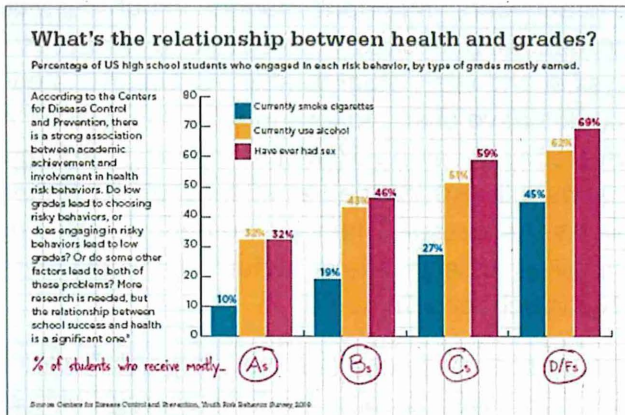# The Adolescent Health & Academic Equity Project:
A School-based HIV/STI Prevention Partnership with the Minnesota Department of Education

Evidence abounds that healthy students are better learners.[1] As schools plan how to achieve WBWF goals, they will need to ensure students are motivated and able to learn by addressing physical, social and emotional, in addition to intellectual, needs.

The Adolescent Health and Academic Equity Project at the MN Department of Education (MDE)[i] delivers staff development, resources and technical assistance to schools to assist them in providing 1) safe and supportive school environments, 2) exemplary sexuality and health education; and 3) sexual health services.

A team of key staff from NE Metro 916 School District has been working for two years to assess our related policies and practices. We have established district and community buy-in, collected and assessed data, learned about best practice and identified key opportunities to better support our students' health.

What's the relationship between health and grades?

Percentage of US high school students who engaged in each risk behavior, by type of grades mostly earned.

According to the Centers for Disease Control and Prevention, there is a strong association between academic achievement and involvement in health risk behaviors. Do low grades lead to choosing risky behaviors, or does engaging in risky behaviors lead to low grades? Or do some other factors lead to both of these problems? More research is needed, but the relationship between school success and health is a significant one.

% of students who receive mostly — As, Bs, Cs, D/Fs

Worlds Best Workforce (WBWF)

Passed in 2013 to ensure every school district in the state is making strides to increase student performance toward:
- All 3rd graders read at grade level
- Racial and economic achievement gaps closed
- All students ready for career and college
- All students graduate from high school

How is this relevant to our district? Our students?

If these are our values....	Then, by implication...
• *The humanity and independence of people with disabilities should be respected.*	• *People with disabilities are capable and should be supported in learning skills to participate equally in relationships, whether with friends, family or intimate partners*
• *People with disabilities have the right to make decisions*	• *People with disabilities have the right to make decisions about when and whether to become parents*
• *People with disabilities are as diverse as everyone else*	• *People with disabilities are diverse in their sexuality and expressions of their sexuality*
• *Education and skill practice are key to promoting healthy and mutually respectful behavior, regardless of the young person's abilities or age*	• *The skills that lead to healthy sexual identity and decisions about sex and relationships include the earliest set of social-emotional skills (e.g., self-control, self-awareness, social awareness) and can be taught at all age spans to people with all abilities.*

[1] Basch, C. 2010

So what is our role?

In recent years, important changes in public policies and attitudes have resulted in improved opportunities for people with physical and intellectual disabilities. Unfortunately, societal attitudes have changed less in regard to *sexuality* and disability. Even today, it can be difficult for people to acknowledge that most people experience sexual feelings, regardless of their abilities. As a result, many young people, including those with disabilities, receive little or no formal sexual health education, either in school or at home.

Sexuality is a normal part of growth and development for all young people.

Parents and educators both have important roles to play, and also often have the same hesitancies, regarding educating children and youth about sex, sexuality and relationships. Adults may feel that encouraging talk about sexuality will make children potential targets for sexual abuse or exploitation. In this case, the opposite is true. Not being taught about their sexuality can actually put a young person with a disability at higher risk of abuse or exploitation, because they do not have the language or knowledge to say no or to report abuse after it occurs. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers.[2]

Accurate and developmentally appropriate sexual health education is necessary for all young people to learn about self, relationship safety, and responsibility.

High quality sexuality education both helps to prevent abuse and exploitation, and promotes important skills that can lead to a more fulfilling life.

Educators are able to utilize curriculum and approaches that are fact-based and considered best practices, while also making modifications to allow for information to be understood and learned in a way that is meaningful to students. Educators can also engage parents/guardians in developing a plan of instruction that is positive, gradual, and takes into account the individual young person's developmental and maturity levels and provides opportunity for parent/guardians' to practice the skills they need to be the primary sexuality educators for their children, such as by incorporating their beliefs and values.

Educators are in the unique position of being cognizant of their student's different abilities and learning styles.

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[2] World Health organization. "Violence against adults and children with disabilities." Accessed from http://www.who.int/disabilities/violence/en/

Our Key Indicators

Overall (District data?)

Graduation Rate: 12.3%

Average Days Attended: ....XX%

On track for success: 15.9%

Health

Students receiving quality sexuality ed.............0%

Teachers trained on delivering quality sex ed...0%

2016 MSS Data	9th	11th
Feels safe at school	93%	90%
Excluded from friends, past mo	36%	7%
Bullied online, past mo	32%	15%
Reports dating violence	11%	13%
Has had sexual intercourse	42%	70%
Used condom at last sex	50%	44%

Primary Opportunity: Exemplary Sexuality & Health Education

The 916 team working on this project, led by Dan Porter, has identified a primary opportunity to improve student sexual health of our students through increased access to evidence-informed, accurate sexual health education.

Related Objective: 100% of teachers will be providing sexuality education that is evidence-informed, medically accurate and developmentally appropriate to increase essential skills for advancing and protecting student health.

Strategies

1) Identify, select and adopt curriculum aligned to the National Health Education Standards and the National Sexuality Education Standards and the student population at NE Metro 916

2) Increase teacher comfort, skills and knowledge to facilitate school-based sexuality education

3) Track long-term progress through Minnesota Student Survey data.

Status

1) Success! After months of hard work, in June, 2016, the district formally adopted a K-12 core curriculum that meets CDC-CASH 16 key topics, fits our student population, and is aligned to relevant national standards

2) Teachers will begin training in November, 2016. Instructional coaches will be leveraged for on-going support to teachers

3) Success! The district implemented the tri-annual 2016 Minnesota Student Survey for the first time with high school students last spring, which provides student self-report data on risk and protective factors, including sexual risk behaviors.

Related Opportunity: Safe and Supportive Environments

An additional accomplishment of this team has been the adoption of a new district-wide anti-bullying policy and creation of an accompanying webinar training.

Who we serve

Enrollment: 5,652
Receive free/reduced lunch.... 38.1%
ELL.. 8.3%

Race / Ethnicity

American Indian:	1.8%
Asian/Pacific Islander:	3.7%
Black:	26.2%
Hispanic:	9.9%
White:	58.5%

Program

ALCs:	2,184
Career & Tech:	1,121
Special Education:	1,155
Students in Home Districts:	457
Valley Crossing:	735

Action Team

- Caitlyn Willis
- Dan Porter
- Name

Sustaining our Success

You can get involved in helping us create an environment that supports all students to be healthy. Read the full reports about why this is important, discuss implications with your colleagues and help us make the case that this is important work for all of us to do and support!

1. **Teacher training on the new curriculum begins in November!** The CLB Team needs school staff to join the sexuality education curriculum review team and the parent engagement teams.

2. **Be an instructional coach:** Contact Dan Porter if you are interested.

3. **Be a resource:** Help ensure colleagues and other community member understand what "developmentally appropriate sexuality education" does and does not mean. Here are example standards taught by the 3R curriculum at different grade levels:

K-2
- Identify healthy ways for friends to express feelings to each other
- Identify parents and other trusted adults they can tell if they are being bullied or teased

3-5
- Explain the physical, social and emotional changes that occur during puberty and adolescence
- Demonstrate ways students can work together to promote dignity and respect for all people

Citations & Resources:
Sexual Health Education for Young People with Disabilities: Research and Resources for Parents/Guardians. Mary Beth Szydlowski, Advocates for Youth © February 2016.
www.advocatesforyouth.org

Sexual Health Education for Young People with Disabilities Research and Resources for Educators. Mary Beth Szydlowski, Advocates for Youth © February 2016. www.advocatesforyouth.org
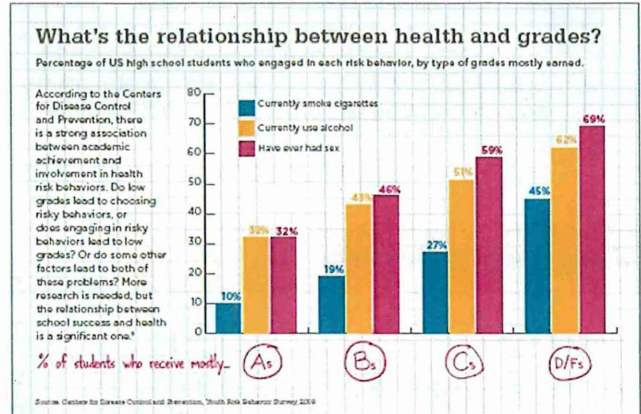
The Adolescent Health & Academic Equity Project:

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The Adolescent Health and Academic Equity Project at the MN Department of Education (MDE)[i] delivers staff development, resources and technical assistance to schools to assist them in providing 1) safe and supportive school environments, 2) exemplary sexuality and health education; and 3) sexual health services.

A team of key staff from Cass Lake-Bena Schools has been working for two years to assess our related policies and practices. We have established district and community buy-in, collected and assessed data, learned about best practice and identified key opportunities to better support our students' health.

What's the relationship between health and grades?

Percentage of US high school students who engaged in each risk behavior, by type of grades mostly earned.

Worlds Best Workforce (WBWF)

Passed in 2013 to ensure every school district in the state is making strides to increase student performance toward five goals:

- All 3rd graders read at grade level
- Racial and economic achievement gaps closed
- All students are ready for career and college
- All students graduate from high school

Our Key Indicators

Graduation Rate: 42.1%
Meet attendance goals: ....
Safety:........
Bullying (8th grade females)
  Report bullying based on weight, past month 48%
Bullying (5th grade females)
  Report others spreading lies in past month... 50%

Safety (8th graders, 2013)
  Strongly disagree feel safe at school 6%
Chlamydia
  County Rank .... 10th highest of 87 counties
Teen Births
  County Rank .... 2nd highest of 87 countie

Primary Opportunity Area: Exemplary Sexuality & Health Education

Opportunity: develop written curriculum framework for exemplary sexuality and health education that

- o Is evidence-informed and medically accurate
- o Emphasizes sequential learning from elementary to high school
- o Builds on the culturally-specific "Live It" curriculum
- o Expands # of staff certified to teach sexuality and health education
- o Includes procedures to train, monitor and support health ed teachers
- o Includes family and community engagement

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[1] Basch, C. 2010

Cass Lake - Bena Schools

Sexual Health Services

Opportunity: Continue compliance with MN Minor's Consent law and enhance access to comprehensive health services:
- Collaborate with service providers to ensure adolescent friendly services and hours
- School social worker responsible to create, maintain and ensure wide use of formal referral systems.

Safe & Supportive Environments

Opportunity: Collect, assess and use accurate data to evaluate multiple efforts aimed at ensuring safe, supportive and welcoming schools:
- Use data to prioritize school climate strategies and focus on implementation
- Ensure strategies tailored to meet needs of <u>all</u> students

Who we serve

Enrollment: 1,111
Receive free/reduced lunch....... 86%
ELL: 0%
Graduation Rate: 42%

Race / Ethnicity

White:	7%
Black:	0.3%
Hispanic:	2%
Asian:	0.1%
American Indian:	91%

Sustaining our Success

This would be a call-to-action area that describes how people can get involved in the project. Ideally, it would include some very concrete asks that are aligned with the kind of people you'd be talking to:

1. **Join a workgroup!** The CLB Team needs school staff to join the sexuality education curriculum review team and the parent engagement teams.

2. **Student resources:** You can find a stack of "find a sexual health clinic" palm cards in the nurses office.

3. **Be a resource:** Research shows that "askable adults" have a huge impact on student health behaviors. We can show you how.

Resources

Climate: Advocates for Youth
Bullying: NCSD
Chlamydia: MCP

Action Team

- Frank Jones, CLB
- Alicia Smith, CLB
- Tony Bester, CLB

Up-coming Events

MSS .... May 2
Parent event ....April 12
Something else .... June 3

Overview of Birds Eye Tools

Tool Name	Project Area	Who completes tool? District or Building-Level (Suggested person if applicable)
ESHE District Policy Review	ESHE	District/Administration
ESHE Program Review	ESHE	Building (ESHE teacher) or District/Admin (curriculum and instruction)
SHS District Policy Review and Self-Assessment	SHS	District/Administration
SHS Building Self-Assessment	SHS	Building (Counselor or Nurse)
SHS Student Key Informant Survey	SHS	Building (Students – use if completed self-assessment does not inform where students access SHS)
SSE District Policy Review	SSE	District/Administration
SSE Building Practices Review	SSE	Building (Principal and/or other admin)
SSE Building Walk-through	SSE	Building (Principal, counselor, teacher)

Guidance for Use:

- Please complete one district level data collection tool per district, per project area
- Building-level tools should be completed for each building, or as many as possible/relevant. (For example, SHS building level tools are not needed for elementary schools. Middle schools should fill out SHS Building Self-Assessment but not SHS Student Survey.)
- Talk with district teams about best strategies:
    o Could proceed by project area
    o Could create packets of building-level tools across projects and proceed building- by-building
    o Teams should consider what permissions are needed by district or building administration for gathering data. Potential language: Data is being collected as part of a needs assessment to understand policies and practices related to each project area. Will be used to decide on areas for deeper needs assessment, and eventually to decide on which strategies to implement. Data will be kept strictly confidential at MDE and U of M.
- Upload data to drop box with titles that identify districts or note on the form which district it pertains to. (Additional info forthcoming. If needed sooner, submit as email attachment.)

Resources:

- Shari Plowman: plow0014@umn.edu, 612-626-2983
    o Office hours for this project: Monday 3-5 pm
    o Other good days to reach in office: Monday, Wednesday, Friday
    o Primary resource for: Cass Lake Bena (Migdalia), North East Metro 916 & Richfield (Amy), St James (Judith) and Yellow Medicine East (Jill)
- Kara Beckman: beckm118@umn.edu, 612-626-2511
    o Office hours for this project: Wednesday 9-11am
    o Other good days to reach in office: Tuesday, Wednesday, Thursday
    o Primary resource for: Brooklyn Center (Lynn), MNIC (Kathy), Minneapolis (Craig), Red Lake (Nancy), Red Wing (Julie)

ESHE District Policy Review

<u>Who:</u> To be completed by individual(s) most familiar with district policies related to sexuality education.

<u>Purpose:</u> Birds Eye Review of policy related to Effective Sexuality & Health Education.

Minnesota Statute 121A.23 PROGRAMS TO PREVENT AND REDUCE THE RISKS OF SEXUALLY TRANSMITTED INFECTIONS AND DISEASES

The commissioner of education, in consultation with the commissioner of health, shall assist districts in developing and implementing a program to prevent and reduce the risk of STIs, including but not exclusive to HIV and HPV. Each district must have a program that includes at least:

(1) planning materials, guidelines, and other technically accurate and updated information;
(2) a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage;
(3) cooperation and coordination among districts and SCs;
(4) a targeting of adolescents, especially those who may be at high risk of contracting sexually transmitted infections and diseases, for prevention efforts;
(5) involvement of parents and other community members;
(6) in-service training for appropriate district staff and school board members;
(7) collaboration with state agencies and organizations having a sexually transmitted infection and disease prevention or sexually transmitted infection and disease risk reduction program;
(8) collaboration with local community health services, agencies and organizations having a sexually transmitted infection and disease prevention or sexually transmitted infection and disease risk reduction program; and
(9) participation by state and local student organizations

1. Do your districts' policies related to sexuality & health education comply with the above statute?   Yes ___ No ___ Don't know ___

2. Do these policies provide clear support for effective sexuality & health education? Do policies establish any barriers?

3. How are staff, parents and students informed about and trained on any relevant sexuality education policies?

4. In compliance with Minn. Stat. § 120B.20, does your district have a procedure for a parent/guardian, to review the content of the instructional materials to be provided to a minor child? Yes ___ No ___ Don't know ___

5. In compliance with Minn. Stat. § 120B.20, does your district have a procedure for a parent/guardian, if the parent/guardian objects to the content, to make reasonable arrangements with school personnel for alternative instruction? (e.g. opt-out policy) Yes ___ No ___ Don't know ___

6. Does your district have a Written Curriculum Framework for sexuality and health education? Yes ___ No ___ Don't know ___

7. Does your district mandate any programs or standards for sexuality and health education? Yes ___ No ___ Don't know ___

ESHE Program & Curriculum Review
REVIEW of SEXUALITY EDUCATION CONTENT AND FIT

<u>Who:</u> To be completed by individual(s) most familiar with district standards and procedures related to sexuality education.

<u>Purpose:</u> Birds Eye Review of program and curriculum for Effective Sexuality & Health Education.

Guiding Statement:

Exemplary Sexual Health Education (ESHE): a systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions, but also emphasizes sequential learning across elementary, middle, and high school grade levels. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV infection, other STD, and unintended pregnancy. ESHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education. For more information: www.cdc.gov/healthyyouth/sher/characteristics/index.htm and www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Module_SH.pdf.

CONTENT

1) What sexuality & health education is given in your district in **<u>elementary school</u>**?

    a. Does your district teach an evidence-based sex education curriculum?
    IF YES -

        i. Which curriculum/curricula does your district implement?
        ii. Have teachers been trained to implement this particular program?
        iii. Is the curriculum taught with fidelity:

            1. Was the curriculum implemented in the setting for which it was designed?
            2. Were all (or nearly all) of the activities implemented?
            3. Was the actual implementation of the activities observed or monitored, and were the activities implemented as designed?
            4. Are there activities that you are expecting not to implement? Why?
            5. Will not implementing these activities compromise the curriculum's fidelity and thus compromise effectiveness?

    IF NO -

    b. Do you teach an evidence-informed sex education curriculum? If so, briefly describe how the curriculum was developed, its contents, and how it's implemented.

        i. Is this curriculum medically accurate? Has it been formally reviewed for medical accuracy?

2) What sexuality & health education is given in your district in **middle school**?

    a. Does your district teach an evidence-based sex education curriculum?

IF YES -

        i. Which curriculum/curricula does your district implement?

        ii. Have teachers been trained to implement this particular program?

        iii. Is the curriculum taught with fidelity:

            1. Was the curriculum implemented in the setting for which it was designed?

            2. Were all (or nearly all) of the activities implemented?

            3. Was the actual implementation of the activities observed or monitored, and were the activities implemented as designed?

            4. Are there activities that you are expecting not to implement? Why?

            5. Will not implementing these activities compromise the curriculum's fidelity and thus compromise effectiveness?

IF NO -

    b. Do you teach an evidence-informed sex education curriculum? If so, briefly describe how the curriculum was developed, its contents, and how it's implemented.

        i. Is this curriculum medically accurate? Has it been formally reviewed for medical accuracy?

3) What sexuality & health education is given in your district in **high school**?

    a. Does your district teach an evidence-based sex education curriculum?

IF YES -

        i. Which curriculum/curricula does your district implement?

        ii. Have teachers been trained to implement this particular program?

        iii. Is the curriculum taught with fidelity:

            1. Was the curriculum implemented in the setting for which it was designed?

            2. Were all (or nearly all) of the activities implemented?

            3. Was the actual implementation of the activities observed or monitored, and were the activities implemented as designed?

            4. Are there activities that you are expecting not to implement? Why?

            5. Will not implementing these activities compromise the curriculum's fidelity and thus compromise effectiveness?

IF NO -

b. Do you teach an evidence-informed sex education curriculum? If so, briefly describe how the curriculum was developed, its contents, and how it's implemented.

    i. Is this curriculum medically accurate? Has it been formally reviewed for medical accuracy?

4) Does your school implement the following sexuality education strategies to meet the needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) youth?

    a. Providing health education curricula or supplemental materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGBT youth (e.g., curricula or materials that use inclusive language or terminology)

    b. Identifying "safe spaces" such as a counselor's office, designated classroom, or student organization where LGBT youth can receive support from administrators, teachers, other school staff, or other students

    c. Prohibiting harassment and bullying based on a student's perceived or actual sexual orientation or gender expression

    d. Facilitating access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling and reproductive health care, to LGBT youth

    e. Facilitating access to providers not on school property who have experience in providing social and psychological services to LGBT youth

5) In elementary, middle and high schools, how much time does your district devote to teaching sexuality education? (e.g. how many class sessions, modules, weeks, etc)

High school:

Middle school:

Elementary school:

6) Do sexuality education teachers create a safe social environment for youth to participate:

    a. Does the curriculum establish group ground rules at its beginning (e.g., one person talks at a time, no put-downs, what is said in the room stays in the room, etc.)?

    b. Does the curriculum provide adequate opportunities for all youth to participate?

    c. Does the curriculum encourage facilitators to praise youth and provide positive reinforcement when appropriate?

    d. Does the curriculum provide tips or recommendations for classroom management?

e. Are the ground rules and activities sufficient to assure comfort among youth in your district?

7) Describe the characteristics of your district's sexuality education teachers :
   a. Are teachers comfortable talking about sexuality with youth?
   b. Do teachers have a background in health education or sex/HIV education?
   c. What procedures do you have in place to monitor, supervise and support teachers?

8) Does curriculum incorporate a variety of teaching methods? For example (circle all that apply):

   short lectures, class discussion, small group work, brainstorming sessions, role plays, video presentations, stories, live skits, simulations of risk, competitive games, forced-choice activities, surveys of attitudes and intentions, problem-solving activities, worksheets, homework assignments to talk with partners or other adults, drug store visits, clinic visits, question boxes, calling hotlines, condom demonstrations, quizzes

   a. Do most of the curriculum activities actively involve the participants?
   b. Do most of the curriculum activities help youth personalize the information they are learning?
   c. Are these teaching methods appropriate for the youth in your district?

FIT

9) Analyze your ESHE program/EBI fit with your youths'...
   a. Literacy and education level?
   b. Age?
   c. Gender?
   d. Culture?
   e. Sexual behaviors/experience?

   See district/school level MSS data
   ←

10) Analyze your program fit with other programs in the district. With the community.

11) Analyze your program fit the priorities and values of parents/the community.
   a. Did you assess values in your community in some way? For example, can you describe local policies and prevailing attitudes about abstinence and the teaching of condom or other contraceptive use among adolescents?

b. Does the curriculum reflect sexual values consistent with those in your community?
c. Are the resources required by the curriculum available in your school district? For example, does your district have the following resources in place?
d. Trained and available staff, adequate staff time, safe and comfortable facility for implementing the curriculum, supplies

12) Does your sexuality education encourage communication with parents or other adults?
   a. Does the curriculum provide students with activities (e.g., homework assignments) that encourage them to communicate with their parents or other trusted adults about a topic related to the program?
   b. Does the curriculum or broader program provide parents or other adults with information about adolescent sexual behavior, pregnancy, STD, including HIV, in their region, or other relevant information to help them communicate with their adolescents?
   c. Do curriculum activities match the needs and values of youth and parents in your community?

SSE District Policy Review

<u>Who:</u> To be completed by individual(s) most familiar with district policies related to bullying, harassment, violence, and discipline.

<u>Purpose:</u> Birds Eye Review of Rules & Norms for Safety dimension of School Climate.

1. Our district has a core values or mission statement that includes respect for diversity and multiculturalism. Yes ___ No ___ Don't know ___

2. Our district has a written policy specifically ensuring safe schools for lesbian, gay, bisexual, and transgender (LGBT) students. Yes ___ No ___ Don't know ___

3. Our district has a written policy addressing accommodations for transgender students ensuring non-discrimination and equal access including bathroom use, sports participation, dress codes and school records.

Yes____No____Don't know____

4. Our district has a written policy specifically protecting students from harassment, violence and discrimination with regard to the following characteristics. Note this does not include a general policy (e.g., anti-bullying policy), but rather refers to *specific* prohibition and wording about the following characteristics:

Race/Ethnicity	Yes ___ No ___ Don't know ___
Religion	Yes ___ No ___ Don't know ___
Actual or Perceived Sexual Orientation	Yes ___ No ___ Don't know ___
Ability/Disability	Yes ___ No ___ Don't know ___
Nationality	Yes ___ No ___ Don't know ___
Actual or Perceived Gender Identity	Yes ___ No ___ Don't know ___
Language	Yes ___ No ___ Don't know ___
Learning Style (Differences)	Yes ___ No ___ Don't know ___
Appearance and Physical Attributes	Yes ___ No ___ Don't know ___

5. Our school district has an anti-bullying policy that specifically identifies identity-based or biased-based bullying toward groups enumerated for protection in state law (religion, race, nation of origin, ability status, gender, sexual orientation, gender expression)

Yes ___ No ___ Don't know ___

6. Our bullying and harassment policies require education/training for the following groups, and we provide that education in person (e.g., student assemblies, parent nights) and in writing.

Parents	Required ___	Provided in person ___	Provided in writing ___
Students	Required ___	Provided in person ___	Provided in writing ___
Teachers	Required ___	Provided in person ___	Provided in writing ___
Staff	Required ___	Provided in person ___	Provided in writing ___

6. Please indicate how you have complied with the requirement to include parent, student and community organizations in the creation and review of your district's discipline, bullying and harassment policies.

7. Our forms that parent/guardians and students fill out are designed to reflect the diversity of family structures and households, regardless of sexual orientation or gender of parents.

Yes ___ No ___ Don't know ___

8. The language in our discipline policy indicates room for restorative approaches to discipline.

Yes ___ No ___ Don't know ___

9. Our discipline practices are delivering the types of outcomes we want.

Yes ___ No ___ Don't know ___

10. Our discipline policy provides for tiered levels of support, formative discipline and restorative practices in addition to suspension/expulsion.

Yes ___ No ___ Don't know ___

11. Our discipline policy emphasizes rules and consequences, including suspensions and expulsions and/or zero tolerance.

Yes ___ No ___ Don't know ___

12. Our district effectively tracks office discipline referrals and disaggregates data based on race to detect racial bias in our referral practices.

Yes ___ No ___ Don't know ___

13. Our district uses MEIRS or other data to identify students at risk for dropout and offer them extra support.

Yes ___ No ___ Don't know ___

14. Are your district policies differentiated for students based on their sex status, gender status or sexual orientation status? (For example dress codes)

15. In summary, do your district's policies provide clear support for an inclusive and intentionally safe and supportive school environment? Do policies establish any barriers, such that exclude groups of students?

SSE Building Practices Review   Building Name:_____

Who: To be completed by the individual(s) most familiar with school policies and practices related to safety, bullying/harassment, professional development, diversity, and teaching practices.

Purpose: Birds Eye Review of Rules & Norms, Respect for Diversity, Support for Learning, and Social/Civic Learning dimensions of School Climate.

RULES AND NORMS

1. Our school has a core values or mission statement that includes respect for diversity and multiculturalism.   Yes ___ No ___ Don't know ___

2. Our bullying and harassment policies require education/training for the following groups, and we have provided that education in person (e.g., student assemblies, parent nights) and in writing (e.g., handbook) this school year.

Parents	Required ___	Provided in person ___	Provided in writing ___
Students	Required ___	Provided in person ___	Provided in writing ___
Teachers	Required ___	Provided in person ___	Provided in writing ___
Staff	Required ___	Provided in person ___	Provided in writing ___

3. Our forms that parent/guardians and students complete are designed to reflect the diversity of households, and are inclusive of all parents, regardless of sexual orientation and gender.

                    Yes ___ No ___ Don't know ___
                    Yes ___ No ___ Don't know ___

4. Our discipline practices are delivering the types of outcomes we want.
                    Yes ___ No ___ Don't know ___

5. Our school has a universal system of positive behavior management in place.
        Yes (please name) _____ No ___ Don't know ___

6. Our discipline policy provides for tiered levels of support, formative discipline and restorative practices in addition to suspension/expulsion.
                    Yes ___ No ___ Don't know ___

7. When appropriate, we have used formative discipline, restorative practices, and/or provided support to students engaging in prohibited behavior this school year.
                    Yes ___ No ___ Don't know ___

8. Our school effectively tracks office discipline referrals and disaggregates data based on race to detect any bias in our referral practice.
                    Yes ___ No ___ Don't know ___

9. We have a team in place that meets regularly to discuss student bullying, harassment, school climate, and/or safety plans.
                    Yes ___ No ___ Don't know ___

10. In the last three years, our school has held workshops for educators inclusive of gender roles and gender stereotypes.

Yes ___ No ___ Don't know ___

11. In the last three years, our school has held trainings on welcoming all types of students and families, including topics such as divorce, multiracial families, same-sex parents, grandparent-headed families, and immigrant families.

Yes ___ No ___ Don't know ___

12. Since August 2014, our school has held trainings for teachers on bullying and harassment that address bias-based harassment, including harassment related to a person's real or perceived race, sexual orientation, gender identity and expression, religion, learning status, size and language of origin.

Yes ___ No ___ Don't know ___

13. In the last two years, teachers and staff have received training on school procedures for how to intervene when bullying or harassment occurs.

Yes ___ No ___ Don't know ___

14. Do these training opportunities involve the following staff members?

	Yes, required	Yes, optional	No	N/A: We do not have this staff
Teaching assistants				
Paraprofessionals				
School nurse				
Counselor(s)				
Coaches				
Lunchtime supervisors				
Hall monitors				
Custodians				
Bus drivers				
Support/administrative staff				

INSTITUTIONAL ENVIRONMENT

15. Do staff and administration in each school have functional working relationships that allow for effective engagement, decision making and shared action around school climate?

Yes ___ No ___ Don't know ___

PHYSICAL SAFETY

16. In your school, is there active adult supervision in common areas and do administrators conduct walk-throughs of classroom and common areas?

Yes ___ No ___ Don't know ___

17. In your school, is there an active, well-trained crisis response team, ready to respond to all hazards, including suicide threats?

Yes ____ No ____ Don't know ____

RESPECT FOR DIVERSITY

18. In the last two weeks, have you heard students use words related to any of the following as slurs at your school: race/ethnicity, national origin, immigration status, religion, socioeconomic status, sexual orientation, gender and gender identity, weight/physical appearance, academic ability, or disability status?

Yes ____ No ____

Types of bias-based harassment noted:_____

19. If yes, have you interrupted this behavior?
Always ____ Sometimes ____ Rarely ____ Never ____

20. School staff intervene if racial slurs are used in student interactions.
Always ____ Sometimes ____ Never ____ Don't Know ____

21. School staff intervene if slurs related to special education are used in student interactions.
Always ____ Sometimes ____ Never ____ Don't Know ____

22. School staff intervene if gender-based slurs are used in student interactions.
Always ____ Sometimes ____ Never ____ Don't Know ____

23. School staff intervene if anti-gay slurs are used in student interactions.
Always ____ Sometimes ____ Never ____ Don't Know ____

24. Teachers are supported and encouraged to intervene when they observe bias-based harassment.
Yes ____ No ____
Topics on which teachers may need additional support: _____

25. Our school's curriculum includes the positive contributions of many races and cultures of people, and multicultural perspectives.
Yes ____ No ____ Don't know ____

26. Our school library offers a range of multicultural books.
Yes ____ No ____ Don't know ____

27. In presentations (in class, assemblies, etc.) on bullying or harassment, educators specifically include gender, LGBT or other forms of bias-based bullying/harassment.
Yes ____ No ____ Don't know ____

28. Educators in our school feel comfortable defining the words "gay" or "lesbian" to students.
In the classroom?   Yes ___   No ___   Don't know ___
One on one?   Yes ___   No ___   Don't know ___

29. Do curricula, celebrations, etc. in your district/schools have intentional inclusion practices that emphasize a diverse range (e.g., race/culture, sexual orientation, etc.) of positive contributions to the school community (e.g., authors, perspectives, prom, holidays)?   Yes ___   No ___   Don't know ___

SUPPORT FOR LEARNING
30. Professional development has been provided in the last three years for supportive teaching practices (e.g., encouragement, constructive feedback, support for risk taking, etc.).   Yes ___   No ___   Don't know ___

31. Are teachers evaluated on their use of supportive teaching practices?
                                                     Yes ___   No ___   Don't know ___

32. Teachers at this school create classroom learning environments that encourage dialog, questioning, and academic challenge.
                          Most ___   Some ___   Few ___   Don't know ___

SOCIAL AND CIVIC LEARNING
32. This school has programs in place to support students':
Social-emotional learning   Name of program: _____   No ___
Healthy relationship skills   Name of program: _____   No ___
Civic knowledge   Name of program: _____   No ___
Ethical decision making   Name of program: _____   No ___

SSE Building Walk Through

Goals: Assess the physical surroundings. As defined by MDE, major indicators in this area include: "Cleanliness, order and appeal of facilities. Adequate resources and materials. Posters, art work and other visual media support the norms and values of the school; are representative of all students in the school."

To complete this walk through, plan to spend time walking around your school at several points during the day such as 1) arrival, 2) lunch, 3) at least one passing period, 4) dismissal and 5) hallways when students are not present (e.g., during class periods) to assess the physical space.

Building Name: _____   Date of Walk-Through: _____

	Criteria	Notes (How are we doing? What areas need attention?)
Cleanliness	The interior of the school is clean and free of graffiti. Toward the end of the day, the school is still reasonably clean.	
	The exterior of the school is neat and free of trash.	
Order	Movement through the school is generally orderly. The overall "hum" in the hallways/lunch room when students are present is positive or neutral. Fights or extreme anger are rarely observed.	
	There is a calm, positive, adult presence during passing periods, arrival, and dismissal. Students are welcomed. Adults address students by name and with positive interactions.	
	Any issues that emerge (e.g., disagreements, bias-based language) are addressed promptly by teachers or staff.	

Appeal	The building is a warm and welcoming place for young people. Activities and interests of students are reflected in the interior of the building.	
Resources and Materials	There are adequate spaces and supplies for all students.	
Visual – artwork	Student artwork and other materials created by students (e.g., posters, fliers, etc.) are displayed throughout the school.	
Visual – messages	Posters, bulletin boards, and other visual displays clearly communicate the messages our school is actively addressing.	What messages are observed?
	Visual displays in the school reflect a diversity of students (e.g., race/ethnicity, culture, sexual orientation, gender, ability status, etc.)	Diversity of observed:

SHS District Policy Review and Self-Assessment

<u>Who:</u> To be completed by the individual(s) most familiar with school policies and practices related to sexual health services.
<u>Purpose:</u> Birds Eye Review of District Policy and Clinic Access for Sexual Health Services.

POLICY REVIEW

1. Our district has a written/formal policy by which staff refers students to clinics for sexual health services?   Yes ___ No ___ Don't know ___

    If yes, please provide a copy:

    Do policies cover how students are referred to SHS?
    Yes ___ No ___ Don't know ___

    Do policies comply with Minor's Consent statutes?
    Yes ___ No ___ Don't know ___

    If no, what barriers do you anticipate when creating a policy to link students to SHS?

2. How are staff, parents and students informed/trained on this policy and protocol for referrals? (check all that apply)
    Parents   Provided in person ___   Provided in writing ___
    Students   Provided in person ___   Provided in writing ___
    Teachers   Provided in person ___   Provided in writing ___
    Staff   Provided in person ___   Provided in writing ___

3. How else does your district communicate with parents/ guardians about available on-site and/or off-site sexual health services?

4. Does your district have any written/formal policy agreement with outside clinical services?
    Yes ___ No ___ Don't know ___

SELF-ASSESMENT

5. Does your district have a resource guide of youth-friendly off-site sexual health service providers?   Yes ___ No ___ Don't know ___

    If yes, how is this guide created?

If yes, what process is used to evaluate which organizations are included in this guide?

6. Does your district make condoms accessible to all students via private distribution systems (e.g., resource centers, bathroom distribution or vending machines) that do not require interactions with school staff?   Yes ___ No ___ Don't know ___

7. Does your district ensure SHS services are available on site via a SBHC or school nurse?
                                                        Yes ___ No ___ Don't know ___

8. How many schools in your district have a School Based Health Center (SBHC)?

    If any, which of the following services are provided at the SBHC?
    - [ ] STD testing
    - [ ] STD treatment
    - [ ] HIV testing
    - [ ] Pregnancy testing
    - [ ] Contraceptives other than condoms
    - [ ] Condom distribution
    - [ ] HPV vaccine
    - [ ] Chlamydia testing/treatment
    - [ ] Gonorrhea testing/treatment
    - [ ] Expedited partner therapy
    - [ ] Long-Acting Reversible Contraceptives (LARCs) provided on-site
    - [ ] Other sexual health services: _____

9. Does your district employ School Nurses?
    If yes, does every Middle School and High School have a school nurse?

Middle Schools	All ___	Some ___	None ___
High Schools	All ___	Some ___	None ___

    Do school nurses provide any of the following services?
    If yes, which of the following services are provided at the SBHC?
    - [ ] STD testing
    - [ ] STD treatment
    - [ ] HIV testing
    - [ ] Pregnancy testing
    - [ ] Contraceptives other than condoms
    - [ ] Condom distribution
    - [ ] HPV vaccine
    - [ ] Chlamydia testing/treatment
    - [ ] Gonorrhea testing/treatment
    - [ ] Expedited partner therapy
    - [ ] Long-Acting Reversible Contraceptives (LARCs) provided on-site
    - [ ] Other sexual health services: _____

SHS Building Self-Assessment   Building Name:_____

<u>Who:</u> To be completed by the individual(s) most familiar with school practices related to sexual health services.

<u>Purpose:</u> Birds Eye Review of Clinic Access for Sexual Health Services.

1. Where do students in your district go when they need clinical sexual health services? (e.g., STD testing/treatment, Pg test, contraceptives, condoms, etc)

2. Does your school identify youth-friendly community-based health services providers and systematically link with them to provide sexual and reproductive health services to students?

                                        Yes ____ No ____ Don't know ____

3. How are students made aware of internal and external sexual health services? (e.g., Staff referral, word of mouth, friends, informal referrals)

4. Does your school have a resource guide of youth-friendly off-site sexual health service providers?

                                        Yes ____ No ____ Don't know ____

    How is this guide created?

    What process is used to evaluate which organizations are included in this guide?

5. What are the informal processes your staff use to refer students to clinical resources outside the building?

SHS Student Key Informant Survey   Building Name:_____

<u>Who:</u> To be completed by a diverse range of high school students familiar with the school and community resources for adolescent sexual health services. Aim for 10-15 completed surveys.
<u>Purpose:</u> Birds Eye Review of Clinic Access for Sexual Health Services.

1. Does your school help students find sexual and reproductive health services when students need them?

   Yes ____ No ____ Don't know ____

2. Does your school have a resource guide of youth-friendly off-site sexual health service providers?

   Yes ____ No ____ Don't know ____

3. Where do students in your district go when they need clinical sexual health services? (e.g., STD testing/treatment, Pg test, contraceptives, condoms, etc.)

4. How do students find out about those services? (e.g., Staff referral, word of mouth, friends, informal referrals, etc.)

5. How does your school communicate with parents/ guardians about available on-site and/or off-site sexual health services?

SSE Policy

Sources: Birds Eye Training Tool from Apr 10th Convening (School District Policies, School Board Minutes (Approval and Adoption), Dates and agendas, Online access, MDE Data Submissions, PBIS Reports, District Completed Needs Assessment, School Improvement Reports/Data, Site Leadership Team Meeting Membership/ Minutes, District Strategic Plan)

Strengths:

- There are a number of policies in place that address SSE. Policy and procedures are in place to address bullying and harassment.
- CLBS has a formal process to develop new policies and revise existing policies.
- Discipline policy addresses the various levels of discipline
- Incentives are used to motivate student behavior, attendance, and grades (which has impacted students' success).
- The District's Strategic Plan ensures that schools provide for a safe, emotionally and physically comfortable environment that is most conducive to learning. Action steps provide for the development of a comprehensive building security plan that enhances our efforts for safe schools.
- Superintendent has developed a plan that addresses the issue of staff being too quick to write up a referral instead of addressing the issue in the classroom for implementation in SY 2015-2016.

Weaknesses:

- Policy Review Committee does not include representation from all stakeholders (parents, students, community).
- All policies are not accessible for all stakeholders.
- Discipline policy is not currently being implemented consistently across the district. The policy addresses the various levels of discipline but schools are not following policy. Discretion of leadership impacts implementation not being consistent.

Right Next Steps:

SSE Practices

Sources: Birds Eye Training Tool from Apr 10th Convening (Site Team Leadership Minutes, Building/Classroom walkthroughs, Title Parent Surveys, Minnesota Student Survey Results, Contracts for SROs, Crisis Response procedure/manual and results, Site Leadership Team Review, Survey Feedback, PBIS Data, Ojibwe classes syllabus, Title VII and Success for the Future grant application and evaluation, Home School Advocates logs, Annual Teacher Evaluation Feedback, MEIRS report, PLC summary notes, Student Interventions, Individual school RECORD (schoolwide plan) – School Improvement Action Plan providing list of strategies and interventions, Staff contracts)

Strengths:

- Site Leadership Teams are in place in all buildings. Teams are used for instructional leadership.
- Staff practices support SSE (meetings are held in each building and provide staff input for shared decision making; PLCs meet 90 minutes weekly for PD & to identify students needing extra support; Danielson framework teacher evaluation includes domain on classroom environment).
- Schools are inviting and physically appealing and well kept. District has a strategic plan in place to ensure school environment is conducive to student learning. Multiple practices at building level used to implement (e.g., SROs, walkthroughs, Crisis Response Teams).

- Schools are implementing practices to ensure welcoming and supportive environment for all (e.g., cultural diversity training by Indian Education Department; offering Ojibwe language & other classes & opportunities to emphasize inclusion; support for transition from one school to next; implementation of PBIS, Mind Up & 2nd Step curricula)
- Schools have systems in place for to provide extra support for students (e.g., administrators and teachers provide daily supervision before, during and after school; Home School Advocates are employed by the district to serve as a liaison between school and home; MEIRS is being used to identify at risk students; District employs Social Workers and Counselors in all buildings. Adding a Chemical Dependency Counselor in SY 2015-2016.)
- 5th & 8th grade students MSS result show high reported levels of physical & emotional safety (though slightly lower than state average, especially among females). Similarly, reports of social support from adults & school connectedness/engagement are mostly similar to state averages with some areas being slightly lower). Notably, 5th grade students endorse "being a student is one of the most important parts of who I am" at rates higher than state averages.

Weaknesses:
- Need improvement in the area of engaging stakeholders, especially parents, as partners in improving SSE for students, via training, sharing results & efforts and ongoing dialogue.
  - Across ages, parents agree school communicates with them but less so that school involves them via informational events, decision-making, offering resources or helping to make decisions (per Title 1 parent survey results)
- Elementary and middle school teachers appear to endorse at slightly lower levels school quality indicators, especially related to working with parents and dealing with important contextual realities.
- School behavior referral reports indicate higher levels of middle school bullying than MSS data. Anticipate a decrease in behavior referrals related to bullying and harassment when PBIS is fully implemented.
- Trainings aimed at increasing inclusivity and support should be ongoing, not one-time events, with opportunities for teachers to provide input, feedback and receive ongoing coaching during implementation.
- Multiple SSE efforts may or may not be aligned for maximum impact:
  - Efforts such as PBIS needed in high school with support for full implementation.
  - Are teams working to ensure anti-bullying curricula and PBIS efforts are aligned & purposively complimenting each other?
- Behavior and attendance data reported to MDE but on a limited basis to local constituents. Staff does not receive detailed results.
- Given impressive practices in this area, middle school MSS results for social support from adults and school connectedness might be expected to be higher. On the other hand, given context in which CLB resides, these results may be viewed as very impressive. Would be worth looking across time periods to see if this has changed or identify what should change before next MSS. MSS results for 9th and 11th grade not included in this analysis because of small sample size so reliability is weak.

Right Next Steps:

SHS Policy
Sources: Birds Eye Training Tool (Copy of Policies, Curriculum Adoption Cycle, Current Health Curriculum being used., Flyers, Resource Guide)

Strengths:

- Have policies that address: 1) Students and Employees Sexually Transmitted Infectious Diseases and Certain Other Communicable in place. Complies with Minors Consent statues, how students are referred to SHS, and protection for staff to assist students in receiving SHS; 2) Protection and Privacy of Pupil Records; 3) Student Disabilities Nondiscrimination; 4) Student Sex Nondiscrimination

Weaknesses:

- No MOUs or formal agreements with off-site sexual providers/clinics.
- Lack training for parents and students.
- Schools do not have a formal referral basis for community services.
- Lack of information for youth and families.
- Unclear whether lack of condom availability is based in policy.

Right Next Steps:

SHS Practices
Sources: Birds Eye Training Tool (Flyers, Contracts, Job Descriptions, Employee logs (confidential))

Strengths:

- The District employs a District Nurse that provides oversight for all school buildings. Each building has some level of school nurse services. Nurse and LPN position have detailed job descriptions that are updated to current needs.
- School nurse and counseling support services are provided to students and families as needed.
- Counselors, social workers, and nurse(s) typically make informal referrals to community agencies.
- High School social worker developed a resource guide that included numerous sexual health & other providers and is disseminated to building support staff in all schools.
- School personnel and flyers inform students and families of the available community services.
- Outside agencies provide services to students/families (e.g., Leech Lake Band of Ojibwe has a Teen Clinic "The Nest" available to students 12-19 years of age.)
- District practices in place to ensure updated prevention & safety standards in place.

Weaknesses:

- District does not have a SBHC.
- With off-site services, transportation is often a barrier for students and families.
- Condoms are not available for students at schools.

Right Next Steps:

ESHE Policy

Sources: Birds Eye Training Tool (District Policies, Health Curriculum, Passive Consent Parent Letter, District's Health Standards and Benchmarks., District Curriculum Adoption Schedule, District Needs Assessment data)

Strengths:

- Policy 420 is in compliance with MN Statutes and provides for sexuality and health education.
- Current context provides for opportunity that could be used to move ESHE forward:
  - Health curriculum is scheduled for curriculum review in SY 2017-18 and with implementation scheduled for SY 2018-2019.
  - Leech Lake Band of Ojibwe Business Committee declared a public health emergency concerning pregnant women and newborn babies exposed to alcohol and abuse.

Weaknesses:

- Policy 420 is not being implemented with fidelity.
- No district policy in place to address specifics of sexual health (education) in the schools.
- The health curriculum needs to be vertically aligned to comply with policy (curriculum is outdated and not aligned K-12).
- ALC is the only school with a focused curriculum.

Right Next Steps:

ESHE Practices

Sources: Birds Eye Training Tool (School LPM Notes, Class schedules, Teacher Lesson Plans, Live It Class Attendance Records/Lesson Plans)

Strengths:

- School LPN talks to 4th grade students (boys and girls in separate groups) regarding puberty.
- Health teacher is certified to teach sexuality and health education
- 5 CLBS staff participated in Safe Dates Training in June 2015.
- Live It curriculum is culturally relevant & being used at ALC (taught by trained instructor who is a social worker).
- Staff aware that health curriculum needs to be relevant to the context of students' lives. For example:
  - 50% of people living on reservation are under 25 years of age and many are single parents.
  - Tribal Health Division statistics indicate that 75% of the youth under the age of 25 have chemical dependency issues.

Weaknesses:

- ESHE content is limited across ages, not vertically aligned, not formalized into a curriculum and outdated:
  - No formal curriculum. Teachers find supplemental materials to use
  - Only K-4 ESHE is puberty education which is done in one meeting.
  - ESHE limited to two class units at the middle school, and one unit at the high school (one week in health class which is taken by students in grade 10).
  - Additional one unit in Science on "Reproductive Systems" in 7th grade and one unit on "Puberty Talk" in 5th grade Health.
- 5th Grade Health instruction is not inclusive of LGB youth & families.

- Lacking the necessary support to incorporate ESHE in our school curriculum.
- Live it not an evidence based curriculum
- High School Health Teacher is not a certified Live It trainer.
- Live It pretest data indicate the need to raise awareness of the value of good sexual health education and the importance of safe sex.

Right Next Steps:

District:Red Wing

Table 1. Initial analysis of strengths and weakness by project area

SSE Policy
(sources: SSE District Policy Review, District Policy, BE Training Tool)

Strengths:
- Inclusive language in policy 601 curriculum & instruction goals, could build on this and use similar language for comprehensive SSE policy
- Some precedent for inclusive SSE policies based on cross-dressing policy (per Birds Eye Tool from 4/10 convening)

Weaknesses:
- No clear, comprehensive policy covering Safe & Supportive Environments
- SSE policy training not done for bus drivers, coaches & substitutes; also parent training is specific to bullying and in writing only
- Tiered levels of support not included in discipline policy

Right Next Steps (per team notes at 7/28 convening):
- Create policy, present to policy committee and then to school board via policy committee

SSE Practices
(sources: SSE Building Practices Review, Building Walk-Throughs, MSS Results, BE Training Tool)

Strengths:
- Have PBIS (tracking discipline data, encouraging positive behavior) and Responsive Classrooms fully implemented in elementary settings.
- Good staff/admin environments
- Awareness that bullying occurs on buses
- Awareness that staff not well-trained when it comes to diversity. Would like a diversity training that is interactive and conversation-based
- MSS results: Close to state average on physical safety, slightly lower; school connectedness/engagement measures largely mirror state averages
- ELEM: Inclusive language in forms
- ELEM: Some use of supportive discipline practices (PBIS, responsive classrooms) and structures in place to help teachers establish support for learning
- ELEM: Have team that works on climate issues; have had recent training on bullying and harassment for all staff; curriculum and books include multi-cultural perspective and contributions

Weaknesses:
- Inconsistency across districts for how effectively schools track referrals and disciplinary incidents
- No additional data collected to assess SSE building practices at middle and high school level
- Need to be a more welcoming place for visitors
- Crisis response team is not well-trained
- Lowest mean level of agreement on MSS item: most teachers at my school are interested in me as a person; lower than state average across all ages; lower mean than state avg for 11th grade agreement with 'teachers care about students' & 'adults listen to students'
- School connectedness and engagement similar to state averages, although agreement with "I

think things I learn in school are useful" and "Being a student is one of the most important parts of who I am" are generally quite low in Red Wing and in MN and get worse as students age.
- 11th grade females only group who sometimes seem more disconnected from school than state average
- ELEM: Discipline practices not delivering desired outcomes; do not track & disaggregate data
- ELEM: No recent training on gender inclusivity, welcoming all types of families, intervening during bullying/harassment; staff sometimes intervene when they witness slurs in student interactions

Right Next Steps (per team notes at 7/28 convening):
- Need to do building walk-throughs in September
- Would be helpful to have Middle and High School SSE Building Practice Review

SHS Policy
(sources: SHS District Policy Review and Self-Assessment, District Policy, BE Training Tool)

Strengths:

Weaknesses:
- No policy r/t SHS services or referrals
- No referral agreements with outside providers

Right Next Steps:

SHS Practices
(sources: SHS Building Self-Assessment, Student Key Informant Survey, MSS Results, BE Training Tool)

Strengths:
- School nurse (unofficially) does pregnancy testing when needed
- All Middle and High Schools have school nurse
- Staff aware that free clinics exist in area for students to get services
- Staff know of and link students to SHS as needed w/o judgment
- Youth Outreach structure exists to aid in access (give rides) and referral process

Weaknesses:
- High schoolers more unlikely than state average to have seen school nurse in past 30 days; also true of 8th grade boys
- All referral processes are informal, no resource guide exists
- School nurses do not provide most SHS services, no SBHC, condoms are not made accessible
- Communication with parents only happens on an as-needed basis

Right Next Steps:

ESHE Policy
(sources: ESHE District Policy Review, District Policy, BE Training Tool)

Strengths:
- Policy 420 re: communicable and infectious diseases includes exact state statute language, and therefore does establish basis for sexual health program.
- Parents allowed to opt out; district provides for alternative instruction
- Use nat'l health standard to inform 7th and 10th grade mandated health class; one semester of Health required for graduation
- Have policy 601 Curriculum & Instruction which states all teachers should be supported to assess & improve instruction

Weaknesses:
- Policy only includes direct state statute language and therefore doesn't clearly support ESHE ("targeting of adolescents"; uses "technically" accurate rather than "medically" accurate language)
- No staff, parent or student training on policy 420
- In practice, parents may opt out but don't ever review instructional content
- No curriculum framework

Right Next Steps (per team notes at 7/28 convening):
- Create policy and bring to policy committee & board

ESHE Practices
(sources: ESHE Program Review, BE Training Tool)

Strengths:
- Some level of sexual health topics included at elem, middle and high school ages
- High school sexual health content most developed, combo of birds/bees and flash; still only 7 days but teachers are more supported.
- The Best Health Curriculum implemented with fidelity in middle school (though some content is excluded); 18-20 days of 42 minute periods
- High School curriculum is medically accurate, relevant to LGB youth, and has been vetted by PP and MDH. 8-10 class periods of 80 minutes
- Middle and high school ESHE teachers create a safe social environment and are comfortable providing instruction of these topics, receive ongoing training and use a variety of teaching methods
- Staff feel curriculum is good fit with youth and parents
- Points regarding context:
  - younger grades are more diverse than older grades (2013 MSS data says 11th grade 89% White compared to 69% White in 5th grade
  - 3-5% of 11th graders report GLBTQ identity; 38% females (Same as state) and 22% males (lower than state average) report having had sexual intercourse; all females report having used BC method at last sex while 29% of males reported using none; 83% females (higher than state avg) report condom at last sex compared to 50% males (lower than state avg)

Weaknesses:
- Limited information given at each age, some use of dated content that is not age appropriate (e.g., good touch/bad touch in 4-6th grade),
  - ELEM: Only content is 1-hr maturation video, taught by school nurse (may imply has to do with sickness), may have issues with medical accuracy
  - High School curriculum is not evidence-based, a complication of evidence-informed lessons
- Middle and elem sexual health education not intentionally inclusive of LGB families or identities.
- Could work more at all ages to incorporate parent involvement in sexual health education
- Health curriculum is not a part of curriculum review cycle

Right Next Steps (per team notes at 7/28 convening):
- Work for health curriculum to become part of review cycle

ADDITIONAL NOTES
- Worth reflecting on gender differences in ESHE, SHS and SSE results, in looking at how results from each gender compare to state avg.
- [context] District undergoing a change in leadership; has had 2 office of Civil Response complaints

Table 2. Sources of data used in this report, by project area

Tool Name	Project Area	Who completes tool? District or Building-Level (Suggested person if applicable)	Tools used for this summary
ESHE District Policy Review	ESHE	District/Administration	1 copy from team at 7/28 convening Copy of Policy 420
ESHE Program Review	ESHE	Building (ESHE teacher) or District/Admin (curriculum and instruction)	1 copy (completed via email with Elem school social workers)
ESHE MSS demographic data (to assess 'fit')	ESHE	MSS report from 4/10 convening	2013 data for 5th, 8th, 11th
SHS District Policy Review and Self-Assessment	SHS	District/Administration	1 copy (Kris)
SHS Building Self-Assessment	SHS	Building (Counselor or Nurse)	1 copy (Lisa H.)
SHS Student Key Informant Survey	SHS	Building (Students – use if completed self-assessment does	n/a

District:Red Wing

		not inform where students access SHS)	
SHS MSS Data	SHS	MSS report from 4/10 convening	2013 data for 5th, 8th, 11th
SSE District Policy Review	SSE	District/Administration	Copy of Policy 601
SSE Building Practices Review	SSE	Building (Principal and/or other admin)	1 copy (Jane/Jenn/Scott) Elementary Principals
SSE Building Walk-through	SSE	Building (Principal, counselor, teacher)	none
SSE MSS Data	SSE	MSS report from 4/10 convening	2013 data for 5th, 8th, 11th

District:Red Wing
Date: 8/14/15

Table 1. Initial analysis of strengths and weakness by project area

SSE Policy
(sources: SSE District Policy Review, District Policy, BE Training Tool)

Strengths:

- Inclusive language in policy 601 curriculum & instruction goals, could build on this and use similar language for comprehensive SSE policy
- Some precedent for inclusive SSE policies based on cross-dressing policy (per Birds Eye Tool from 4/10 convening)

Weaknesses:

- No clear, comprehensive policy covering Safe & Supportive Environments
- SSE policy training not done for bus drivers, coaches & substitutes; also parent training is specific to bullying and in writing only
- Tiered levels of support not included in discipline policy

Right Next Steps (per team notes at 7/28 convening):

- Create policy, present to policy committee and then to school board via policy committee

SSE Practices
(sources: SSE Building Practices Review, Building Walk-Throughs, MSS Results, BE Training Tool)

Strengths:

- Have PBIS (tracking discipline data, encouraging positive behavior) and Responsive Classrooms fully implemented in elementary settings.
- Good staff/admin environments
- Awareness that bullying occurs on buses
- Awareness that staff not well-trained when it comes to diversity. Would like a diversity training that is interactive and conversation-based
- MSS results: Close to state average on physical safety, slightly lower; school connectedness/engagement measures largely mirror state averages
- ELEM: Inclusive language in forms
- ELEM: Some use of supportive discipline practices (PBIS, responsive classrooms) and structures in place to help teachers establish support for learning
- ELEM: Have team that works on climate issues; have had recent training on bullying and harassment for all staff; curriculum and books include multi-cultural perspective and contributions

Weaknesses:

- Inconsistency across districts for how effectively schools track referrals and disciplinary incidents
- No additional data collected to assess SSE building practices at middle and high school level
- Need to be a more welcoming place for visitors
- Crisis response team is not well-trained
- Lowest mean level of agreement on MSS item: most teachers at my school are interested in me as a person; lower than state average across all ages; lower mean than state avg for 11th grade agreement with 'teachers care about students' & 'adults listen to students'
- School connectedness and engagement similar to state averages, although agreement with "I

think things I learn in school are useful" and "Being a student is one of the most important parts of who I am" are generally quite low in Red Wing and in MN and get worse as students age.

- 11th grade females only group who sometimes seem more disconnected from school than state average
- ELEM: Discipline practices not delivering desired outcomes; do not track & disaggregate data
- ELEM: No recent training on gender inclusivity, welcoming all types of families, intervening during bullying/harassment; staff sometimes intervene when they witness slurs in student interactions

Right Next Steps (per team notes at 7/28 convening):
- Need to do building walk-throughs in September
- Would be helpful to have Middle and High School SSE Building Practice Review

SHS Policy
(sources: SHS District Policy Review and Self-Assessment, District Policy, BE Training Tool)

Strengths:

Weaknesses:
- No policy r/t SHS services or referrals
- No referral agreements with outside providers

Right Next Steps:

SHS Practices
(sources: SHS Building Self-Assessment, Student Key Informant Survey, MSS Results, BE Training Tool)

Strengths:
- School nurse (unofficially) does pregnancy testing when needed
- All Middle and High Schools have school nurse
- Staff aware that free clinics exist in area for students to get services
- Staff know of and link students to SHS as needed w/o judgment
- Youth Outreach structure exists to aid in access (give rides) and referral process

Weaknesses:
- High schoolers more unlikely than state average to have seen school nurse in past 30 days; also true of 8th grade boys
- All referral processes are informal, no resource guide exists
- School nurses do not provide most SHS services, no SBHC, condoms are not made accessible
- Communication with parents only happens on an as-needed basis

Right Next Steps:

District:Red Wing
Date: 8/14/15

ESHE Policy
(sources: ESHE District Policy Review, District Policy, BE Training Tool)

Strengths:
- Policy 420 re: communicable and infectious diseases includes exact state statute language, and therefore does establish basis for sexual health program.
- Parents allowed to opt out; district provides for alternative instruction
- Use nat'l health standard to inform 7th and 10th grade mandated health class; one semester of Health required for graduation
- Have policy 601 Curriculum & Instruction which states all teachers should be supported to assess & improve instruction

Weaknesses:
- Policy only includes direct state statute language and therefore doesn't clearly support ESHE ("targeting of adolescents"; uses "technically" accurate rather than "medically" accurate language)
- No staff, parent or student training on policy 420
- In practice, parents may opt out but don't ever review instructional content
- No curriculum framework

Right Next Steps (per team notes at 7/28 convening):
- Create policy and bring to policy committee & board

ESHE Practices
(sources: ESHE Program Review, BE Training Tool)

Strengths:
- Some level of sexual health topics included at elem, middle and high school ages
- High school sexual health content most developed, combo of birds/bees and flash; still only 7 days but teachers are more supported.
- The Best Health Curriculum implemented with fidelity in middle school (though some content is excluded); 18-20 days of 42 minute periods
- High School curriculum is medically accurate, relevant to LGB youth, and has been vetted by PP and MDH. 8-10 class periods of 80 minutes
- Middle and high school ESHE teachers create a safe social environment and are comfortable providing instruction of these topics, receive ongoing training and use a variety of teaching methods
- Staff feel curriculum is good fit with youth and parents
- Points regarding context:
  - younger grades are more diverse than older grades (2013 MSS data says 11th grade 89% White compared to 69% White in 5th grade
  - 3-5% of 11th graders report GLBTQ identity; 38% females (Same as state) and 22% males (lower than state average) report having had sexual intercourse; all females report having used BC method at last sex while 29% of males reported using none; 83% females (higher than state avg) report condom at last sex compared to 50% males (lower than state avg)

District:Red Wing
Date: 8/14/15

Weaknesses:

- Limited information given at each age, some use of dated content that is not age appropriate (e.g., good touch/bad touch in 4-6th grade),
  - ELEM: Only content is 1-hr maturation video, taught by school nurse (may imply has to do with sickness), may have issues with medical accuracy
  - High School curriculum is not evidence-based, a complication of evidence-informed lessons
- Middle and elem sexual health education not intentionally inclusive of LGB families or identities.
- Could work more at all ages to incorporate parent involvement in sexual health education
- Health curriculum is not a part of curriculum review cycle

Right Next Steps (per team notes at 7/28 convening):

- Work for health curriculum to become part of review cycle

ADDITIONAL NOTES

- Worth reflecting on gender differences in ESHE, SHS and SSE results, in looking at how results from each gender compare to state avg.
- [context] District undergoing a change in leadership; has had 2 office of Civil Response complaints

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Table 2. Sources of data used in this report, by project area

Tool Name	Project Area	Who completes tool? District or Building-Level (Suggested person if applicable)	Tools used for this summary
ESHE District Policy Review	ESHE	District/Administration	1 copy from team at 7/28 convening Copy of Policy 420
ESHE Program Review	ESHE	Building (ESHE teacher) or District/Admin (curriculum and instruction)	1 copy (completed via email with Elem school social workers)
ESHE MSS demographic data (to assess 'fit')	ESHE	MSS report from 4/10 convening	2013 data for 5th, 8th, 11th
SHS District Policy Review and Self-Assessment	SHS	District/Administration	1 copy (Kris)
SHS Building Self-Assessment	SHS	Building (Counselor or Nurse)	1 copy (Lisa H.)
SHS Student Key Informant Survey	SHS	Building (Students – use if completed self-assessment does	n/a

District:Red Wing
Date: 8/14/15

		not inform where students access SHS)	
SHS MSS Data	SHS	MSS report from 4/10 convening	2013 data for 5th, 8th, 11th
SSE District Policy Review	SSE	District/Administration	Copy of Policy 601
SSE Building Practices Review	SSE	Building (Principal and/or other admin)	1 copy (Jane/Jenn/Scott) Elementary Principals
SSE Building Walk-through	SSE	Building (Principal, counselor, teacher)	none
SSE MSS Data	SSE	MSS report from 4/10 convening	2013 data for 5th, 8th, 11th

MNIC
Draft Birds Eye View Summary rev 2, 8 – Sept – 2015
Table 1. Initial analysis of strengths and weakness by project area

SE Policy
Sources: SSE District Policy Review, District Policy, Birds Eye Training Tool

Strengths:
- Relevant policies are in place, specifically address prohibition of characteristic-based harassment, and were created with student input
- Required in-person training on bullying/harassment policies for all relevant stakeholders
- Ready for TA to use passing of SSSA law to create policies and practices to improve school climate.

Weaknesses:
- Policies need updating to ensure a) compliance with new laws, b) inclusiveness of multiple identities, c) reflection of disciplinary practice, and d) involvement of community perspectives
- District staff are not all clear on what policies exist and what they say; corresponding training not necessarily effective/helpful
- Policies emphasize rules/consequences rather than support & formative discipline
- New initiatives (e.g., Restorative Practices) may not be backed by strong policy.

Right Next Steps:
- Need Sabathani site lead, Downtown site lead, St. Paul site lead and Reggie to complete SSE District Policy Review tool (Kathy C. sent tool to Amy L. on 7/31 to send them to these people)
  - Kara comment: would additional people filling out this form data add anything or do you believe this analysis is mostly accurate?
- Need to align all the versions of MNIC Discipline Policy and a Anti-bullying Policy into one updated policy that includes restorative justice, Fair dismissal Act, and Compulsory Attendance law woven into it. Make sure it meets the requirements of MN SSSA Law.

SSE Practices
Sources: SSE Building Practices Review, SSE Building Walk-Throughs

Strengths:
- Have a team working on implementing Restorative Practices; team meets regularly to discuss school climate issues
- Active adult supervision in common areas; staff create a calm, positive presence
- Staff report that SSE practices do not exclude any groups of students
- Some staff have completed recent training related to LGB students and families, intervening when bullying/harassment occurs or making the learning environment more intentionally inclusive; training seems to be building specific – when it does occur, training includes all staff, not just instructional staff
- Social work practices noted as being skilled at creating supportive environments
- Student artwork is displayed; curriculum includes contributions of many races and cultures of people

Weaknesses:
- Consistent evidence that discipline practices are not delivering ideal outcomes
- Inconsistent evidence on whether district compiles discipline and other climate data to identify students at risk for drop out and/or any bias in practices
- Not all staff have completed or remember relevant training
- Cleanliness and appeal of schools may need improvement
- Need consistency across sites, clear strategies for staff training and engagement in decision-making

Right Next Steps:
- Have PRC help develop formative evaluation tool(s) to assess how restorative justice is being implemented in MNIC (note- Kara B. told us that there's a Restorative Practices Tool Kit that has tools that may meet this need.

Sandy S. looked up the tool and has the link to it.)

- Address "unofficial" suspension/dismissal practice that currently being done at MNIC. This practice needs to be eliminated because it does not comply with current laws (Fair dismissal Act and Compulsory Attendance law).

MNIC
Draft Birds Eye View Summary rev 2, 8 – Sept – 2015

SHS Policy

ources: SHS District Policy Review and Self-Assessment, District Policy

Strengths:
- Students, teachers & staff get in-person training on referral protocols
- Informal referral relationships with Annex, PYC and Red Door clinic
- Due to population MNIC serves, minimal need to inform parents/communities about policies or get their buy-in/feedback.
- Informal policy and protocols.

Weaknesses:
- No district policy
- No formal written referral agreements

Right Next Steps:
-Amy L. to complete the SHS District Policy Review & Self-assessment (Kathy C. sent this to Amy L. on 7/31)

SHS Practices

Sources: SHS Building Self-Assessment, Health Survey Results

Strengths:
- District has a guide for SHS referrals, makes students aware of services and has strong relationships with area teen clinics/services, including warm referrals and monthly on-site testing & group support at some sites.
- Condoms are made available to students (though may not be true at all 4 sites)
- Clinics visit on regular basis for STI and HIV testing
- Process in place to update referral guide
- 80% of students report they have health insurance, 79% have seen a provider in past 12 months

Weaknesses:
- 20% of students or more may not have connections to regular health care; could work to find out who they are and what their needs are.
- District referral guide needs updating and process for ensuring organizations included are high quality and a good fit for MNIC students
- On-site, comprehensive services are not consistently available
- No school nurse or health center

Right Next Steps:
- Develop a vetting tool for who's invited into MNIC to present or be a partner (screen for history, quality, content, etc.)
- Develop a MNIC orientation document to share with those invited into the schools to present or be a partner (include: who MNIC is, who the student body is, what makes us unique, etc.)

ESHE Policy
Sources: ESHE District Policy Review, Birds Eye Training Tool

Strengths:

- One health credit is required for graduation

Weaknesses:

- District does not have a policy
- District does not have written curriculum framework for sexuality & health education

Right Next Steps:

-Have Sandy S. and Kristin complete the ESHE District Policy Review tool (Kathy C. sent this to Amy L. on 7/31)
- Look at the National Standards for ESHE & document given out by Lynn B. at convening on 7/82 called "Addressing Sexual Health in Schools: Policy Considerations" and the samples from other districts and use these to guide MNIC in developing our ESHE Policy.
-Invite Lynn Bretl to facilitate a MNIC process to pull tighter everything Emily G. is researching to lead to a MNIC ESHE Policy—do this mid school-year—>Jan. 2016)

ESHE Practices
Sources: ESHE Program Review, Enrollment & health survey data, Birds Eye Training Tool

Strengths:

- District working with MDE to establish curriculum and find a good fit given transient population
- Have student level data to help decide on approach
- Has well-trained teachers delivering content, good connections to outside providers and are confident that practices are inclusive of LGB students
- District knows (per health survey) that top requests for health information are 1) stress management, 2) anger management, 3) eating right & exercise, 4) dating and relationships
- District provides education and support through support groups, one-on-one education and during class time.

Weaknesses:

- Low doses of ESHE (students received between 1 and 5 days of sexual health content)
- Appear to be picking and choosing from different evidence-based and evidence-informed programs
- Have not engaged with curriculum experts linked to this project
- Unclear if multiple methods for delivery of sexuality and health education are coordinated to meet needs of students (including both parenting (16% of student body per enrollment survey) and non-parenting students; those with mental health conditions (36% of students report having a mental health condition) and those requesting other information such as stress & anger management

Right Next Steps:

-Emily G. will be pilot testing her new curriculum(s) this school year. Should document success & challenges to make logical changes.

  o Kara comment: point to consider: as you do this, try to carefully track dose per student. Given high turnover, how much time does an average student spend receiving this curriculum? Wondering whether there might be value in focusing on helping students find a health care home and get connected to ESHE-type education via clinics, so that their continued education and access to services is not tied to their enrollment at MNIC (e.g., being a savvy healthcare consumer)?

Overarching Next Steps for MNIC:

MNIC
Draft Birds Eye View Summary rev 2, 8 – Sept – 2015

- Keep up energy to decide IF MNIC will do the next MSS (or only sections of it). Connect with Lisa Burton at MDH to see what's possible (including online survey monkey version that MNIC students can do on their phones).
- Possible next step for SSE (need to discuss further)—Have Craig W. from MDE analyze the SSE data from the mini-MSS conducted at MNIC by Emily to help decide what to do next (or can have Kara B. from PRC do this—she volunteered)
- Resource to explore: www.schoolclimate.org National School Climate Center (click on "measuring school climate" which has surveys and assessment tools)
  o Kara comment: Consider whether to do MSS or the NSCC tools. There will be enough overlap that probably no need to do both. NSCC may be a one-time opportunity whereas MSS is ongoing. But NSCC offers perspective of multiple stakeholders and has better measures of school climate. Key questions to consider: What are your questions about school climate, how will you use the data?

Table 2. Sources of data used in this report, by project area

Tool Name	Project Area	Who completes tool? District or Building-Level (Suggested person if applicable)	Progress
ESHE District Policy Review	ESHE	District/Administration	Completed 2x (by Emily, Kristin Q.)
ESHE Program Review	ESHE	Building (ESHE teacher) or District/Admin (curriculum and instruction)	Completed 1x (by Emily)
ESHE MSS demographic data (to assess 'fit')	ESHE	MSS data	Used enrollment survey
SHS District Policy Review and Self-Assessment	SHS	District/Administration	Completed 2x (by Emily & Amy L.)
SHS Building Self-Assessment	SHS	Building (Counselor or Nurse)	Completed 2x (by Emily & Amy L.)
SHS Student Key Informant Survey	SHS	Building (Students – use if completed self-assessment does not inform where students access SHS)	Used enrollment survey & health survey info
SHS MSS Data	SHS	N/A – no MSS data	
SSE District Policy Review	SSE	District/Administration	Completed 4x (by Sandy S., Emily, Jim M, Kevin B.)
SSE Building Practices Review	SSE	Building (Principal and/or other admin)	Completed 4x (by Sandy S., Emily, Jim M, Kevin B.)
SSE Building Walk-through	SSE	Building (Principal, counselor, teacher)	Completed 2x at 3 schools (Sabathani by Cindy & Emily; Downtown by Bob H. & Emily; Unity by Jim M. & Emily)
SSE MSS Data	SSE	N/A – MNIC did not participate in 2010 or 2013	

District: Red Lake
Date: Sept 15, 2015

SSE Policy
(sources: SSE District Policy Review, District Policy, BE Training Tool, Bullying Prohibition Policy linked to from website)

Strengths:
- District mission statement includes respect for global communities; bullying prohibition policy on website specifically prohibits bias or identity-based bullying and harassment.
- Teachers and staff are trained on harassment/bullying policies
- Forms for parents/families are inclusive of multiple types of families
- Discipline policy and practices allow for restorative practices and other tiered, supportive discipline practices; results of practices are improving
- District disaggregates discipline data to analyze disproportionality
- Students provided training regarding harassment/bullying policies
- Host Tribal Truancy court in school
- Admin meets with parents of the target of bullying and the student who bullies
- Counselor teaches bullying prevention and resilience strategies

Weaknesses:
- No training provided for parents regarding harassment/bullying policies
- Stakeholder involvement in development of SSE policies is lacking
- Discipline policies and practices include use of suspensions/expulsions, may target/single out perceived gang members and are not yet delivering desired outcomes

Right Next Steps:

SSE Practices
(sources: SSE Building Practices Review, Building Walk-Throughs, MSS Results, BE Training Tool)

Strengths:
- Buildings have teams working on SSE issues and are seeing improvements in disciplinary referrals
- Multiple people within district are trained in Restorative Practices and are implementing RP within some buildings.
- Some recent staff training on prevention of biased-based harassment and bullying
- Active adult supervision in common areas to promote physical and emotional safety
- Staff mostly intervenes when bullying/harassment occurs
- School curricula, books, and teachers are implementing practices to ensure welcoming and supportive environments for all (e.g., multiple perspectives and contributions included in curricula, books, celebrations; teachers have received recent professional development on supportive teaching practices)
- Building is mostly clean, neat and orderly, though room for improvement and some stakeholders (students?) do not feel the building is welcoming. Important messages (e.g., grandfathers' gifts, learning rules, cultural relevance) are reinforced on walls and bulletin boards
- Additional programs in place to support students include: Ramp up for Readiness, Warrior Transition and Advisory.
- MSS results: Student reports of learning useful things in school and the importance of being a student are higher than state averages

Commented [KB1]: Are these programs still happening this school year? The SSE form said no programs were in place but these were mentioned on the tool filled out at the April 10th 2014 convening.

District: Red Lake
Date: Sept 15, 2015

Weaknesses:
- No recent staff training targeting inclusivity/intentionally safe schools for LGB students and families or on how to intervene when bullying/harassment occurs
- Reported low levels of staff-admin relationships that allow for shared decision-making and action around school climate
- Multiple initiatives aimed at improving school climate: "lots of initiatives but lots of starts and stops." Possible initiative fatigue?
- Some in district are unclear about how additional programs support students and what their cumulative effect might be.
- Crisis response team exists but may need additional training.
- Staff may need additional training on how to intervene when bullying/harassment occurs
- Some students feel building is not a warm & welcoming place for young people.
- MSS Results: Higher percentage than state average of students not feeling safe at school, across grade levels
  - 5th grade report of violence higher than state average (2 in 5 report violence or threat of violence at least once in past month)
  - 5th graders also report, compared to other grades and state averages, lower levels of emotional safety, especially bullying/harassment related to race/ethnicity and gender; older grades also report higher levels of harassment due to perceived sexual orientation than state averages; 11th graders higher than state average on bullying due to weight/physical appearance; 5th & 8th grade higher reports of cyber bullying, rumor spreading and exclusionary activities than state averages
  - Lower reports across grades of teacher/adult connectedness at school compared to state averages; 8th and 9th graders have lowest reports compared to 5th & 11th grade;
  - Student reports of caring about doing well at and coming prepared to school are lower than state averages (given strengths noted above, could reflect on context rather than attitudes about school)

Right Next Steps:

SHS Policy
(sources: SHS District Policy Review and Self-Assessment, District Policy, BE Training Tool)
Strengths:
- No prohibition or barriers to referring students to SHS

Weaknesses:
- No SHS policy covering referrals

Right Next Steps:

SHS Practices
(sources: SHS Building Self-Assessment, MSS Results, BE Training Tool)
Strengths:
- Two school nurses work at schools
- School staff know about and link students to local SHS, including sexual health education

District: Red Lake
Date: Sept 15, 2015

services
- 5th graders see the nurse often, compared to state averages (86% saw nurse 1x in past month); 50% of 8th graders saw nurse at least 1x in past month

Weaknesses:
- No resource guide for on or off-site SHS
- No on-site SHS or condom distribution
- School nurses do not provide any SHS
- No evidence as to quality of local SHS services to which students are referred

Context
- School nurses are contracted, not employees of district

Right Next Steps:

ESHE Policy
(sources: ESHE District Policy Review, District Policy, BE Training Tool)
Strengths:
- District requires ½ credit health in high school
- Minnesota Office of fetal Alcohol Syndrome advisory group provides community input and support
- Community education advisory council provide community input and support
- Tracking pregnant and parenting teens?
-

Weaknesses:
- No policy
- No written curriculum framework
- Need to track students who have a baby and dropping out of school?

Right Next Steps:

ESHE Practices
(sources: ESHE Program Review, BE Training Tool)
Strengths:
- All 7th graders receive content on body systems, STIs/HIV, sex ed in science class (~20 hours)
- Some 7th grade students participate in Live It ("need based")
- Live It for 10-12th grade in spring of each year, includes content related to pregnancy development, STI/HIV, contraception, sex ed (~20 hours)
- Teachers prohibit harassment/bullying based on actual or perceived sexual orientation/gender expression
- ESHE teachers are comfortable with content and skilled in creating a safe environment for youth to learn content and participate in discussions; some teachers have background in ESHE

Commented [KB2]: Did I interpret this correctly? What does "need based" mean?

Commented [KB3]: (is this the ½ health credit?) So students don't participate in Live It each year but it is an elective offered for any 10th-12th grader? Is it a required part of the health credit so essentially all students get it at least once during high school?

District: Red Lake
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education, all teachers are observed 3x/year
- Live It curriculum incorporates a variety of teaching method and is a good cultural fit for the students
- Knowledge of levels of sexual activity and unprotected sexual activity per MSS data are indicators of where emphasis is needed in ESHE practices.

Weaknesses:
- District does not use an EBI in elementary, middle or high school
- ESHE programming is not implemented in ways to specifically meet the needs of LGB youth
- Some ESHE teachers do not have background in sexual health education

Context:
- MSS results:
  - 1 in 5 11th graders reports identifying as bisexual;
  - 74% of 11th graders (state average: 37%) and 45% of 9th graders (state average: 15%) report having had sex
  - 22% of 9th graders & 14% of 11th graders used no birth control method or condoms last time they had sex, both slightly higher than state average;
  - condom at last sex: 50% 9th grade (lower than state average), 64% 11th grade (equal to state average)
- Overall numbers who took MSS may be low compared to enrollment. Unsure if representative sample (n=72 11th grade, 110-130 in 5th-9th grade)

Right Next Steps:

> **Commented [KB4]:** What is enrollment? How do meml Red Lake team feel about whether these numbers are likely ι representative of the whole student body?

Table 2. Sources of data used in this report, by project area

Tool Name	Project Area	Who completes tool? District or Building-Level (Suggested person if applicable)	Tools used for this summary
ESHE District Policy Review	ESHE	District/Administration	1 copy rec'd by email
ESHE Program Review	ESHE	Building (ESHE teacher) or District/Admin (curriculum and instruction)	1 copy rec'd by email
ESHE MSS demographic data (to assess 'fit')	ESHE	MSS report from 4/10 convening	2013 data
SHS District Policy Review and Self-Assessment	SHS	District/Administration	1 copy rec'd by email
SHS Building Self-Assessment	SHS	Building (Counselor or Nurse)	1 copy rec'd by email, building not identified
SHS Student Key Informant Survey	SHS	Building (Students – use if completed self-assessment does not inform where students access	n/a

> **Commented [KB5]:** It would be helpful to know for these building-specific tools who filled out the tool, which building they are associated with OR if they filled it out thinking about all of the buildings in the district.

District: Red Lake
Date: Sept 15, 2015

		SHS)	
SHS MSS Data	SHS	MSS report from 4/10 convening	2013
SSE District Policy Review	SSE	District/Administration	1 copy rec'd by email, policy 514 downloaded from website
SSE Building Practices Review	SSE	Building (Principal and/or other admin)	1 copy rec'd by email, building not identified
SSE Building Walk-through	SSE	Building (Principal, counselor, teacher)	1 copy rec'd by email, building not identified
SSE MSS Data	SSE	MSS report from 4/10 convening	2013 data

District: St. James
Date: 10/12/15

SSE Policy
(sources: MDE evaluation data)

Strengths:
- In past 6 months, district has identified policies that guide SSE work and determined whether policies are aligned with state statues
- Involved in MDE National School Climate Center project

Weaknesses:

Right Next Steps:
- Continue work on MDE National School Climate Center project

SSE Practices
(sources: 2013 MSS Results)

Strengths:
- MSS Data. As compared to statewide averages in MN:
  - Physical safety across grades & gender generally similar to state wide averages
  - 9th grade males report fewer instances of students spreading mean rumors/lies about them
  - 9th grade males & 11th grade females report less sexual harassment
  - 9th grade males & 11th grade males and females report high levels of agreement with "being a student is one of the most important parts of who I am."

Weaknesses:
- Staff and students may need more support to create safe environments for all youth (no GSA, no extra support to staff for how to create safe spaces)
- MSS Data. As compared to statewide averages in MN:
  - 8th grade males & 9th grade females report lower levels of certain aspects of physical safety
  - 8th grade males report more bullying for perceived sexual orientation;
  - 11th grade females report more bully for weight/physical appearance
  - 9th and 11th grade females report more instances of students spreading mean rumors/lies about them;
  - 11th grade males report more bullying via text/chat/websites
  - 11th grade females report slightly lower levels of connection to teachers/adults at school

Right Next Steps:
- Continue work on MDE National School Climate Center project

District: St. James
Date: 10/12/15

SHS Policy
(sources: MDE evaluation data)

Strengths:
- No policy prohibits referral to SHS

Weaknesses:
- No formal policy supports referral to SHS

Right Next Steps:

SHS Practices
(sources: MDE evaluation data, 2013 MSS results)

Strengths:
- District has partnerships with youth-friendly SHS providers and maintains referral lists

Weaknesses:
- Most students do not access school nurse (MSS data).

Right Next Steps:

ESHE Policy
(sources: MDE evaluation data)

Strengths:
- District has a Written Curriculum Framework for sexual health education
- District has done work in past year identify, analyze and document gaps in sexual health policy
- District has sexual health policy that aligns with state statute

Weaknesses:

Right Next Steps:

District: St. James
Date: 10/12/15

ESHE Practices
(sources: MDE evaluation data)

Strengths:
- Most recommended topics for ESHE included in middle school and high school curriculum
- FLASH used in middle school
- MSS Results. As compared to statewide averages:
  - 9th grade males report higher rates of condom use at last sex (100%!!)

Weaknesses:
- Skills taught to students in ESHE classes are not assessed
- Unclear whether evidence-based curriculum is used in high school
- Other than providing a curriculum, district does not provide other supports to those who teach sexual health education
- MSS Results. As compared to statewide averages:
  - 9th grade females and 11th graders have higher rates of sexual activity
  - 9th grade females reporting much higher use of "withdrawal" method of pregnancy prevention at last sex
  - 11th grade females report higher rates of using "no method" to prevent pregnancy at last sex & lower rates of condom at last sex
  - 11th grade males report lower rates of condom use at last sex
  -

Right Next Steps:

District: Minneapolis
Date: 11/16/2015

SSE Policy
Sources: SSE District Policy Review, MDE Evaluation Data

Strengths:
- District mission and policies include respect for diversity, and ensure safe schools for all.
- District policy specifically protects students from bias-based harassment, violence and discrimination.
- Schools encouraged to have GSAs
- Required trainings for teachers & staff on bullying and harassment policies.
- Multiple stakeholders engaged in creation of new behavior standards policy.
- New discipline policy includes restorative practices and other tiered supports/formative discipline, and do not emphasize suspensions and expulsions.

Weaknesses:
- Parents and students are not required to be trained in bullying and harassment policies
- Discipline data not effectively used to detect racial bias in referral practices or to identify students at risk to offer them extra support.

Right Next Steps:

SSE Practices
Sources: MDE Evaluation Data, 2010 MSS Results

Strengths:
- Many schools have GSAs
- Restorative practices happening within some classrooms and at some schools

Weaknesses:
- Policies ahead of practices. Practices needed that effectively and systematically provide student support while ensuring safe and supportive learning environments.
- Students do not all feel safe from physical and emotional harm at or near school. Levels lower than MN averages for physical safety.

Right Next Steps:

SHS Policy
Sources: SHS District Policy Review and Self-Assessment

Strengths:
- Parents informed about available SHS
- Outside clinical services provided to students via formal agreement.

Weaknesses:
- No formal SHS referral policy or resource guide

Right Next Steps:

District: Minneapolis
Date: 11/16/2015

SHS Practices
Sources: SHS District Policy Review

Strengths:
- Nine high schools have a school-based health center which offer comprehensive SHS
- All high schools and middle schools employ school nurses

Weaknesses:
- Condoms not made directly accessible to students
- LARCs not available at on-site SBHCs
- School nurses do not provide sexual health services

Right Next Steps:

ESHE Policy
Sources: ESHE District Policy Review

Strengths:
- District has policy that complies with state statute and provides clear support for effective sexuality and health education
- District informs stakeholders of sexual health curriculum, allows for parental review and opt-out
- District has a Written Curriculum Framework and mandated ESHE standards

Weaknesses:

Right Next Steps:

ESHE Practices
Sources: ESHE Program Review, 2010 MSS Data

Strengths:
- Making Proud Choices implemented in middle schools by [mostly] trained teachers with fidelity
- Safer Choices implemented in high schools by [mostly] trained teachers with fidelity
- Schools identify "safe spaces" for LGBT youth and harassment and bullying based on a student's perceived or actual sexual orientation or gender expression is prohibited.
- Teachers are supported to deliver high-quality ESHE programs and are mostly effective at creating safe spaces for youth participation
- Curricula are a good fit for youth, families and stakeholder and encourage parent-child communication.
- 12th graders on 2010 MSS reported higher rates of using hormonal methods and lower rates of withdrawal at last sex than state average

District: Minneapolis
Date: 11/16/2015

Weaknesses:
- No sexuality and health education in elementary school
- Sexual health curricula do not specifically include information relevant to LGBT youth
- Over 50% of 9th graders reported having had sexual intercourse on 2010 MSS
- 12th graders on 2010 MSS reported higher rates of using no method and lower rates of condom use at last sex than state average

Right Next Steps: