support and Academic Enrichment Grants to fund mental and behavioral health supports.

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School leaders are feeling conflicted about their school buildings. On the one hand, they want to provide children with safe, secure spaces. On the other, they want to provide open, collaborative, and exceptional 21st century learning environments. By taking a holistic approach, they can have both.

It’s important to remember that many current schools were designed with threats other than school shootings in mind. In the wake of World War II and the postwar baby boom, another boom took place: school construction. Mid-Century Modern was a common design style across the country, and school safety meant something much different. As a result of the increased threat of nuclear war, many schools installed fallout shelters in their basements. Students practiced air raid drills and learned to “duck and cover” under their desks. For their time, they were the cutting edge of safe school design.

As Cold War fears subsided, Crime Prevention through Environmental Design, or CPTED, came into vogue in the 1970s as an approach to security in urban areas. This multidisciplinary approach to neighborhood security sought to reduce criminal behavior through architectural design techniques. These principles could be applied to new and existing buildings:

- territoriality
- natural surveillance
- access control
- maintenance

Territoriality is the building’s ability to claim its space. When people approach a building designed with CPTED principles, they know they have entered its property, usually because it has a clearly...
Architectural design cannot cure mental illness, but it may be able to help reduce the number of triggering events that contribute to school violence and help school staff avoid situations that threaten to escalate to murder suicide. According to researcher Daniel Lamoreaux, “School facilities with closer adherence to CPTED principles tend to have lower reported rates of violence and aggression....”3 Some of those principles follow.

Design Basics That Support CPTED Principles

1. The bus drop-off loop and the parent drop-off loop should be completely separate. This measure reduces the risk of student involvement in pedestrian accidents but also provides better supervision of site visitors.

2. The building should have a single point of entry. Requiring all building occupants—students and visitors—to enter via this point allows for better awareness of who is entering the building.

3. Front office view of the front entry. Though security cameras should be placed at the front of the building, there is no substitute for a person with a clear line of site on the front door.

4. Visitor parking in view of the administration and main entry. By giving the administration view of the entire approach to the building, smart design provides more time for front desk staff to identify someone approaching the front door who may be perceived as a threat.

5. Clear, simple circulation within the building allows for all spaces to be easily monitored. First responders are also more readily able to navigate the building and hone in on incident locations.

6. Zoned classroom wings that can be shut off during lockdown can help contain an intruder and slow their progress through the building, providing critical time for students and teachers to find shelter.
Schools need to be an open place of learning, and open, collaborative environments foster a culture of security.

7. Interior glazing for transparency of circulation is controversial because of the misunderstanding that it may not allow for protection from an intruder. However, it provides for natural surveillance between learning spaces and circulation spaces. Not only does this help to deter bullying, which often happens in the circulation spaces between class times, it also presents more opportunities to identify intruders should they get past the front entry.

8. Security locksets can be installed at classroom doors, so teachers do not need to step out of the classroom to lock the door.

9. There should be areas of refuge in learning spaces away from line-of-site of circulation. This strikes a balance between having interior glass and providing an area to hide in the event of a lockdown.

There are two major hurdles to moving forward with safe and open design. The first is the lack of funding for necessary construction to put current best-practice design standards in place. The second is a lack of understanding of how best to design schools for safety and security.

Protecting the health, safety, and welfare of the public is central to what architects do. Schools need to be an open place of learning, and open, collaborative environments foster a culture of security. “The school-built environment has a measurable impact on student functioning,” according to Lamoreaux. “Namely, the school’s physical design characteristics influence student stress levels, attention and concentration, psychosocial well-being, and sense of safety.” Architects can help school leaders keep students safe as well as help to promote a positive, nurturing school climate.

The American Institute of Architects (AIA) has a formal committee dedicated to studying the educational built environment, the Committee on Architecture for Education (CAE). On October 19, 2018, the AIA/CAE brought together experts from across the country to take part in an all-day symposium, “The Design of Safe, Secure & Welcoming Learning Environments.” There, leaders from the National Education Association, National Association of School Resource Officers, National Commission on Social, Emotional and Academic Development, administrators from the Sandy Hook School, student survivors from Marjorie Stoneman Douglas High School, educators, architects, and others shared experience and best practices on safe school design. For more information on how to incorporate safe school best practices, you can reach out to the architects on the AIA CAE leadership group through its webpage: https://network.aia.org/committeeonarchitectureforeducation/home/advisorygroup.
School Buildings: The Foundation for Student Health and Success

Improving the school building may well be the most overlooked means of improving student health, safety, and academic performance. Yet in conversations about factors that lead students to academic success, only rarely does the role of the physical environment come to the fore.

By downplaying the importance of the building, policymakers and parents alike may be missing one of the largest health and safety issues affecting students daily. For example, 13.8 million school days are missed each year due to childhood asthma. This cause of chronic absenteeism can only be reduced if education leaders target its leading cause—poor indoor environmental quality.

There are nearly 51 million K-12 students in the United States, and they each spend more than 15,600 hours in public schools by the time they graduate. Schools must make the most of this critical window for social, academic, and physical development. Children are not little adults: They breathe larger volumes of air relative to their body size, have larger pupils and faster metabolisms, experience more frequent hormonal changes, and are less able than adults to change their surrounding environmental conditions at will.

Environmental factors such as ventilation, thermal control, lighting, and noise have serious implications for student safety and academic achievement. Properly designed, maintained, and operated school buildings that address these environmental factors have been shown to prevent cognitive deficits, optimize student and teacher performance, and create a thriving learning environment within the school.

In 2017, The Healthy Buildings Team at Harvard T.H. Chan School of Public Health released the report “Schools for Health: Foundations for Student Success.” The report details findings from over 250 research articles unequivocally demonstrating how health is foundational to student thinking and performance, includes more than 70 health and performance metrics, and builds upon previous T.H. Chan School research, “9 Foundations of a Healthy Building.” The report synthesizes more than 30 years of research about the impacts of indoor environmental quality in schools, identifies diverse metrics of success beyond standardized test scores, and provides an accessible, evidence-based guide to the daily, acute, and chronic effects school buildings have on students and staff (see table 1). This article introduces key findings from this report that state boards of education may reference as they seek to promote healthy learning environments.

Effects of Environment on Performance

More than 20 studies show that school conditions such as indoor air quality, temperature, and acoustics have significant impacts on student standardized test performance. For example, in poorly ventilated classrooms, researchers observed a 5 percent decrement in students’ “power of attention,” roughly equivalent to the impact that a student might feel from skipping breakfast. However, numerous studies show that classrooms regularly exceed Acceptable Indoor Air Quality recommendations set by the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE 62.1). It is not uncommon that peak concentrations of carbon dioxide reach 3,000 ppm, three times the ASHRAE limit.

A study in New York City showed students taking a standardized test on
### Table 1. Building Quality’s Effects on Student Outcomes

<table>
<thead>
<tr>
<th>9 Foundations</th>
<th>Student Health</th>
<th>Student Thinking</th>
<th>Student Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ventilation:</strong> Low ventilation rates</td>
<td>▲ nasal patency ▲ communicable disease transmission ▲ asthma ▲ fatigue</td>
<td>▼ cognitive function ▼ attention span ▼ concentration ▼ focus</td>
<td></td>
</tr>
<tr>
<td><strong>Air Quality:</strong> High indoor carbon dioxide &amp; volatile organic compounds</td>
<td>▲ allergies ▲ asthma ▲ eye, throat &amp; nose irritation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thermal Health:</strong> High indoor classroom temperature</td>
<td>▼ respiratory health ▼ self-reported comfort</td>
<td>▼ memory ▼ response time ▼ concentration</td>
<td>▼ test scores</td>
</tr>
<tr>
<td><strong>Moisture:</strong> Presence of indoor dampness and mold</td>
<td>▲ headache ▲ dizziness ▼ respiratory health ▲ eye, throat &amp; nose irritation ▲ fatigue</td>
<td>▼ comprehension ▼ concentration</td>
<td></td>
</tr>
<tr>
<td><strong>Noise:</strong> High indoor and outdoor noise levels</td>
<td>▲ stress &amp; hormone response ▲ fatigue ▼ cardiovascular health</td>
<td>▼ memory ▼ comprehension ▼ concentration ▼ hearing</td>
<td></td>
</tr>
<tr>
<td><strong>Safety &amp; Security:</strong> High perceived threat to safety</td>
<td>▲ stress &amp; hormone response ▼ mental health ▼ physical activity ▼ sleep</td>
<td>▲ self-report anxiety &amp; stress</td>
<td></td>
</tr>
<tr>
<td><strong>Lighting &amp; Views:</strong> Reduced glare &amp; flicker; proper illuminance &amp; color temperature</td>
<td>▲ mental health ▼ physical activity ▲ vision</td>
<td>▲ alertness ▲ concentration ▲ focus</td>
<td>▼ test scores</td>
</tr>
<tr>
<td><strong>Dusts &amp; Pests:</strong> Presence of cockroach allergen</td>
<td>▼ sleep ▼ respiratory health ▲ asthma</td>
<td></td>
<td>▼ attendance</td>
</tr>
<tr>
<td><strong>Water Quality:</strong> Lead levels exceeding EPA standards</td>
<td>▼ bone growth &amp; development ▲ risk of anemia ▲ abdominal pain ▲ cramping ▲ high blood pressure ▲ nausea</td>
<td>▲ irritability ▲ ADHD ▲ hearing loss ▲ behavioral problems ▼ attention span ▼ cognitive function</td>
<td>▼ IQ</td>
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</table>
Teachers have the highest proportion of work-related asthma cases of the nonindustrial occupational groups. They commonly report headaches, allergies, fatigue, and throat strain while working in deteriorating or inadequately maintained buildings. Finding ways to improve their overall well-being can reduce costs for substitute teachers and improve teacher retention. Equally important, healthier teachers are better equipped to optimize student learning and success in the classroom.

Access to good indoor environmental quality in K-12 schools is an environmental justice issue. Nationally reported statistics show that decreasing quality of school buildings is associated with an increase in the percentage of nonwhite and reduced-price meal eligible student populations. Specifically, minority students and students eligible for free and reduced-price meals are exposed to lower ventilation rates and higher temperatures, attend schools without long-term, written facility plans,

Figure 1.

a 90 degree day versus a 72 degree day were 12.3 percent more likely to fail the exam, roughly equivalent to the black-white achievement gap. Yet current indoor temperature standards (ASHRAE 55) do not account for student metabolism, activity level, or subjective preferences, which may result in reductions in attention, performance in physical education, and standardized test scores. Additionally, comprehensive data about air conditioner use and quality do not exist across states.

Health for All

Poor school building quality also burdens teachers, staff, and the most vulnerable learners.
or have fair or poorly rated outdoor facilities, playgrounds, or sidewalks.6

Evidence for Action

Ensuring healthy indoor environments is not just jargon but a strategy to help students reach their full learning potential. After implementing an indoor air quality (IAQ) management program based on the U.S. Environmental Protection Agency’s IAQ Tools for Schools checklist,9 the Omaha Public School District observed a decrease in the frequency and severity of asthma attacks.10 In Connecticut, adoption of a program based on the checklist has helped address IAQ problems in more than 850 schools. Research shows that students in classrooms that received portable mechanical ventilation system interventions performed faster and more accurately than computerized tasks.11

Much work remains. Just half of the approximately 98,000 K-12 schools in the United States have an IAQ management plan, 41 percent of school districts have not tested for lead in the drinking water,12 and approximately 25 percent of schools may still contain the probable carcinogen polychlorinated biphenyls (PCBs), a building material used in old caulk and light ballasts that has been associated with developmental and cognitive deficits, reproductive health risks, and liver damage.13

Benefits Outweigh the Costs

One perceived barrier to addressing these problems is cost. Yet new technologies and innovations can result in both energy reduction and indoor quality improvements. For example, in California, the estimated benefits of increasing the ventilation rate in K-12 classrooms were 30 times greater than the estimated energy costs, which doesn’t include the savings associated with lower health care costs and sick leave for teachers and staff.14

School infrastructure investment may seem costly, but the economic impact of inaction is far greater. Chronic exposure to early adverse poor environmental conditions for children translates into productivity loss, reduced employment earnings, and reduced quality of life later in life.15 After recognizing the return on investment, coordinating local and state political efforts, and three years of relentless advocacy, the State of Rhode Island had $1 billion on their November 2018 ballot dedicated to school infrastructure improvements. Their efforts exemplify a statewide commitment to healthy, high-performing schools. Research suggests their investment in school building infrastructure will improve more than aesthetics and result in real gains in student performance.16

Next Steps

State boards of education across the country should advocate for healthy, high-performing school buildings. Sharing the “Schools for Health” report with constituents is a useful first step toward launching a discussion of the role school buildings play. State boards should embrace their convening power to engage teachers, students, and staff in a practical discussion about their experience within their schools. These efforts can illuminate best practices and key challenges for good environmental quality as well as suggesting financial and policy priorities for school boards. With the evidence report at hand, state boards can advocate for policies to ensure schools’ indoor environmental quality is assessed routinely and for districts to consistently allocate resources for equitable repair, renovation, and new construction of K-12 facilities. As in Rhode Island, awareness about these relationships can lead to grassroots advocacy for investment and policy change.

By measuring school indoor environmental conditions qualitatively and quantitatively across the state, state efforts and resources can be tailored to communities’ needs. School boards have a unique opportunity to make lasting change, whether it is adopting statewide policies for green cleaning or engaging with local experts. One thing is certain, school buildings influence students’ health and academic performance. Improving school environmental quality will promote healthier teachers, more equitable education opportunities, and safer and smarter students.17

3David A. Coley et al., “The Effect of Low Ventilation Rates
The Role of Health Education

In addition to their backpacks, students come to school burdened with worries about family issues and anxieties about being at school and interacting with peers. For many, poverty, homelessness, violence, lack of access to health care, and other social or economic issues interfere with their opportunities for academic success. They hear about or experience bullying, cyberbullying, gangs, and violence, including shootings and stabbings. Mental health issues related to suicide, depression, alcohol, or drugs such as opioids can derail even the best student or the most well-rounded curriculum.

As summarized by one leading education researcher, “Learning is inherently social and emotional. If students don’t feel safe and engaged, they aren’t learning.”

Where in the curriculum do students learn to cope with threats to their safety and well-being? Too often, educators develop lesson plans in response to a crisis. Adjusting existing curricula to accommodate these new lessons is not a sustainable way to build students’ coping skills and does nothing to prevent tragedies. Students need access to a focused, evidence-based curriculum that equips them with the social and emotional competencies to deal with contemporary issues, as well as provides the foundation for healthy decision making as adults.

Health education offers a natural curricular home for important life skills and ways students can optimize physical, social, and emotional health. Although many schools have implemented social and emotional learning (SEL), health education provides a broader framework by encompassing the connections between physical and emotional health and the contributions health makes to academic success. Students who receive high-quality SEL instruction in school have achievement scores on average 11 percentile points higher than students who do not receive SEL instruction. In addition, the impact of SEL instruction extends into adulthood.

State boards can address wellness by shoring up its natural curricular home.

Susan Goekler, M. Elaine Auld, and David A. Birch
Standards provide a framework for teachers, administrators, and policymakers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress (table 1). The standards describe what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. A curriculum based on these standards helps students learn not only health-related concepts and facts, but more importantly, social skills such as interpersonal communication, decision making, goal setting, and advocacy. It provides a foundation for analyzing and responding to the pressures of peers and the media and for assessing the validity of health messages. Students have opportunities to practice such skills in a variety of situations within the safety of a classroom, so they can then confidently apply them in the real world.

Schools and state education agencies can use the CDC’s Health Education Curriculum Analysis Tool to identify curricula that align with these standards. The CDC stresses that an effective health education curriculum requires more than imparting scientific facts. Rather, the curricula should also emphasize teaching functional health information (essential knowledge needed to make healthy choices), shaping values and beliefs that support healthy behaviors, shaping group norms that value a healthy

Quality health education delivered by teachers trained in health education not only develops students’ SEL skills but also other competencies related to wellness. Health education is as important in the curriculum as attention to other academic subjects and is correlated with academic outcomes and high school graduation. Yet the content and quality of health education, including SEL, varies within states and across states.

Health education is one aspect of the Centers for Disease Control and Prevention’s (CDC’s) Whole School, Whole Community, Whole Child (WSCC) model, which details the many health-related factors that affect students’ academic success. Tobacco use, premature sexual activity, inadequate physical activity, and unhealthy eating—in addition to social and emotional health and exposure to violence or substance use—are significantly related to academic success. Schools need an approach that addresses all aspects of health and well-being and embraces the core WSCC elements. (For more on WSCC, see the article on creating healthy schools in this issue, page 11.) The model also includes a definition of health education (see box).

When taught to do so, students can acquire and apply the knowledge, skills, and attitudes they need to be socially and emotionally competent. The National Health Education Standards provide a framework for teachers, administrators, and policymakers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress (table 1). The standards describe what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. A curriculum based on these standards helps students learn not only health-related concepts and facts, but more importantly, social skills such as interpersonal communication, decision making, goal setting, and advocacy. It provides a foundation for analyzing and responding to the pressures of peers and the media and for assessing the validity of health messages. Students have opportunities to practice such skills in a variety of situations within the safety of a classroom, so they can then confidently apply them in the real world.

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**Box 1. Definition of Health Education**

CDC’s WSCC model defines health education this way:

A combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula and instruction should address the National Health Education Standards and incorporate the characteristics of an effective health education curriculum. Health education, based on an assessment of student health needs and planned in collaboration with the community, ensures reinforcement of health messages that are relevant for students and meet community needs.

lifestyle, and developing the skills to adopt, practice, and maintain health-enhancing behaviors. CDC’s website details 15 characteristics of effective health education curriculum.

Effective health instruction requires adequate time and “teachers who have a personal interest in promoting positive health behaviors, believe in what they are teaching, are knowledgeable about the curriculum content, and are comfortable and skilled in implementing expected instructional strategies. Ongoing professional development and training is critical for helping teachers implement a new curriculum or implement strategies that require new skills in teaching or assessment.”

The CDC’s School Health Policies and Practices Study (SHPPS) revealed that all but four states had adopted national or state health education standards, and some three-quarters had adopted standards based on the National Health Education Standards. However, during the two years before the study was published, less than half of states had developed, revised, or assisted in developing model policies, policy guidance, or other materials to inform district or school policy on any of the six topics listed in the questionnaire (table 2).

Most states offered certification, licensure, or endorsement for teaching health education, but the requirements varied significantly in terms of mandatory coursework for initial licensure and continuing education for licensure renewal. Some states only required licensure, certification, or endorsement in health education for those middle or high school teachers whose primary responsibility was for health education instruction. If an educator taught only one or two health classes, and the remainder of the teaching load was in another content area, the teacher might not need health education certification, endorsement, or even training.

The study reported that all but two states provided professional development on at least one of the 15 health topics included in the questionnaire, and 36 states provided professional development on at least eight topics. These topics reflect the leading causes of morbidity and mortality among both youth and adults, as well as other important public health issues. Between 2006 and 2012, the percentage of states

| Standard 1 | Students will comprehend concepts related to health promotion and disease prevention to enhance health. |
| Standard 2 | Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors. |
| Standard 3 | Students will demonstrate the ability to access valid information, products, and services to enhance health. |
| Standard 4 | Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. |
| Standard 5 | Students will demonstrate the ability to use decision-making skills to enhance health. |
| Standard 6 | Students will demonstrate the ability to use goal-setting skills to enhance health. |
| Standard 7 | Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. |
| Standard 8 | Students will demonstrate the ability to advocate for personal, family, and community health. |

decreased from 77 to 51 percent that provided funding for professional development or offered professional development to those teaching health education on using classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, or behavior management).

According to the SHPPS data, 45 states had a health education coordinator within the state education agency in 2012. Having a coordinator increases the likelihood that the state provides professional development and resource materials for those with responsibility for implementing health education at the district and school levels. However, federal rather than state funding was used for many of these positions. With significant decreases in federal funding since 2012, the number of state coordinators also declined.

State Boards’ Role in Strengthening Health Education

The Every Student Succeeds Act (ESSA) of 2015 included health education in its definition of a well-rounded education, and several states have explicitly addressed health education in their ESSA plans. In the Colorado ESSA plan, for example, “comprehensive health” is one of 10 content areas in Colorado’s academic standards. Maine’s plan presents health education as a key content area that contributes to 21st century skills and promotes social, emotional, and physical health, which in turn contributes to academic success. Because health education is included as part of ESSA, federal funds may be used to support professional development for those who teach health.

In a 2015 NASBE report, Erima Fobbs suggested ways that state boards of education can coordinate policy, process, and practice across all dimensions of WSCC, working in concert with state education agencies and health departments. We expand here on the suggestions that are directly applicable to health education:

1. Provide specific direction in the form of a policy or recommendation to school districts related to school health education. The direction should require or strongly recommend sequential instruction in health education in all grades at the elementary level and middle school level and at least two courses at the high school level. Instruction should be based on state or national

### Table 2. States That Provided Policy-Related Assistance to Districts and Schools (percent)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Developed, Revised, or Assisted in Developing Model Policies, Policy Guidance, or Other Materials*</th>
<th>Distributed or Provided Model Policies, Policy Guidance, or Other Materials*</th>
<th>Provided Technical Assistance†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification or licensure requirements for health education teachers</td>
<td>43.1</td>
<td>46.0</td>
<td>64.7</td>
</tr>
<tr>
<td>Graduation requirements for high school health education</td>
<td>41.2</td>
<td>47.1</td>
<td>70.0</td>
</tr>
<tr>
<td>Professional development or continuing education requirements to maintain licensure or certification</td>
<td>45.1</td>
<td>49.0</td>
<td>66.7</td>
</tr>
<tr>
<td>Time requirements for elementary school health education</td>
<td>23.5</td>
<td>29.4</td>
<td>58.8</td>
</tr>
<tr>
<td>Time requirements for middle school health education</td>
<td>30.0</td>
<td>35.3</td>
<td>60.8</td>
</tr>
<tr>
<td>Time requirements for high school health education</td>
<td>27.5</td>
<td>38.0</td>
<td>60.0</td>
</tr>
</tbody>
</table>

*During the two years before the study. †During the 12 months before the study.

2. **Promote state-level certification requirements that ensure health education is taught by teachers with appropriate professional preparation in health education.** Ensure such teachers receive in-service opportunities and professional development. In too many schools, health education is taught by teachers without adequate professional preparation, often teachers whose primary preparation was in physical education. Pre-service instruction in physical education and health education are not interchangeable and are based on distinct competencies for teacher candidates. Health teachers at all levels also need opportunities for professional development, especially given the rapidly changing discoveries in health and disease and the dynamic technologies that affect students’ health decisions and interpersonal interactions. Boards of education should encourage districts to provide health teachers with release time and financial support to attend professional development opportunities that would help them remain current in the field.

3. **Create or support a statewide school health leadership group.** Interagency coordination provides vital leadership for policy and system changes that support all elements of the WSCC, including health education. A statewide school health leadership group could recommend and advise on specific health policies (e.g., privacy laws that relate to school monitoring of students’ social media), review health education curricular materials (e.g., sex education content), and monitor implementation of school health programs. The group should include representatives from the state health department, state-level affiliates of health organizations (such as the American Cancer Society, American Heart Association, Action for Healthy Kids, Medical Society), local school districts, and parent organizations. Members should include parents and others reflecting the diversity of the student population, such as tribal leaders, members of the Urban League, and La Raza.

In summary, high-quality school health education is a vital component of the WSCC model for promoting students’ safety and wellness. In combination with other school health programs, school health education that is evidence-based, coordinated, and strategically planned helps promote high school graduation and closing the achievement gap. Students receiving high-quality K-12 health education will develop the social-emotional knowledge and skills they need to recognize, prevent, or cope with daily threats to their well-being as well as adopt lifelong health habits. The changes in ESSA, supported by NASBE and CDC resources, provide bold new opportunities for boards to assess their states’ approach to school health education and encourage school authorities to give it the priority it deserves. Students are literally crying for change, and our nation’s education leaders must reply with more than tissues and Band-Aids.


*U.S. Centers for Disease Control and Prevention, “Results from the School Health Policies and Practices Study: 2016” (Atlanta: CDC, 2017). Due to budget reductions, these 2012 state-level data are the latest available.


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Bakó-Biró et al., “Ventilation Rates in Schools.”
The NASBE Interview

Tom Manger is chief of police in Montgomery County, Maryland, a position he has held since 2004. From 1998 to 2004, he was police chief in Fairfax County, Virginia. Both jurisdictions are among the largest in the country, and both school systems have a school resource officer program that is a cooperative agreement between the school system and the police.

You were involved with the creation of a school resource officer (SRO) program in Fairfax County, Virginia, in the 1990s. What led the school system and the police to jointly create that program?

Manger: Administrators at [a county high school] realized that they kept calling the police to prevent disturbances that were taking place in the school. It wasn't long before they started to wonder whether having a police officer in the school full time might actually cut down on the situations that were becoming violent. So we put a police officer in the school. Some parents and teachers were really supportive. They felt that the presence of the officer made the school safer. But others said, “You're putting a cop in our school? They're just going to start arresting kids for normal teenage behaviors.” We started with one high school, but other schools requested the same support from the police. So the program expanded—today, Fairfax has 51 SROs in high schools, middle schools, and secondary (combined middle and high) schools.

It was not long before we learned two key things: First, you had to put the right officer into the school. Fundamentally, officers have to build relationships with students, teachers, and parents. We have found that ideally, the SRO should be an officer who really wants the assignment. Not everyone has the temperament to deal with teenagers, but it all starts by having someone who wants to be there. Second, you need to clearly describe the mission. Successful SRO programs should never be about the number of arrests. In fact, the best programs don't focus on law enforcement, but rather on prevention. In both Montgomery County and in Fairfax County, the school system and the police now have a memorandum of understanding (MoU) that spells out expectations for both the officers and the schools.

Talk a little more about how you find the right people to be SROs.

In the police department, there's a process—you list a vacancy, and people apply for it. But if we have several officers applying for the position, we conduct interviews to find the person who will be the best fit. Over time, we've learned that it's best if the principal is a part of those interviews. They don't make the final decision, of course, but their input is really valuable. “I think Officer Smith would be a great addition to our team,” or on the other hand, “I'm not so sure Officer Jones would work well at our school.” When there is an incident at a school, the principal and the SRO are going to have to trust each other, so it's best if that starts early.

Once you hire the officers, you have to make sure they are trained. In Montgomery County, we now spend a full week every year during the summer months in mandated training. The training starts with information about the adolescent brain—that teenagers are not just miniature adults. From that, we can move to practical issues: How can you deescalate a situation before it turns violent? How can you develop strong relationships with students so they trust you? How can you help students learn how to resolve conflicts in a peaceful way? Some of the things our officers learn are the same things that beginning teachers need to know.
It turns out that training is just invaluable. I think every state could benefit from instituting a mandatory training program. There are a number of training programs available, but we were happy to see that nearly all of them incorporate the same issues that we in Montgomery County had already identified and included.

What do you do to make sure that both the schools and the police have a common set of expectations?

Put everything in writing. We have a very clear set of expectations about what our SROs will do, and all of that is spelled out in the MoU with the school system. SROs are police officers first. But the MoU makes it clear that the principal, as administrator of the school, is always the person in charge. Of course, there are some serious incidents—things like possession of a firearm in school or serious crimes like rape and assault—where the SRO should take the lead in any investigation.

The goal of the SRO program should be lean and unambiguous: We want students to feel safe in school. When I was in middle school, I remember feeling fear every day. I was afraid someone was going to take my lunch money. I was afraid they were going to beat me up. That's not what we want for students. It's hard for students to focus on learning if they're afraid of what's going to happen after class.

At the same time, with the understandable concern that schools have for active shooter situations, we know that lives can be saved if there is a police officer who is already on site and who can respond to the situation immediately. Those are very rare, but they are something every parent worries about. Of course, the best situation is when an incident is prevented. SROs often get the word—usually from other students—that a student has brought a weapon to school. Ideally, the officer can deescalate the situation and take possession of the gun before anyone gets hurt. But that kind of communication is only possible if students have learned to trust the officer.

One of the criticisms of SRO programs is that they can exacerbate the school-to-prison pipeline. Students get arrested for minor infractions at school, and that leads to further problems with law enforcement. How can policymakers ensure that SROs do not criminalize relatively minor cases of misbehavior?

That's something the schools and the police department both have to monitor and work to prevent. It's really important to look at the data regularly, which is something I do. How many arrests are SROs making? For what? If they are arresting students for minor things—like dress code violations—you have to address that. Your MoU should spell out that the officers are there to enforce the law and not the discipline code.

I tell SROs not to get involved with minor stuff like hats. I say to them, “If you tell a kid to turn his hat around and he doesn't, then what are you going to do?”

The best situation is when the principal and the SRO are on the same page and trust each other. If they can develop a two-way relationship, then they can respond quickly in case of a real safety emergency. Bad things sometimes happen in schools, but when the schools and the police can work together, we are better able to deal with whatever arises.

If a state board of education is providing oversight of SRO programs, what questions should board members should ask?

First, do you have a job description for what an SRO should do? Don't start a program until everyone is clear about what they are there to do. Second, how many arrests do SROs in the state make? What are the charges for which students are arrested? Ideally, you want SROs to make few arrests, and then only for things that anyone would say, “Well, of course, the student got arrested for that”—things like bringing a weapon to school. Ask whether there is an MoU or an agreement between school districts and the police department. Everyone should know what's expected. Finally, ask about the selection process for SROs. Ask whether school administrators are involved in that process. Are resource officers trained? How are they supervised? All of these things mean that you can get the best people in your schools.
My husband and I welcomed a new daughter, Sarah, in April. She is pure joy, but it also feels like we are running marathons to keep everything on track. We have joined the “it takes a village” club to help manage the chaos a family of four creates. With the changes ensuing from last November’s midterms, state boards of education will also need to engage—and listen to—a village to ward off chaos and ensure that the education policies they adopt create lasting benefits for all students.

Inclusion was a recurring theme of October’s Annual Conference in Denver, too. National Teacher of the Year Mandy Manning urged state boards to ensure that teachers, plural, have a seat at the policymaking table. State boards must make a point of understanding the challenges teachers face and where the system may be failing them, and one teacher voice alone will not be enough.

Another essential voice is that of students. Two student state board members, Maryland’s Bryce Awono and Guam’s Nikki Aubree San Agustin, attended our conference this year and generated much enthusiasm for involving students in state education policymaking. Both added valuable perspectives to our conversations.

According to a recent NASBE analysis, 20 states and territories have at least one student member on their boards. A few states, like Mississippi, are considering proposals to add student members, and in November, Utah’s state board named 15 members to its first student advisory council. Each model recognizes the value of student voices. Whether your board has a student member or not, setting a time on the agenda to hear from students is important for informing and grounding state board decisions. As Donna Johnson, this year’s Kysilko Award winner, put it, “Students cannot afford to wait until the adults get out of their own way to address the problems they face.”

Former NASBE President and CEO Kris Amundson has called state boards of education the stable center of education policymaking. The dramatic shifts in state houses and governorships across the country underscore this point. Although citizens voted in many new board members, or new governors will be appointing members to fill expiring terms, most members will be continuing terms—and work—begun months earlier. State boards can cement their legacies by scheduling early meetings with new governors and other new state leaders, telling them about the work that has been done and finding common ground on new initiatives.

Through NASBE’s new strategic plan, staff will be doing our part to elevate the voices of state board members. As part of the strategic planning process, we outlined core values that guide our work: prioritizing state leadership, building community, collaborating, elevating evidence, and empowering citizen leaders. Each of these values suggests that bringing more voices together and creating lasting channels for shared solutions can lead to better policymaking that strengthens public education systems and prepares students of all backgrounds and circumstances to be successful in school, work, and life. NASBE is here to support and empower state boards of education in their pursuit of this goal.

We the Media

Renée Rybak Lang
Communications Director
2018 was an exciting year for NASBE as we marked our 60th anniversary and celebrated the many contributions and accomplishments of state boards of education throughout the years. If you have not already done so, I encourage you to read “NASBE at 60,” written by former president and CEO Kris Amundson and released at our annual conference in Denver, which chronicles how the history of U.S. public education parallels the evolution of state boards of education across the decades.

The crowning accomplishment of 2018 was the development of a dynamic strategic plan that will guide our organization into the next decade. Led by former chair John Kelly, the NASBE board of directors and staff crafted a powerful mission statement based on a set of core beliefs that will permeate all our association’s actions and decisions for years to come.

With equity and excellence at its center, the name of the plan says it all: “Our Members, Our Mission: A Strategic Plan for the National Association of State Boards of Education.” Our theory of action is this: If NASBE develops, supports, and empowers our member boards to strengthen public education systems by 1) recruiting, retaining, and engaging member boards; 2) building their knowledge and elevating their roles; 3) using a trusted, knowledgeable, and expert staff; and 4) focusing on equity, excellence, and efficient internal operations, then students of all backgrounds and circumstances will be prepared to succeed in school, work, and life.

A set of core beliefs undergirds this theory of action:

- **We believe in equity and excellence:** We believe that students of all races, genders, and circumstances deserve the supports they need to thrive in school. We believe all students can learn at high levels and must have the opportunity to do so through state policies that address their diverse learning needs.

- **We prioritize state leadership of public education:** We believe that state boards of education, in partnership with chief state school officers, governors, and legislatures, are best positioned to craft, promote, and oversee state education policies.

- **We empower citizen leaders:** We build the capacity of state board members to question, convene, and act boldly with and for students, educators, and families.

- **We elevate evidence in policymaking:** We ground our resources, tools, and services in the strongest evidence available and help our members make informed decisions in the best interest of students.

- **We build community:** We facilitate productive dialogue and nonpartisan exchange among members with diverse perspectives, creating lasting channels for the sharing of evidence-based strategies and solutions.

- **We collaborate:** We promote respectful collaboration, both among our members and between our members and the broader education community.

It is my distinct privilege to enter 2019 as NASBE’s new president and CEO. I look forward to working hand in hand with each of you as we seek to elevate state boards of education nationally and within your states. I’ll be using this space in the Standard to talk with you about our strategic goals and our progress toward implementation. Contact me at any time with questions, suggestions, or any other matter of importance to you and your colleagues.
Mission Statement

NASBE develops, supports, and empowers citizen leaders on state boards of education to strengthen public education systems so students of all backgrounds and circumstances are prepared to succeed in school, work, and life.

Core Values

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The Whole School, Whole Community, Whole Child (WSCC) Model

Increasing academic achievement by focusing on the health and well-being of the whole child.

Research shows a link between the health outcomes of young people and their academic success.

The WSCC model promotes a collaborative approach to learning and health. Incorporating the model in educational approaches can allow children to reach their full potential.

You can lead the way to a healthier tomorrow. Support action at the state level by adopting the WSCC model and integrating its components in school health policies and practices. Visit the CDC Healthy Schools website for more information and resources.

Scan the QR code with your smartphone or visit cdc.gov/healthyschools/wsc.