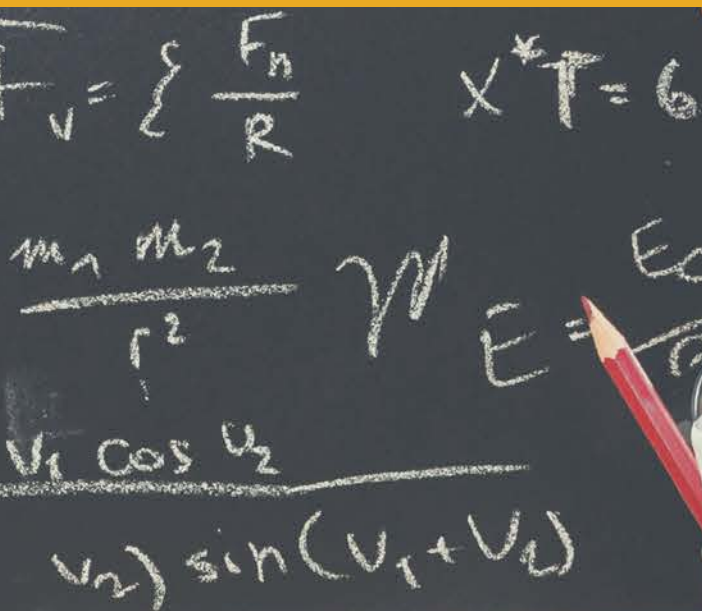# Examining Student Perspectives on Social Emotional Health and School Safety in Charter and Traditional Public Schools

DICK M. CARPENTER II // MICHELE E. EATON

PROGRAM ON EDUCATION POLICY AND REFORM

CENTER FOR THE STUDY OF GOVERNMENT AND THE INDIVIDUAL
University of Colorado Colorado Springs

MAY 2020

EXECUTIVE SUMMARY

The social emotional health of school-aged children and school safety have garnered increasing attention in recent years. Due to their expected innovation, charter schools may implement practices and programs that result in greater social emotional health and safety, but researchers are only now beginning to study the proposition.

This report used three years of data from a large, statewide survey of middle and high school students in Colorado to examine whether respondents in charter schools report greater social emotional health than peers in traditional public schools (TPS). The report also analyzed whether charter students perceive their school environments to be safer than their peers in TPS.

Results indicated students in both types of schools generally reported high levels of social emotional health and perceptions of school safety and very similar responses across the panel of questions. Consequently, few of the differences between school types were statistically significant. Such results suggest charter schools may not be implementing relevant practices and policies that differ from TPS, although ceiling effects may also help explain the results.

In recent years, educational leaders, policy makers, and researchers have paid increasing attention to the social emotional health of school-aged children. Positive social emotional health is defined by cooperative and pro-social behavior, initiation and maintenance of peer friendships and adult relationships, management of aggression and conflict, development of a sense of mastery and self-worth, and emotional regulation and reactivity (Aviles et al., 2006; High, 2017). Much of this attention has come amidst reports of bullying, harassment, and other harmful behavior in schools thought to affect student social emotional health (Hattie, 2012; High, 2017; Theriot & Orme, 2016; von Marées & Petermann, 2012).

In Colorado, for example, an October 2019 student suicide led school officials at Arapahoe High School to convene a school-wide meeting of parents (Allen, 2019). The student's death was the 9th suicide in recent years among the school's students, including back-to-back suicides in one week the prior fall. Arapahoe's school district—Littleton Public Schools—was also included in a study of youth suicide.

In another example, five months prior to the 2019 school shooting at a Colorado charter school—STEM School Highlands Ranch—a Douglas County school district official sent a letter to the school's administrators urging them to investigate allegations of violence, sexual assault, and campus bullying (Ellis et al., 2019). According to the letter, a STEM School Highlands Ranch parent contacted a member of the Douglas County Board of Education to express concerns about the school's environment that could make it "another Columbine."

The relationship between school environment and student social emotional health is coming under increasing scrutiny. Research suggests schools can affect social emotional learning both directly (Allensworth & Easton, 2007; Durlak et al., 2011) and through the implementation of policies and practices that improve a school's culture and climate and promote positive relationships (Battistich et al., 2004; Berkowitz et al., 2016; Blum et al., 2004; Hamre & Pianta, 2006; Jennings & Greenberg, 2009; McCormick et al., 2015).

Unlike home environments, school environment is something school officials can reasonably influence, and during the school year, it is where most students spend much if not most of their waking hours. Research on the relationship between school environment and student social emotional health examines factors such as teacher-student or student-student relationships (Cohen, 2006; High, 2017; Reppy & Larwin, 2020); levels of aggression, bullying, and violence (Goldstein et al., 2008; Sullivan et al., 2006); various interventions (McNeeley; Nathanson et al., 2016); and student characteristics (Osher et al., 2014).

Curiously absent, however, are studies that examine the relationship between school characteristics and student social emotional health (Loeb et al., 2019). Loeb et al. found schools as a whole—separate from the effects of other factors—can influence social emotional health, but their research did not examine if particular school characteristics were related to social emotional health. Is there a systematic difference in student social emotional health based on school size, urbanicity, or student composition, for example?

Researchers are only just beginning to examine a school's choice status as a characteristic that may affect student social emotional health. As discussed in greater detail below, it is possible that public schools of choice—such as charter schools—offer environments more amenable to greater positive student social emotional health. Choice schools are designed to be more innovative and may, for example, pursue novel programming to improve school climates, student social emotional health, and school safety or implement unique structures that foster more productive and positive relationships between teachers and students. Whether students in choice schools systematically report greater levels of social emotional health and safer school environments remains very much an open question and one we consider in this report. We do so by using student-level data in Colorado to examine differences in measures of social emotional health and perceived school safety between students in charter schools and those in traditional public schools (TPS).

Background on Student Social Emotional Health

Social-emotional health at its simplest is a child's capacity to form secure relationships; experience and regulate emotions; and explore and learn (Blackwell et al., 2007; Cohen, 2006; High, 2017). Positive social emotional health is marked by an ability to display empathy, manage feelings more easily, have self-confidence, and develop friendships more easily. Conversely, poor social emotional health refers to negative emotions, sadness/depression, anxiety, poor social adjustments, poor self-regulation skills, a lack of confidence, and low levels of cooperation (Blaas, 2014). Greenberg, Domitrovich, Weissberg, and Durlak (2017), Cohen (2006), and High (2017) all assert children with greater social emotional health are more likely to succeed in outcomes such as academic achievement, career growth, stable relationships, readiness for college, and positive civic engagement.

Yet, recent empirical studies about social emotional health among students suggest the need for significant attention. Indicators of student social emotional distress, including depression, anxiety, and behavioral disorders, have increased in recent years (McNeeley; Twenge et al., 2019). The Centers for Disease Control and Prevention (2020) reported increasing numbers of children diagnosed with mental and behavioral health disorders. Children with anxiety and depression, for example, grew from 5.4% in 2003 to 8.4% in 2011. In a recent analysis, Twenge et al. (2019) studied U.S. adolescents and adults from the National Survey on Drug Use and Health. They reported rates among adolescents aged 12 to 17 of major depressive episodes increased 52% (from 8.7% to 13.2%) between 2005 and 2017, and among young adults aged 18 to 25 the increase was 63% (from 8.1% to 13.2%) between 2009 and 2017.

Ward, Haddock, Simon, and Strambler (2018) and Barnes, Smith, Daunic, and Leite (2016) asserted a growth in socially and emotionally toxic trauma among children in recent years, some of which was tied to experiences in school. The primary school environment factor affecting student social emotional health was lack of school connectedness caused by fear of violence and/or bullying at school (Barnes et al., 2016; Espelage & Colbert, 2015; Walsh et al., 2013; Ward et al., 2018), which stem from student anger externalized as aggression.

Goldstein, Young, and Boyd (2008) and Sullivan, Farrell, and Boyd (2006) stressed social aggression can harm social emotional health in aggressors and victims, resulting in social anxiety, loneliness, depression, peer difficulties, and substance abuse. Social aggression can be manifest in familiar ways—such as bullying—but it now additionally takes on the more contemporary form of cyberbullying, the victims of which report many of the same effects as traditional bullying—increased depression, anxiety, loneliness, and suicidal behavior (Løhre et al., 2011).

The latter of those has garnered particular attention in research. The Centers for Disease Control (2018) recently reported suicides among all age groups in the U.S. increased by 30% from 2000 to 2016. In 2017 alone, there were 6,241 suicide deaths among adolescents and young adults, ages 15 to 24—its highest point since 2000 (Miron et al., 2019). That number represents almost 12 out of 100,000 adolescent lives lost to suicide. Unfortunately, Colorado saw the highest increase in the youth suicide rate in the U.S. since 2016 (America's Health Rankings, n.d.).

Research consistently links poor social emotional health to suicide among people of all ages; however, youth are more susceptible to this connection given lack of maturity in dealing with negative emotions (Bridge et al., 2006; High, 2017; Miron et al., 2019; Porta et al., 2018). Some contributing factors lie outside the influence of schools, but others are definitely within the purview of school leaders. A study on suicide ideation among students in the Dallas Independent School District, for example, found 47% of respondents did not know how to seek help or were unsure of how to do so. Moreover, 44% said they did not have a sense of—or were unsure of—feeling welcomed or belonging within their school community (Grigsby, 2020).

Links Between Social Emotional Health and School Safety

When discussing the relationship between student social emotional health and school safety, we note that student perception of school safety is as important as behavioral measures of school safety relative to the student's social emotional health. And, perception of school safety is tied to sense of school belonging, which is key to student social emotional well-being (Barnes et al., 2016; Espelage & Colbert, 2015; Gase et al., 2017). For example, in their examination of more than 33,000 Los Angeles TPS secondary school students, Gase, Gomez, Glenn, Inkelas, and Ponce (2017) found strong associations between student outcomes of well-being (e.g., absence of depressive symptoms, suicidal ideation, drug use, and grades) and student perceptions of school engagement and safety. Likewise, Furlong, You, Renshaw, Smith, and O'Malley (2014) studied associations between high school students' social emotional health, as measured by the Social Emotional Health Survey, and school safety perceptions. Results indicated a strong positive correlation between social emotional wellness and feeling safe and secure at school. Students in this study also reported proactive efforts on the part of teachers to improve student well being would contribute positively to their perceptions of school safety and climate (Furlong et al., 2014).

As discussed above, student aggression is linked to social emotional health, and so, too, it is linked to perceptions of safety. Goldstein, Young, and Boyd (2008) found exposure to peer aggression significantly diminished student perception of their school's safety. The presence or use of weapons in school is an extreme example of social aggression. Ferguson, San Miguel, and Hartley (2009) and Walsh et al. (2013) assert those victimized by someone brandishing a weapon can undergo social emotional harm into adulthood. The frequency at which young people carry weapons is not inconsequential. According to Walsh et al. (2013) and Ferguson, San Miguel, and Hartley (2009), figures from 2009 showed 14% of students reported carrying a gun, knife, club, or other similar weapon. As of 2017, about 16% of high school students reported they had carried a weapon somewhere at least one day during the previous month, and 4% reported carrying a weapon on school grounds during the same time period (National Center for Education Statistics, 2019).

How Schools Can Facilitate Positive Social Emotional Health of Students and Greater School Safety

While factors associated with student social emotional health outcomes are numerous, and many are external to school environment, George, Zaheer, Kern, and Evans (2018), Ward et al. (2018), and Espelage and Colbert (2015) all stress schools are likely in the best contextual position to identify student social emotional problems and provide direct, programmatic, or referral support to students in need. According to Ward et al. (2018), schools are ideally positioned to employ buffering and prevention practices to alleviate long-term harmful effects of prolonged student stress, though only a fraction of students in need of support seek it from school services (George et al., 2018).

One of the most effective ways for schools to foster a more positive school environment is to hire, train, and continue to develop teachers who are genuinely willing to engage with students in mentoring relationships. Cohen (2006), High (2017), and Reppy and Larwin (2020) emphasize when teachers acknowledge student interests, perceptions, and feelings and when students receive, acknowledge, and return genuine respect from teachers, this encourages a more mature state of social emotional health. Hattie (2012) and Mirsky (2011) also stress the importance of positive, compassionate teacher engagement to students' sense of school belonging and agree with most researchers that this sense of belonging and identity with school is crucial to youth social emotional development. In a recent study by Beck, Zusevics, and Dorsey (2019), 29 teenagers between ages 14 and 19 were asked to discuss what they thought were the best ways for schools to prevent campus violence. The students concurred the school would be well served to focus on fostering meaningful relationships between students and teachers, and students and administrators. The students believed authentic, caring relationships and sense of school belonging would foster resilience and student anti-violence activism (Beck et al., 2019).

In addition to fostering relationships between teachers and students, schools can and do implement various instructional programs, such as violence prevention and intervention; mindfulness training (learning how to be fully present, aware of where we are and what we are doing, and not being overly reactive or overwhelmed by what is going on around us); depression literacy programming (curriculum that cultivates awareness of symptoms, causes, and treatments of depression, encourages treatment-seeking behavior, and promotes engagement in pleasant activities) (Beaudry et al., 2019); and stand-alone social skills training (targeted training in social skills for specific groups, such as youth with attention deficit/hyperactivity disorder) (Willis et al., 2019).

Restorative practice is one example of such a program and is gaining particular attention for its potential positive effects on both social emotional health and school safety (Hattie, 2012; High, 2017; Mirsky, 2011). High (2017) defines restorative practice as programmatic activities within the school environment intended to address specific infractions (rather than, for example, responding predominantly with punitive discipline) and ultimately to protect and promote student dignity. Mirsky (2011) opines restorative practices teach students "to confront their unacceptable behavior, repair the harm they've done, and build community" (p. 45), thus cultivating a safer, more supportive school environment.

Educators can use restorative practice to address student misbehavior when it occurs by making students aware of how their behavior affects others and themselves. Holistically, educators can apply it as a method for increasing social emotional literacy in students with the goal of preventing future social emotional problems, cultivating a more positive school experience, and generating better academic outcomes (High, 2017; Kehoe et al., 2018). Restorative practice emphasizes positivity, self-awareness, and happiness; greater harmony; increased empathy towards others; awareness of one's own behavior and being accountable for it; increased respect for self and others, and reflective thinking.

Formal restorative practice programs are known for their ability to engender a more equitable and holistic school environment—essentially a transformative learning environment in which students experience social and emotional safety from their peers and teachers in form of reconciliation (in the case of wrong doing) and empowerment (as in social emotional health) (High, 2017; Kehoe et al., 2018). More specifically, researchers and educators believe restorative practices to be better able to prepare students to be respectful, responsive citizens in a global community (Greenberg et al., 2017). One study gathered data from approximately 40 schools since 1999 and found restorative practices programs increased school safety and decreased discipline problems (Mirsky, 2011). McClusky et al. (2008) and Wong et al. (2011) found restorative practices resulted in fewer bullying incidents, greater collegiality among staff, and more authentic relationships between teachers and students.

This is, of course, one programmatic example. There are many other programs and interventions used in schools to facilitate strong social emotional health. Some of those programs are used successfully in charter schools, including Second Step (McNeeley, 2016) and RULER (Nathanson et al., 2016). Greenberg, Domitrovich, Weissberg, and Durlak (2017) opine programs like restorative practice and others like these can lead to measurable and potentially long-lasting improvements in many areas of children's lives by enhancing students' self-confidence, increasing individual engagement in school, and reducing behavior problems by promoting positive behaviors. The broad hope among education researchers, policy makers, and school administrators is that a move toward relational behavior management will accomplish what exclusionary discipline and corporal punishment have not, especially for preventing student aggression and promoting positive student social emotional health (Kehoe et al., 2018).

Charter Schools, Social Emotional Health, and School Safety

Interventions like these can be implemented in practically any type of school, but charter schools are theoretically better positioned to do so. From their inception, charter schools were—and still are—intended to be educational innovators (Lake, 2008). Compared to TPS, charter schools enjoy greater relative autonomy or flexibility in how they organize their environments, what instructional practices they offer, and which disciplinary practices they employ (Flanders, 2017). In theory, this means charter schools, as opposed to TPS, are free to "do whatever it takes to build the skills, knowledge, and character traits their students need to succeed in today's world" (United States Department of Education, 2004, p. 1). Applied to the present context, charter schools, by design, are more organizationally empowered to implement social emotional learning practices, school safety interventions, and other innovations than TPS (Chubb & Moe, 1990).

Mulloy's (2009) study of an urban charter school with high levels of student social emotional health illustrates this. Through extensive observations and interviews, Mulloy found the school created an environment to maximize relationship building between teachers and students, which differed significantly from students' prior schools in which students received little attention from teachers.

The charter school also used its autonomy to implement innovative practices. It operated, among other things, an 11-hour school day—with enrichment and internship programs that kept students productively engaged and away from the negative influences in neighborhoods surrounding the school—overnight retreats, college tours, extensive tutoring, peer mediation, and counseling programs.

Another study evaluated the impact of restorative practices on student success as represented by attendance rates, discipline referrals, and academic performance within an urban charter school. The school utilized restorative practices in the form of open communication "safe spaces" where students could take ownership of their behaviors without fear of punitive action (Freeman, 2018). The study included 15 African American males in 11th and 12th grades. The study results suggested implementation of restorative practices yielded statistically significant differences pre- and post-intervention for participants in the accrual of discipline referrals but found no statistically significant differences in attendance rate and grade point average after the implementation of restorative practices.

The significance here was not substantively due to school type, but to intervention efficacy (Freeman, 2018). However, charter schools are, by design, in a position to more easily implement interventions like this. Indeed, in the early 2000s, charter schools were among some of the first schools to implement restorative justice practices (Fine, 2017). If charters are implementing programs like this more systematically than TPS, it would theoretically result in differences in student social emotional health and perceptions of school safety between charters and TPS.

We say "if," because, to date, almost no research has examined if charter schools systematically produce environments that lead to differences in social emotional heath. The only study we found was DeAngelis and Dills (2018) on the effects of school choice on mental health. A difference-in-differences approach estimating the effects of charter school laws on adolescent suicide rates found states adopting charter school laws saw a decline in adolescent suicide. The authors attribute the results to the competitive influence of choice. When schools face greater competition, they arguably strive to improve their school cultures and climates, among other things. Consistent with discussions above, improved school climates would then be related to positive social emotional health among students.

Similarly, if charters are systematically adopting innovative social emotional interventions, we might expect to see measurable differences in perceptions of school safety. Unfortunately, student perceptions of safety are not well-researched, although some studies are beginning to report a modest improvement in youth and parent perceptions of school safety in charter schools (Gase et al., 2017; Hamlin, 2017). One such study, which compared perceived school safety in charter schools and TPS in Detroit, Michigan, linked student surveys to data on school, neighborhood, and parent characteristics (Hamlin, 2017). The study found charter schools exhibited higher levels of student-perceived school safety than TPS, although after controlling for attributes of school choosers (i.e., parents), differences in perceived school safety between charter and TPS diminished.

Hamlin's work is similar to other studies that examined perceived safety by teachers and principals (Christensen, 2007) and parents (McCully & Malin, 2003). Using data from the Schools and Staffing Survey, Christensen found threats to persons and troubling behavioral problems were evident in both charter and TPS, but teachers and principals in the latter consistently perceived more safety problems in their schools than did teachers and principals in charter schools.

Christensen was unable to identify specific practices within charter schools that accounted for such differences, since apart from student dress code and uniform requirements, charters did not seem to consistently use different approaches to safety. For their part, McCully and Malin (2003) surveyed 300 parents of New York charter school students and asked about, among other things, perceptions of safety, particularly compared to their children's prior TPS. Nearly all the parents—90%—expressed satisfaction with the safety of their charter schools, saying their children's schools had no problems with carrying guns on school property, gang activity, drug use, or destruction of school property.

Study Context

To this literature we add an analysis of perceptions of middle and high school students in Colorado. The Centennial State makes for an interesting study context for several reasons. First, Colorado allowed for the creation of charter schools almost from the beginning of these public schools of choice. Minnesota adopted the first charter law in 1991, and Colorado adopted its charter law in 1993. More than 200 charter schools operate in Colorado, serving the educational needs of more than 100,000 students (Schlieman, 2016).

Second, since the Columbine shootings of 1999, Colorado school leaders have been particularly attuned to issues of school safety, but, as discussed above, social emotional health among school-aged children has also gained increasing attention in recent years. The suicide rate among Colorado teenagers, for example, has galvanized much of the attention. Between 2013 and 2017, suicide grew to be one of the leading causes of teen death in the state (Brundin, 2020; Fish, 2019; Mauro, 2019), putting the state in the top 10 in the nation (Mauro, 2019). Suicide is, of course, only one manifestation of social emotional health needs, but other indicators tell a similar story. For example, one quarter of all mental health emergency room visits in Colorado are now made by children younger than 18 (Center for Improving Value in Health Care, n.d.).

State agencies and nonprofits have responded by offering mental/social/emotional health resources to schools (Colorado Department of Education, n.d.; Colorado Department of Public Safety, n.d.; Mental Health Colorado, n.d.). For their part, many school districts in the state have made changes to allow students greater access to mental health services (Brundin, 2020). Those services are not limited just to those provided in school. Colorado Springs School District 11, for instance, ensures students have access to counseling services during holiday breaks by partnering with local clinics to serve student needs (Villanueva, 2019). The state legislature, too, has engaged on the issue, passing HB19-1120, which allows students as young as 12 years old to received mental health services without parental approval (Brundin, 2020). And in the 2020 legislative session, five of the first education bills introduced by lawmakers focused on mental/social/emotional health (Meltzer, 2020).

Third, the state has gathered biennial student-level data on social emotional health and perceptions of school environment in middle and high schools from 2013 to the present using an instrument called the Healthy Kids Colorado Survey (HKCS). The purpose of this survey is to better understand youth health and the factors that help young people make healthy choices. Participation in the survey is voluntary by students and schools, but it is, nevertheless, widely used. In 2017, for example, almost 54,000 students in 190 middle and high schools—including charter schools—completed surveys (Colorado Department of Public Health and Environment, n.d.).

Questions on the HKCS ask about a wide variety of student experiences and behaviors, both in and out of school. These include risk behaviors; bullying; mental, behavioral, and physical health; relationships with others; and perceptions of school environments. Altogether, the high school instrument includes 114 questions; the middle school instrument includes 65.

Methods

Using these data, this study was guided by two primary questions:

1. Is there a statistically significant difference in the social emotional health of students in charter schools versus those in TPS?
2. Is there a statistically significant difference in student perceptions of school safety between those in charter schools and those in TPS?

Data and Sample

The HKCS data for the study were provided by the Colorado Department of Public Health and Environment. The years included in this study were 2013, 2015, and 2017. The items from the surveys in our analyses included:

Social Emotional Health

· Ever felt sad or hopeless almost every day for 2 weeks past 12 months
· Ever seriously thought about suicide
· Ever made a suicide plan
· Ever tried to commit suicide
· Purposefully hurt self without wanting to die 1+ times past 12 months (high school only)
· Have someone to talk to when feeling sad, empty, hopeless, angry, or anxious (high school only)
· Have an adult to go to for help with a serious problem (high school only)

School Safety

· Ever carried a weapon
· Missed school 1+ days because felt unsafe past 30 days (high school only)
· Ever been in a fight
· Threatened/injured with weapon at school 1+ times past 12 months (high school only)
· Ever been bullied at school
· Ever been electronically bullied
· Feel safe at school (high school only)

As noted in the list, some items appeared only on the high school survey. All items were answered yes/no.

The sample included students in traditional and charter schools (high school: TPS n = 84,622, charter n = 2,068; middle school: TPS n = 20,971, charter n = 827). As Table 1 indicates, characteristics of the high school students were similar in most respects between TPS and charter schools. One of the more pronounced differences was in the racial/ethnic distribution of students, where TPS reported a greater percentage of white students than did charters. These trends were similar among middle school students.

Table 1: Sample Demographics

	High School		Middle School	
	TPS	Charter	TPS	Charter
Hispanic	35%	42%	34%	42%
American Indian	1%	1%	3%	1%
Asian	3%	3%	2%	3%
Black	3%	3%	4%	3%
Native Hawaiian/Pacific Islander	0%	0%	1%	0%
White	53%	46%	48%	44%
Multiracial/Multiethnic	5%	4%	6%	4%
Grade				
6			13%	18%
7			44%	49%
8			43%	34%
9	29%	31%		
10	26%	31%		
11	25%	21%		
12	20%	16%		
Sex				
male	50%	48%	50%	47%
female	50%	52%	50%	53%
Mean age	16	16	13	12

The analysis described below also used school-level data accessed from the Colorado Department of Education (CDE). Over the past two decades, researchers have compiled a growing body of evidence that points to school characteristics as a significant contributing factor to the promotion or prevention of childhood aggression problems (Barnes et al., 2016; Thomas & Bierman, 2006). Factors include size, urbanicity, and student socioeconomic status (Colder et al., 2000; Thomas & Bierman, 2006). To control for school-level factors, the data we gathered from the CDE included the racial/ethnic composition of the student body, the percentage of students that qualified for free/reduced lunch, total school enrollment, and school performance.

The latter was measured using the school performance framework (SPF), which is an annual assessment of school (and district) performance in student achievement and postsecondary and workforce readiness. Based on their performance, schools are rated on a four-point scale indicating their status: 0 = turnaround, 1 = priority improvement, 2 = improvement plan, 3 = performance plan. Turnaround schools are identified as among the lowest performing schools in the state. They are not meeting or are only approaching expectations on most performance metrics. Priority improvement schools are identified as low performing and are also not meeting or are only approaching expectations on most performance metrics. Improvement plan schools are identified as lower performing. They may be meeting expectations on some performance metrics, but they are not meeting or are only approaching expectations on many metrics. Finally, schools with a Performance Plan are meeting expectations on most performance metrics.

Analyses

Differences between charters and TPS were analyzed using logistic regression with two versions of the sample. The model took the form:

$$\ln(P/1\text{-}P) = \beta_0 + \beta_1(\text{charter}) + X + \varphi$$

where

Y = items listed above (ever made a suicide plan, ever carried a weapon, etc.)
X = control variables (school variables: percentage of racial/ethnic minority students, percentage of students that qualified for free and reduced lunch, school performance (SPF rating), and school size; student variables: sex, age, race/ethnicity, and grade in school)
φ = year fixed effects

These models were first applied to all students in the sample, then to the sample reduced down only to students matched through propensity score matching.[1] This procedure enabled us to compare students in charters to those in TPS statewide and then to perform the analyses with a more homogenous sample.

Results

We present detailed results below for each representation of the sample, but the overall findings are three-fold. First, responses to the questions were very similar between those in TPS and those in charter schools. This was true for middle and high school samples and for the all-schools and matched samples. Consequently, few of the differences were statistically significant. Second, overall responses from high school students generally tend to be positive for the measures of social emotional health and school safety, but responses among middle school students are comparably less positive on many of the same measures. Third, the difference between middle and high school trends appears to explain by differences between social emotional health and school safety within the different grade sectors. High school students report more positive results for school safety than for social emotional health, but middle school students report the opposite—more positive perceptions on the social emotional health measures compared to opinions of school safety.

All Schools

The first set of results compares all charter school students to all those in TPS. Beginning with high school students, Table 2 indicates responses between schools were identical or almost identical for all the questions. To the extent there were differences, they never exceeded a percentage point on any question. Additionally, overall responses from high school students generally tend to be positive for the measures of social emotional health and school safety, but there was a pronounced difference in responses between social emotional health and school safety survey questions. On average, high school students reported more positive results for school safety (rows in grey; TPS and charter mean = 88%) than for social emotional health (rows in white; TPS and charter mean = 80%).
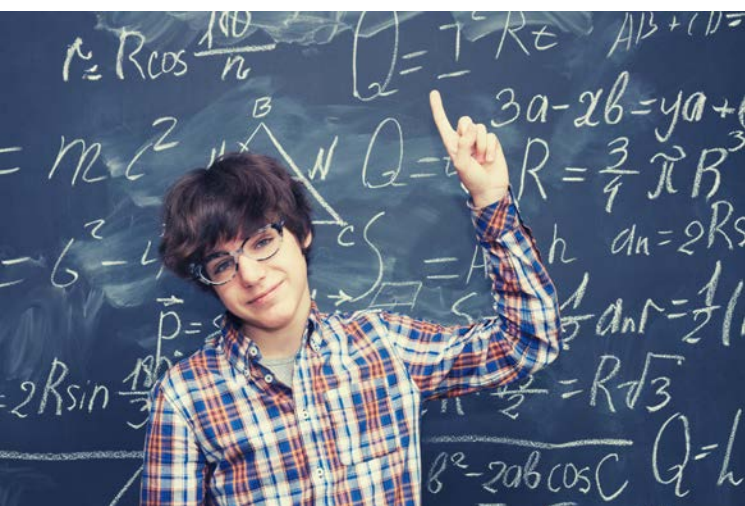
Table 2: Descriptive Statistics for Survey Questions—High School Sample

	TPS No	TPS Yes	Charter No	Charter Yes
Ever felt sad or hopeless almost every day for 2 weeks past 12 months	70%	30%	70%	30%
Ever seriously thought about suicide	83%	17%	82%	18%
Ever made a suicide plan	86%	14%	86%	14%
Ever tried to commit suicide	92%	8%	92%	8%
Purposefully hurt self without wanting to die 1+ times past 12 months	82%	18%	82%	18%
Have someone to talk to when feeling sad, empty, hopeless, angry, anxious	23%	77%	24%	76%
Whether have an adult to go to for help with a serious problem	27%	73%	27%	73%
Ever carried a weapon	94%	6%	95%	5%
Missed school 1+ days because felt unsafe past 30 days	94%	6%	94%	6%
Ever been in a fight	79%	21%	79%	21%
Threatened/injured with weapon at school 1+ times past 12 months	94%	7%	94%	6%
Ever been bullied at school	80%	20%	81%	19%
Ever been electronically bullied	84%	16%	85%	15%
Feel safe at school	11%	89%	10%	90%

Note: Social/emotional health items = white rows; School environment/safety = grey rows

Responses among middle school students were also quite similar based on school type, although the magnitudes of differences were somewhat larger in the middle school sample. As Table 3 illustrates, those in charter schools consistently responded "no" to the survey questions more so than those in TPS. This can be considered a more efficacious trend for charter schools. That is, charter school students more often said they did not seriously think about suicide, had never carried a weapon, etc. As for the magnitudes of the differences, they ranged from one percentage point (e.g., Ever made a suicide plan) to seven percentage points (e.g., Ever been in a fight).

Middle school results differed from high school results when comparing average social emotional health question responses to school safety items. On average, middle school students reported more positive results for social emotional health (rows in white; TPS mean = 83%, charter mean = 84%) than for school safety (rows in grey; TPS mean = 65%, charter mean = 69%). Moreover, assessments of school safety were markedly lower among middle school respondents compared to those in high school.

Table 3: Descriptive Statistics for Survey Questions—Middle School Sample

	TPS No	TPS Yes	Charter No	Charter Yes
Ever felt sad or hopeless almost every day for 2 weeks past 12 months	73%	28%	75%	25%
Ever seriously thought about suicide	80%	20%	82%	19%
Ever made a suicide plan	86%	14%	87%	13%
Ever tried to commit suicide	92%	8%	94%	6%
Ever been bullied at school	51%	49%	53%	47%
Ever been electronically bullied	76%	24%	81%	19%
Ever been in a fight	60%	40%	67%	33%
Ever carried a weapon	74%	26%	78%	22%

Note: Social/emotional health items = white rows; School environment/safety = grey rows

When subjected to regression analyses, the results comparing TPS to charter schools are consistent with those in the descriptive statistics. As Table 4 illustrates, none of the differences between charters and TPS are significant in the high school sample. In the middle school sample, three of the questions show significant differences between those in charter schools and those in TPS. Specifically, middle school students in charter schools were more likely to respond "no" to ever trying to commit suicide, ever been in a fight, and ever been bullied electronically.

Table 4: Regression Results for High and Middle School Samples, with Coefficients Showing Likelihood of Responding "No" to the Question

	High School		Middle School	
	B	Exp(B)	B	Exp(B)
Ever felt sad or hopeless almost every day for 2 weeks past 12 months	0.06	1.07	0.02	1.02
Ever seriously thought about suicide	0.04	1.04	0.13	1.14
Ever made a suicide plan	-0.01	0.99	-0.22	0.80
Ever tried to commit suicide	0.00	1.00	0.40*	1.50
Purposefully hurt self without wanting to die 1+ times past 12 months	0.05	1.05		
Have someone to talk to when feeling sad, empty, hopeless, angry, or anxious	0.04	1.05		
Whether have an adult to go to for help with a serious problem	-0.12	0.89		
Ever carried a weapon	0.16	1.18	0.40	1.49
Missed school 1+ days because felt unsafe past 30 days	-0.07	0.94		
Ever been in a fight	0.10	1.11	0.28*	1.33
Threatened/injured with weapon at school 1+ times past 12 months	-0.09	0.92		
Ever been bullied at school	0.07	1.08	0.08	1.08
Ever been electronically bullied	0.08	1.08	0.66*	1.94
Feel safe at school	-0.10	0.90		

* < .05. Note: Full regression results can be found in the appendix. Social/emotional health items = white rows; School environment/safety = grey rows

Matched Samples

With matched samples, the results are similar. Table 5 shows descriptive statistics for the matched high school sample. Differences between TPS and charter schools are still quite small, although most of the differences are slightly greater than those present with the all-schools sample in Table 2. And as in the all-schools sample, there was a noticeable difference in responses between social emotional health and school safety survey questions, with the same trend (greater means for school safety than for social emotional health) and identical means present in the matched sample as in the all-schools sample.

Table 5: Descriptive Statistics for Survey Questions—High School Sample

	TPS		Charter	
	No	Yes	No	Yes
Ever felt sad or hopeless almost every day for 2 weeks past 12 months	66%	34%	70%	30%
Ever seriously thought about suicide	79%	21%	82%	18%
Ever made a suicide plan	83%	17%	86%	14%
Ever tried to commit suicide	90%	10%	92%	8%
Purposefully hurt self without wanting to die 1+ times past 12 months	81%	19%	82%	18%
Have someone to talk to when feeling sad, empty, hopeless, angry, or anxious	25%	75%	24%	76%
Whether have an adult to go to for help with a serious problem	24%	76%	27%	73%
Ever carried a weapon	96%	4%	95%	5%
Missed school 1+ days because felt unsafe past 30 days	93%	7%	94%	6%
Ever been in a fight	84%	16%	79%	21%
Threatened/injured with weapon at school 1+ times past 12 months	95%	6%	94%	6%
Ever been bullied at school	77%	23%	81%	19%
Ever been electronically bullied	82%	18%	85%	15%
Feel safe at school	13%	88%	10%	90%

Note: Social/emotional health items = white rows; School environment/safety = grey rows

Differences between TPS and charter schools in the middle school sample are likewise small (see Table 6), but as with the all-schools sample, differences in the matched middle school sample are larger than in the matched high school sample. Additionally, differences in the matched sample between social emotional health and school safety display similar trends to those in the all-schools sample—social emotional health questions show greater means than school safety—but the differences in the magnitudes are greater in the matched sample: social emotional health (rows in white) TPS mean = 90%, charter mean = 85%); school safety (rows in grey) TPS mean = 69%, charter mean = 59%.

Table 6: Descriptive Statistics for Survey Questions—Middle School Sample

	TPS		Charter	
	No	Yes	No	Yes
Ever felt sad or hopeless almost every day for 2 weeks past 12 months	83%	17%	74%	26%
Ever seriously thought about suicide	88%	12%	84%	16%
Ever made a suicide plan	95%	5%	87%	13%
Ever tried to commit suicide	97%	3%	95%	5%
Ever been bullied at school	60%	40%	58%	42%
Ever been electronically bullied	72%	28%	88%	12%
Ever been in a fight	64%	36%	66%	34%
Ever carried a weapon	80%	21%	84%	16%

Note: Social/emotional health items = white rows; School environment/safety = grey rows

Finally, the matched sample regression results are similar to the all schools sample. None of the differences between charters and TPS are significant. However, three of the items in the middle school sample showed significant differences: ever carried a weapon, ever been in a fight, and ever bullied electronically. Unlike the all-schools sample, charter students were less likely to respond "no" to ever carried a weapon or ever been in a fight. Conversely, they were more likely to respond "no" to being bullied electronically.

Table 7: Regression Results for High and Middle School Samples, with Coefficients Showing Likelihood of Responding "No" to the Question

	High School		Middle School	
	B	Exp(B)	B	Exp(B)
Ever felt sad or hopeless almost every day for 2 weeks past 12 months	-0.26	0.77	-0.12	0.89
Ever seriously thought about suicide	-0.34	0.71	0.08	1.08
Ever made a suicide plan	-0.39	0.68	-0.01	1.00
Ever tried to commit suicide	0.91	2.48	0.06	1.06
Purposefully hurt self without wanting to die 1+ times past 12 months	-0.56	0.57		
Have someone to talk to when feeling sad, empty, hopeless, angry, or anxious	-0.92	0.40		
Whether have an adult to go to for help with a serious problem	0.14	1.16		
Ever carried a weapon	-0.88	0.41	-0.43*	0.65
Missed school 1+ days because felt unsafe past 30 days	-0.69	0.50		
Ever been in a fight	-0.42	0.66	-0.29*	0.75
Threatened/injured with weapon at school 1+ times past 12 months	-0.45	0.64		
Ever been bullied at school	0.52	1.68	-0.07	0.94
Ever been electronically bullied	0.04	1.04	0.42*	1.51
Feel safe at school	-0.58	0.56		

* < .05. Note: Full regression results can be found in the appendix. Social/emotional health items = white rows; School environment/safety = grey rows

Discussion and Conclusion

This study examined whether students in charter schools report greater social emotional health than peers in traditional public schools. We also analyzed whether charter school students perceive their school environments to be safer than their peers in TPS. Results indicated very similar responses on questions for social emotional health and school safety between those in TPS and those in charter schools. Consequently, few of the differences were statistically significant. Although it was not a primary focus of the study, we also found overall responses from high school students generally tended to be positive for the measures of social emotional health and school safety, but responses among middle school students were comparably less positive on many of the same measures. This difference appeared to be a function of disparate trends within the grade-level results. Namely, high school students report more positive results for school safety than for social emotional health, but middle school students report the opposite—more positive perceptions on the social emotional health measures compared to opinions of school safety. And that difference among middle school students was much greater than the difference among high school students.

The few differences between charter and traditional public schools suggest in the domain of social emotional health and student perceptions of safety charter schools as a whole may not be fulfilling the expectation as educational innovators (Lake, 2008). With the greater autonomy or flexibility in how they organize their environments, what instructional practices they offer, and which disciplinary practices they employ (Flanders, 2017), charter schools should be better positioned than TPS to offer unique interventions or environments to foster greater social emotional health and stronger perceptions of school safety.

Yet, the results above suggest charter schools as a group may not be pursuing unique interventions in the context we studied, or those they are utilizing may not be producing results greater than those employed by TPS. There is not, of course, a complete absence of innovative practices in this area, as Mulloy (2009) illustrates. But such schools may be exceptions rather than the rule in the charter sector.

To the extent most charters do not pursue innovative practices in this context, it would be consistent with some studies that find charters often look similar to TPS in many respects (Lubienski, 2003, 2006). Christensen (2007), for example, found no substantive differences in safety policies between charters and TPS, other than student dress code and uniform requirements. Preston, Goldring, Berends, and Cannata (2012) likewise compared charter schools to corresponding district schools and found the former differed only in teacher tenure and parental involvement. Moreover, in research that produced a typology of charter schools, Carpenter (2005; 2006) found although charter schools fit into a variety of different types, the greatest percentage fell into the "general" category. As he described, "These schools do not adopt innovative curricula or distinctive instructional strategies that distinguish them from mainstream public schools" (2005, p. 4).

More specific to the sample of this study, Carpenter and Kafer (2009) examined the distribution of Colorado's charter schools across Carpenter's original typology and found the greatest share—more than 65%—were in the "traditional" category, which is defined thus:

> Traditional schools stress high academic standards, challenging coursework, nightly homework, and other components often associated with a back-to-basics or college preparatory approach. Traditionalist philosophy places a high value on the acquisition of essential knowledge and skills and tends to view the teacher's role as the expert provider of that information. Core Knowledge schools and college-prep schools figure prominently in this group.

Consequently, another explanation for the lack of differences reported above may be that many schools in the sample—to the extent they pursue innovation—focus their efforts on other priorities, such as "high academic standards, challenging coursework, nightly homework, and other components often associated with a back-to-basics or college preparatory approach." This is not to say such schools ignore student social emotional health, just that their efforts at innovation may be focused elsewhere.

Finally, the lack of difference between charter and traditional public schools may be a consequence of simple ceiling effects (Šimkovic & Träuble, 2019). Descriptive statistics showed student responses to most of the measures were quite high. For example, as Table 2 illustrates 92% of charter and TPS students in high schools had not contemplated suicide in the past year, 94% of TPS and 95% of charter students had never carried a weapon, and 89% of both groups felt safe at school. Percentages among middle school respondents tended to be a bit lower, and, indeed, that is where we found statistically significant differences, suggesting ceiling effects may play a part in the findings. If so, such results should provide some encouragement about the social emotional health of students in Colorado's public schools and students' perceptions of their environments. If charter schools are unable to facilitate greater social emotional health or safer school environments because all schools are, on average, already realizing high rates, that is a trade-off worth keeping.

Endnote

1.   Matched samples have been used in other research on charter schools. For example, Johnson et al. (2016)—in a study of disciplinary incidents—used propensity score matching (PSM) to create a control group of TPS students against which to compare students from a charter school. Because charter school students often do not end up in those schools through random assignment, one cannot be certain any measured outcome—such as social emotional health—is a function of school type (charter versus TPS) or some other characteristic, such as family income. PSM is commonly used to create controls groups that "look" like treatment groups in order to isolate the relationship between an independent variable—charter school enrollment, in this case—and an outcome variable, such as social emotional health. Following Johnson et al.'s example, we used PSM to create a control group from among the TPS students in the sample.

PSM entails forming matched sets of treated (i.e., charter students) and untreated (i.e., TPS students) subjects who share a similar value on a propensity score (Rosenbaum & Rubin, 1983; 1985). The most common implementation of PSM creates pairs of treated and untreated subjects, such that matched subjects have similar values on a propensity score (Austin, 2011). The propensity score is the probability of treatment assignment conditional on observed baseline covariates (Rosenbaum & Rubin, 1983).

The propensity score is most often estimated using a logistic regression model, in which treatment status is regressed on observed baseline characteristics, such as race/ethnicity, socio-economic status, or gender. The estimated propensity score is the predicted probability of treatment derived from the regression model (Austin, 2011). In our application, the covariates included age, sex, race/ethnicity, grade, year, and the school district in which their school was located.

Because residual differences in baseline covariates between groups may exist even after matching, it is common to perform subsequent regression analyses using the propensity score as a covariate (Austin, 2011). Balancing tests on the covariates used in our study indicate significant differences between charter and TPS groups on a few of the variables, so we elected to include the propensity score in our regression analyses. Doing so also increases analytical precision and statistical power (Steyerberg, 2009).

References

Allen, E. (2019). *Arapahoe High School parents to meet after 9th suicide in recent years*. KDVR. Retrieved March 17 from https://kdvr.com/news/local/arapahoe-high-school-parents-to-meet-after-9th-suicide-in-recent-years/

Allensworth, E. M., & Easton, J. Q. (2007). *What matters for staying on-track and graduating in Chicago public high schools: A close look at course grades, failures, and attendance in the freshman year*. Consortium on Chicago School Research.

America's Health Rankings. (n.d.). *Teen suicide*. Retrieved March 20 from https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/ALL

Austin, P. C. (2011). An introduction to propensity score methods for reducing the effects of confounding in observational studies. *Multivariate Behavioral Research, 46*(3), 399-424.

Aviles, A. M., Anderson, T. R., & Davila, E. R. (2006). Child and adolescent social-emotional development within the context of school. *Child and Adolescent Mental Health, 11*(1), 32-39.

Barnes, T. N., Smith, S. W., Daunic, A. P., & Leite, W. L. (2016). Do student characteristics influence the effectiveness of the tools for getting along curriculum? An examination using a cognitive-behavioral intervention. *Education & Treatment of Children, 39*(4), 569-591.

Battistich, V., Schaps, E., & Wilson, N. (2004). Effects of an elementary school intervention on students' "connectedness" to school and social adjustment during middle school. *Journal of Primary Prevention, 24*, 243-262.

Beaudry, M. B., Swartz, K., Miller, L., Schweizer, B., Glazer, K., & Wilcox, H. (2019). Effectiveness of the adolescent depression awareness program (ADAP) on depression literacy and mental health treatment. *Journal of School Health, 89*(3), 165-172.

Beck, B., Zusevics, K., & Dorsey, E. (2019). Why urban teens turn to guns: Urban teens' own words on gun violence. *Public Health, 177*, 66-70.

Berkowitz, R., Moore, H., Astor, R. A., & Benbenishty, R. (2016). A research synthesis of the associations between socioeconomic background, inequality, school climate, and academic achievement. *Review of Educational Research, 87*, 425-469.

Blaas, S. (2014). The relationship between social-emotional difficulties and underachievement of gifted students. *Australian Journal of Guidance and Counselling, 24*(2), 243-255.

Blackwell, L. S., Trzesniewski, K. H., & Dweck, C. S. (2007). Implicit theories of intelligence predict achievement across an adolescent transition: A longitudinal study and an intervention. *Child Development, 78*, 246–263.

Blum, R. W., Libbey, H. P., Bishop, J. H., & Bishop, M. (2004). School connectedness—Strengthening health and education outcomes for teenagers. *Journal of School Health, 74*, 231-235.

Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry, 47*(3-4), 372-394.

Brundin, J. (2020, January 10). *Students In many parts of Colorado can now get mental health treatment without parental permission. But not in Denver*. Colorado Public Radio. Retrieved March 1 from https://www.cpr.org/2020/01/10/students-in-many-parts-of-colorado-can-now-get-mental-health-treatment-without-parental-permission-but-not-in-denver/

Carpenter, D. M. (2005). *Playing to type*. Thomas B. Fordham Institute.

Carpenter, D. M. (2006). Modeling the charter school landscape. *Journal of School Choice, 1*(2), 47-82.

Carpenter, D. M., & Kafer, K. (2009). *A typology of Colorado charter schools*. Colorado Departent of Education.

Center for Improving Value in Health Care. (n.d.). *New analysis shows frequency of mental health-related ED visits*. Retrieved March 1 from https://www.civhc.org/2019/12/03/new-analysis-shows-frequency-of-mental-health-related-ed-visits/

Centers for Disease Control and Prevention. (2020). *Data and statistics on children's mental health*. Retrieved April 21 from https://www.cdc.gov/childrensmentalhealth/data.html

Centers for Disease Control and Prevention National Center for Health Statistics. (2018). *CDC WONDER: About underlying cause of death, 1999-2017*. Retrieved March 20 from https://wonder.cdc.gov/ucd-icd10.html

Christensen, J. (2007). *School safety in urban charter and traditional public schools* (2007-1). Center on Reinventing Public Education.

Chubb, J. E., & Moe, T. (1990). *Politics, markets, and America's schools*. Brookings.

Cohen, J. (2006). Social, emotional, ethical, and academic education: Creating a climate for learning, participation in democracy, and well-being. *Harvard Educational Review, 76*(2), 201-237.

Colder, C. R., Mott, J. A., Flay, B. R., & Levy, S. (2000). The relationship between neighborhood danger and childhood aggression: A test of mediational mechanisms. *American Journal of Community Psychology, 28*, 83–103.

Colorado Department of Education. (n.d.). *Mental health*. Retrieved March 1 from
https://www.cde.state.co.us/cdesped/mentalhealth

Colorado Department of Public Health and Environment. (n.d.). *Overview: Healthy kids Colorado survey*. Colorado Department of Public Health and Environment. Retrieved February 27 from
https://drive.google.com/file/d/1i4aaIUYTN7G4lD1NgcPXuMEwPqg3hMi7/view?usp=sharing

Colorado Department of Public Safety. (n.d.). Retrieved March 1 from
https://www.colorado.gov/pacific/cssrc/mental-behavioral-health

DeAngelis, C., & Dills, A. K. (2018). *The effects of school choice on mental health*. Cato Institute. Retrieved March 20 from
https://www.researchgate.net/profile/Corey_Deangelis2/publication/328649266_The_Effects_of__School_Choice_on_Mental_Health/links/5c7aaa27a6fdcc4715a97aec/The-Effects-of-School-Choice-on-Mental-Health.pdf

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405-432.

Ellis, B., Hicken, M., & Harlan, J. (2019). *District urged school to investigate concerns it could become the next 'Columbine' months before Tuesday's fatal shooting*. CNN. Retrieved March 17 from
https://www.cnn.com/2019/05/09/us/colorado-shooting-district-investigation/index.html

Espelage, D., & Colbert, C. (2015). School-based bullying: Definition, prevalence, etiology, outcomes, and preventive strategies. In M. K. Holt & A. E. Grills (Eds.), *Critical issues in school-based mental health: Evidence-based research, practice, and interventions* (pp. 132-144). Routledge.

Ferguson, C. J., San Miguel, C., & Hartley, R. D. (2009). A multivariate analysis of youth violence and aggression: The influence of family, peers, depression, and media violence. *Journal of Pediatrics, 155*, 904–908.

Fine, S. M. (2017). *Struggling toward humanization: Restorative justice, deeper learning, and the pursuit of transformed relationships at an urban charter school* [doctoral dissertation, Harvard University]. Cambridge, MA.

Fish, S. (2019). *Younger Colorado students seek access to mental health care, without parental permission*. Chalkbeat. Retrieved March 1 from
https://chalkbeat.org/posts/co/2019/02/20/younger-colorado-students-seek-access-to-mental-health-care-without-parental-permission/

Flanders, W. (2017). Bang for the buck: Autonomy and charter school efficiency in Milwaukee. *Journal of School Choice, 11*(2), 282-297.

Freeman, M. (2018). *Impact of restorative justice on 11th and 12th grade African American male student success in a midwestern city large urban charter school district* [doctoral dissertation, St. Francis College of Education]. Joliet, IL.

Furlong, M. J., You, S., Renshaw, T. L., Smith, D. C., & O'Malley, M. D. (2014). Preliminary development and validation of the social and emotional health survey for secondary school students. *Social Indicators Research, 117*(3), 1011-1032.

Gase, L. N., Gomez, L. M., Kuo, T., Glenn, B. A., Inkelas, M., & Ponce, N. A. (2017). Relationships among student, staff, and administrative measures of school climate and student health and academic outcomes. *Journal of School Health, 87*(5), 319-328.

George, M. W., Zaheer, I., Kern, L., & Evans, S. W. (2018). Mental health service use among adolescents experiencing emotional/behavioral problems and school impairment. *Journal of Emotional and Behavioral Disorders, 26*(2), 119-128.

Goldstein, S. E., Young, A., & Boyd, C. (2008). Relational aggression at school: Associations with school safety and social climate. *Journal of Youth and Adolescence, 37*(6), 641-654.

Greenberg, M. T., Domitrovich, C. E., Weissberg, R. P., & Durlak, J. A. (2017). Social and emotional learning as a public health approach to education. *The Future of Children, 27*(1), 13-32.

Grigsby, S. (2020). *Dallas ISD mourns the loss of one teen to suicide and finds more concerns in its student wellness survey*. Dallas Morning News. Retrieved March 20 from https://www.dallasnews.com/news/commentary/2020/03/04/dallas-isd-mourns-the-loss-of-one-teen-to-suicide-and-finds-more-concerns-in-its-student-wellness-survey/

Hamlin, D. (2017). Are charter schools safer in deindustrialized cities with high rates of crime? testing hypotheses in Detroit. *American Educational Research Journal, 54*(4), 725-756.

Hamre, B. K., & Pianta, R. C. (2006). Student–teacher relationships. In G. G. Bear & K. M. Minke (Eds.), *Children's needs III: Development, prevention, and intervention* (pp. 59–71). National Association of School Psychologists.

Hattie, J. (2012). *Visible learning for teachers: Maximizing impact on learning*. Routledge.

High, A. (2017). Using restorative practices to teach and uphold dignity in an American school district. *McGill Journal of Education, 52*(2), 525-534.

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research, 79*(1), 491-525.

Johnson, M., Johnson, C. J., Richman, S., Demers, A., Gentile, C., & Lundquist, E. (2016). *The educational and behavioral impacts of the Ewing Marion Kauffman Charter School* (Working Paper 43). Mathematic Policy Research.

Kehoe, M., Bourke-Taylor, H., & Broderick, D. (2018). Developing student social skills using restorative practices: A new framework called H.E.A.R.T. *Social Psychology of Education, 21*(1), 189-207.

Lake, R. J. (2008). In the eye of the beholder: Charter schools and innovation. *Journal of School Choice, 2*(2), 115-127.

Loeb, S., Christian, M. S., Hough, H., Meyer, R. H., Rice, A. B., & West, M. R. (2019). School differences in social–emotional learning gains: Findings from the first large-scale panel survey of students. *Journal of Educational and Behavioral Statistics, 44*(5), 507-542.

Løhre, A., Lydersen, S., Paulsen, B., Mæhle, M., & Vatten, L. J. (2011). Peer victimization as reported by children, teachers, and parents in relation to children's health symptoms. *BMC Public Health, 11*(1), 278.

Lubienski, C. (2003). Innovation in education markets: Theory and evidence on the impact of competition and choice in charter schools. *American Education Research Journal, 40*(2), 395–443.

Lubienski, C. (2006). Incentives for school diversification: Competition and promotional patterns in local education markets. *Journal of School Choice, 1*(2), 1-31.

Mauro, M. (2019). *More Colorado teens and children visiting ERs for mental health reasons*. KDVR. Retrieved March 1 from https://kdvr.com/news/local/more-colorado-teens-and-children-visiting-ers-for-mental-health-reasons/

McCluskey, G., Lloyd, G., Kane, J., Riddell, S., Stead, J., & Weedon, E. (2008). Can restorative practices in schools make a difference? *Educational Review, 60*(4), 405-417.

McCormick, M. P., Cappella, E., O'Connor, E. E., & McClowry, S. G. (2015). Context matters for social-emotional learning: Examining variation in program impact by dimensions of school climate. *American Journal of Community Psychology, 56*(1), 101-119.

McCully, D. J., & Malin, P. J. (2003). *What parents think of New York's charter schools.*

McNeeley, J. T. (2016). *An evaluation of the second step social emotional learning program in a public charter elementary school* [doctoral dissertation, Tarleton State University]. Stephenville, TX.

Meltzer, E. (2020). *Here are the first Colorado education bills of 2020 to hit the floor*. Colorado Politics. Retrieved March 1 from https://www.coloradopolitics.com/news/here-are-the-first-colorado-education-bills-of-to-hit/article_9cea0936-32de-11ea-8d1f-3f3f3b8175b9.html

Mental Health Colorado. (n.d.). *School mental health toolkit*.

Miron, O., Yu, K., Wilf-Miron, R., & Kohane, I. S. (2019). Suicide rates among adolescents and young adults in the united states, 2000-2017. *Journal of the American Medical Association, 321*(23), 2362-2364.

Mirsky, L. (2011). Building safer, saner schools. *Educational Leadership, 69*(1), 45-49.

Mulloy, M. A. (2009). *Still I rise: How an urban public charter high school fosters students' resilient development In academic, social, and emotional dimensions* [doctoral dissertation, Catholic University of America]. Washington, DC.

Nathanson, L., Rivers, S. E., Flynn, L. M., & Brackett, M. A. (2016). Creating emotionally intelligent schools with RULER. *Emotion Review, 8*(4), 305-310.

National Center for Education Statistics. (2019). *Indicators of school crime and safety. Indicator 13: Students carrying weapons on school property and anywhere and students' access to firearms.* Retrieved March 20 from https://nces.ed.gov/programs/crimeindicators/ind_13.asp

Osher, D., Kendziora, K., Spier, E., & Garibaldi, M. L. (2014). School influences on child and youth development. In S. Z. & P. H. (Eds.), *Defining Prevention Science. Advances in Prevention Science* (pp. 151-169). Springer.

Porta, C. M., Watson, R. J., Doull, M., Eisenberg, M. E., Grumdahl, N., & Saewyc, E. (2018). Trend disparities in emotional distress and suicidality among sexual minority and heterosexual Minnesota adolescents from 1998 to 2010. *Journal of School Health, 88*(8), 605-614.

Preston, C., Goldring, E., Berends, M., & Cannata, M. (2012). School innovation in district context: Comparing traditional public schools and charter schools. *Economics of Education Review, 31*(2), 318-330.

Reppy, D., & Larwin, K. H. (2020). The association between perception of caring and intrinsic motivation: A study of urban middle school students. *Journal of Education Finance, 200*(1), 48-61.

Rosenbaum, P. R., & Rubin, D. B. (1983). The central role of the propensity score in observational studies for causal effects. *Biometrika, 70*(1), 41-55.

Rosenbaum, P. R., & Rubin, D. B. (1985). Constructing a control group using multivariate matched sampling methods that incorporate the propensity score. *American Statistician, 39*, 33-38.

Schlieman, G. (2016). *2016 State of charter schools triennial report*. http://www.cde.state.co.us/communications/20160719stateofcharterupdated

Šimkovic, M., & Träuble, B. (2019). Robustness of statistical methods when measure is affected by ceiling and/or floor effect. *Plos One, 14*(8), https://doi.org/10.1371/journal.pone.0220889.

Steyerberg, E. W. (2009). *Clinical prediction models: A practical approach to development, validation, and updating*. Springer.

Sullivan, T. N., Farrell, A. D., & Kliewer, W. (2006). Peer victimization in early adolescence: Associations between physical and relational victimization and drug use, aggression, and delinquent behaviors among urban middle school students. *Development and Psychopathology, 18*, 119-137.

Theriot, M. T., & Orme, J. G. (2016). School resource officers and students' feelings of safety at school. *Youth Violence and Juvenile Justice, 14*(2), 130-146.

Thomas, D. E., & Bierman, K. L. (2006). The impact of classroom aggression on the development of aggressive behavior problems in children. *Development and Psychopathology, 18*(2), 471-487.

Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of Abnormal Psychology, 128*(3), 185-199.

United States Department of Education. (2004). *Evaluation of public charter schools program: Final Report*.

Villanueva, M. (2019). *D11: More Colorado Springs students struggle with mental health around holidays*. KRDO. Retrieved March 1 from https://krdo.com/news/2019/12/13/d11-more-colorado-springs-students-struggle-with-mental-health-around-holidays/

von Marées, N., & Petermann, F. (2012). Cyberbullying: An increasing challenge for schools. *School Psychology International, 33*(5), 467-476.

Walsh, S. D., Molcho, M., Craig, W., Harel-Fisch, Y., Huynh, Q., Kukaswadia, A., Aasvee, K., Várnai, D., Ottova, V., Ravens-Sieberer, U., & Pickett, W. (2013). Physical and emotional health problems experienced by youth engaged in physical fighting and weapon carrying. *Plos One, 8*(2), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578866/.

Ward, N. L., Haddock, A. D., Simon, P., & Strambler, M. (2018). The "new" epidemic. In E. E. H. Griffith, B. E. Jones, & A. J. Stewart (Eds.), *Black Mental Health: Patients, Providers, and Systems* (pp. 297-308). American Psychiatric Association Publishing.

Willis, D., Siceloff, E. R., Morse, M., Neger, E., & Flory, K. (2019). Stand-alone social skills training for youth with ADHD: A systematic review. *Clinical Child and Family Psychology Review, 22*, 348-366.

Wong, D. S., Cheng, C. H., Ngan, R. M., & Ma, S. K. (2011). Program effectiveness of a restorative whole-school approach for tackling school bullying in Hong Kong. *International Journal of Offender Therapy and Comparative Criminology, 55*(6), 846-862.

Appendix
Full Regression Results

Table A1: Responded "No" to Ever Felt Sad or Hopeless Almost Every Day For 2 Weeks Past 12 Months, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	2.297	0.424	0.000	9.949	2.588	0.873	0.009	13.301
% minority	0.189	0.203	0.353	1.208	-0.618	0.678	0.376	0.539
total enrolled	0.000	0.000	0.242	1.000	0.000	0.000	0.069	1.000
frl	-0.006	0.002	0.020	0.994	-0.002	0.007	0.750	0.998
spf	0.027	0.042	0.519	1.027	0.080	0.061	0.206	1.083
sex	-0.937	0.036	0.000	0.392	-0.820	0.099	0.000	0.440
age	-0.035	0.025	0.165	0.966	-0.019	0.055	0.733	0.981
white	0.185	0.032	0.000	1.203	0.119	0.091	0.211	1.126
year2015	-0.259	0.042	0.000	0.772	-0.429	0.113	0.002	0.651
year2017	-0.353	0.040	0.000	0.702	-0.346	0.119	0.010	0.707
grade10	-0.174	0.060	0.004	0.840	-0.135	0.099	0.192	0.874
grade11	-0.148	0.072	0.040	0.862	-0.038	0.148	0.802	0.963
grade12	-0.061	0.086	0.480	0.941	0.074	0.212	0.732	1.077
charter	0.064	0.115	0.577	1.066	-0.180	0.158	0.270	0.835

Table A2: Responded "No" to Ever Seriously Thought About Suicide, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	2.608	0.709	0.000	13.573	0.565	1.635	0.734	1.760
% minority	0.159	0.235	0.499	1.173	-0.387	0.902	0.674	0.679
total enrolled	0.000	0.000	0.588	1.000	0.000	0.000	0.062	1.000
frl	-0.003	0.003	0.350	0.997	0.002	0.008	0.799	1.002
spf	-0.025	0.060	0.676	0.975	0.131	0.115	0.272	1.140
sex	-0.757	0.038	0.000	0.469	-0.545	0.093	0.000	0.580
age	-0.014	0.041	0.731	0.986	0.148	0.092	0.125	1.159
white	0.010	0.046	0.824	1.010	-0.184	0.157	0.256	0.832
year2015	-0.205	0.063	0.001	0.815	-0.525	0.167	0.006	0.592
year2017	-0.179	0.048	0.000	0.836	-0.389	0.118	0.005	0.678
grade10	-0.155	0.054	0.004	0.856	-0.257	0.135	0.076	0.773
grade11	-0.126	0.087	0.146	0.881	-0.346	0.204	0.110	0.708
grade12	-0.038	0.118	0.745	0.962	-0.419	0.325	0.215	0.658
charter	0.035	0.128	0.787	1.035	-0.324	0.125	0.020	0.724

Table A3: Responded "No" to Ever Made a Suicide Plan, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	2.275	0.698	0.001	9.727	0.129	1.398	0.928	1.138
% minority	0.317	0.252	0.209	1.373	0.359	0.817	0.666	1.432
total enrolled	0.000	0.000	0.499	1.000	0.000	0.000	0.150	1.000
frl	-0.004	0.003	0.193	0.996	-0.004	0.008	0.670	0.996
spf	-0.018	0.066	0.790	0.983	0.041	0.132	0.759	1.042
sex	-0.586	0.036	0.000	0.557	-0.519	0.089	0.000	0.595
age	0.012	0.042	0.775	1.012	0.180	0.080	0.038	1.198
white	0.066	0.043	0.130	1.068	0.133	0.168	0.442	1.142
year2015	-0.177	0.072	0.015	0.837	-0.420	0.183	0.035	0.657
year2017	-0.085	0.053	0.112	0.919	-0.253	0.174	0.164	0.776
grade10	-0.180	0.065	0.006	0.835	-0.134	0.115	0.262	0.875
grade11	-0.150	0.096	0.118	0.860	-0.379	0.154	0.026	0.684
grade12	-0.105	0.134	0.433	0.900	-0.418	0.298	0.180	0.658
charter	-0.008	0.153	0.958	0.992	-0.304	0.189	0.127	0.738

Table A4: Responded "No" to Ever Tried to Commit Suicide, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	2.798	0.853	0.001	16.412	-0.249	2.265	0.914	0.779
% minority	0.218	0.279	0.436	1.243	-0.842	1.666	0.620	0.431
total enrolled	0.000	0.000	0.418	1.000	0.000	0.000	0.147	1.000
frl	-0.004	0.003	0.174	0.996	0.004	0.015	0.794	1.004
spf	0.092	0.064	0.149	1.096	0.224	0.097	0.034	1.251
sex	-0.808	0.069	0.000	0.446	-0.666	0.155	0.001	0.514
age	-0.006	0.057	0.920	0.994	0.243	0.144	0.111	1.275
white	0.296	0.063	0.000	1.345	0.123	0.237	0.611	1.131
year2015	-0.197	0.085	0.021	0.822	-0.415	0.255	0.123	0.660
year2017	-0.060	0.070	0.387	0.941	-0.113	0.179	0.536	0.893
grade10	-0.104	0.075	0.165	0.901	-0.224	0.162	0.185	0.799
grade11	0.134	0.120	0.267	1.143	-0.530	0.280	0.077	0.588
grade12	0.127	0.173	0.463	1.135	-0.553	0.491	0.276	0.575
charter	0.003	0.165	0.984	1.003	-0.332	0.230	0.169	0.717

Table A5: Responded "No" to Purposefully Hurt Self Without Wanting to Die 1+ Times Past 12 Months, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	1.267	0.638	0.048	3.552	2.312	1.412	0.121	10.098
% minority	0.395	0.267	0.141	1.485	0.398	0.928	0.673	1.489
total enrolled	0.000	0.000	0.052	1.000	0.000	0.000	0.010	1.000
frl	-0.005	0.003	0.125	0.995	-0.009	0.008	0.269	0.991
spf	0.059	0.073	0.418	1.061	0.210	0.069	0.008	1.234
sex	-1.078	0.050	0.000	0.340	-1.212	0.193	0.000	0.298
age	0.071	0.041	0.086	1.074	0.042	0.107	0.700	1.043
white	-0.049	0.063	0.439	0.952	-0.240	0.241	0.334	0.786
year2015	-0.115	0.090	0.202	0.892	-0.246	0.114	0.047	0.782
year2017	-0.145	0.054	0.008	0.865	-0.298	0.097	0.007	0.743
grade10	-0.208	0.079	0.009	0.812	-0.124	0.181	0.504	0.884
grade11	-0.144	0.118	0.225	0.866	-0.016	0.374	0.966	0.984
grade12	0.017	0.147	0.906	1.018	-0.116	0.418	0.785	0.890
charter	0.053	0.112	0.637	1.054	-0.326	0.098	0.004	0.722

Table A6: Responded "No" to Ever Carried a Weapon, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	1.463	1.091	0.181	4.320	2.022	2.871	0.491	7.550
% minority	1.440	0.323	0.000	4.222	2.380	1.203	0.065	10.806
total enrolled	0.000	0.000	0.000	1.000	0.000	0.000	0.807	1.000
frl	-0.014	0.004	0.000	0.987	-0.029	0.012	0.029	0.972
spf	0.078	0.085	0.362	1.081	-0.053	0.102	0.610	0.948
sex	1.119	0.062	0.000	3.062	0.870	0.226	0.001	2.387
age	0.062	0.078	0.424	1.064	0.095	0.198	0.638	1.100
white	-0.049	0.093	0.595	0.952	-0.557	0.335	0.116	0.573
year2015	0.332	0.115	0.004	1.393	0.266	0.323	0.423	1.304
year2017	0.043	0.078	0.577	1.044	0.033	0.208	0.877	1.033
grade10	-0.457	0.122	0.000	0.633	-0.617	0.304	0.059	0.540
grade11	-0.711	0.204	0.001	0.491	-1.168	0.443	0.018	0.311
grade12	-0.843	0.276	0.003	0.430	-1.007	0.537	0.079	0.365
charter	0.164	0.232	0.480	1.178	0.324	0.409	0.439	1.383

Table A7: Responded "No" to Missed School 1+ Days Because Felt Unsafe Past 30 Days, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	2.548	1.231	0.040	12.781	3.136	3.060	0.321	23.015
% minority	0.115	0.319	0.719	1.122	0.464	0.640	0.479	1.590
total enrolled	0.000	0.000	0.644	1.000	0.000	0.000	0.116	1.000
frl	-0.002	0.003	0.452	0.998	-0.010	0.008	0.217	0.990
spf	0.201	0.054	0.000	1.222	0.353	0.094	0.002	1.423
sex	-0.326	0.061	0.000	0.722	-0.322	0.154	0.053	0.725
age	-0.014	0.081	0.868	0.987	-0.039	0.208	0.854	0.962
white	0.380	0.072	0.000	1.462	0.079	0.296	0.793	1.082
year2015	-0.016	0.085	0.849	0.984	0.209	0.212	0.340	1.232
year2017	-0.101	0.068	0.138	0.904	-0.039	0.155	0.806	0.962
grade10	-0.061	0.115	0.596	0.941	0.072	0.369	0.848	1.074
grade11	0.063	0.189	0.740	1.065	0.293	0.539	0.594	1.340
grade12	0.247	0.273	0.368	1.280	0.621	0.779	0.437	1.860
charter	-0.065	0.135	0.634	0.937	-0.393	0.187	0.052	0.675

Table A8: Responded "No" to Ever Been in a Fight, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	0.705	0.569	0.217	2.023	-1.367	1.134	0.245	0.255
% minority	-0.123	0.200	0.538	0.884	-0.070	0.506	0.891	0.932
total enrolled	0.000	0.000	0.001	1.000	0.000	0.000	0.096	1.000
frl	0.001	0.002	0.728	1.001	0.002	0.007	0.723	1.002
spf	0.082	0.042	0.056	1.085	0.160	0.062	0.020	1.174
sex	0.725	0.041	0.000	2.066	0.692	0.093	0.000	1.999
age	-0.023	0.037	0.528	0.977	0.093	0.075	0.236	1.097
white	0.247	0.037	0.000	1.280	0.327	0.092	0.003	1.387
year2015	0.042	0.057	0.462	1.043	0.151	0.129	0.260	1.163
year2017	0.156	0.047	0.001	1.169	0.139	0.127	0.289	1.149
grade10	0.099	0.054	0.066	1.105	0.035	0.145	0.813	1.035
grade11	0.275	0.075	0.000	1.316	-0.107	0.177	0.552	0.898
grade12	0.492	0.115	0.000	1.636	0.269	0.254	0.305	1.308
charter	0.102	0.117	0.388	1.107	0.091	0.117	0.452	1.095

Table A9: Responded "No" to Threatened/Injured with Weapon at School 1+ Times Past 12 Months, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	1.877	1.195	0.118	6.534	1.506	2.899	0.611	4.506
% minority	0.504	0.288	0.081	1.655	1.287	0.761	0.110	3.624
total enrolled	0.000	0.000	0.847	1.000	-0.001	0.000	0.011	0.999
frl	-0.005	0.004	0.139	0.995	-0.015	0.007	0.044	0.985
spf	0.083	0.087	0.337	1.087	0.055	0.131	0.679	1.057
sex	0.505	0.054	0.000	1.657	0.451	0.122	0.002	1.570
age	0.032	0.074	0.667	1.033	0.095	0.178	0.600	1.100
white	0.251	0.068	0.000	1.286	0.071	0.269	0.795	1.074
year2015	-0.064	0.125	0.607	0.938	-0.369	0.222	0.115	0.691
year2017	-0.230	0.072	0.002	0.794	0.011	0.178	0.953	1.011
grade10	-0.194	0.091	0.034	0.823	-0.019	0.266	0.944	0.981
grade11	0.040	0.143	0.779	1.041	0.071	0.282	0.805	1.074
grade12	0.056	0.224	0.803	1.058	0.055	0.546	0.922	1.056
charter	-0.089	0.166	0.590	0.915	-0.147	0.195	0.462	0.864

Table A10: Responded "No" to Ever Been Bullied at School, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	0.790	0.487	0.106	2.202	-0.797	1.436	0.587	0.451
% minority	0.589	0.198	0.003	1.802	-0.283	0.715	0.698	0.754
total enrolled	0.000	0.000	0.776	1.000	0.000	0.000	0.291	1.000
frl	-0.003	0.002	0.204	0.997	0.004	0.006	0.560	1.004
spf	0.008	0.052	0.884	1.008	-0.075	0.061	0.237	0.928
sex	-0.469	0.028	0.000	0.625	-0.364	0.101	0.002	0.695
age	0.040	0.030	0.186	1.041	0.198	0.106	0.079	1.219
white	-0.228	0.037	0.000	0.796	-0.325	0.108	0.008	0.722
year2015	-0.014	0.061	0.821	0.986	-0.297	0.184	0.127	0.743
year2017	0.094	0.047	0.044	1.099	-0.052	0.116	0.661	0.949
grade10	0.059	0.062	0.342	1.061	0.201	0.145	0.185	1.223
grade11	0.220	0.072	0.002	1.246	0.047	0.192	0.811	1.048
grade12	0.431	0.103	0.000	1.538	0.088	0.317	0.785	1.092
charter	0.072	0.164	0.660	1.075	-0.054	0.123	0.666	0.947

Table A11: Responded "No" to Ever Been Electronically Bullied, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	1.657	0.579	0.005	5.242	-0.908	1.437	0.536	0.403
% minority	0.247	0.203	0.225	1.280	0.333	0.637	0.608	1.395
total enrolled	0.000	0.000	0.163	1.000	0.000	0.000	0.043	1.000
frl	0.002	0.002	0.302	1.002	-0.004	0.006	0.553	0.996
spf	0.009	0.051	0.864	1.009	-0.135	0.114	0.255	0.874
sex	-0.924	0.047	0.000	0.397	-0.766	0.140	0.000	0.465
age	0.028	0.038	0.455	1.029	0.276	0.093	0.009	1.318
white	-0.264	0.045	0.000	0.768	-0.159	0.171	0.364	0.853
year2015	-0.018	0.050	0.721	0.982	-0.358	0.184	0.069	0.699
year2017	0.009	0.044	0.843	1.009	0.110	0.157	0.492	1.116
grade10	-0.025	0.073	0.734	0.975	-0.191	0.192	0.336	0.826
grade11	0.094	0.086	0.276	1.099	-0.249	0.198	0.227	0.779
grade12	0.162	0.136	0.235	1.176	-0.326	0.382	0.406	0.722
charter	0.078	0.166	0.638	1.081	-0.102	0.144	0.491	0.903

Table A12: Responded "No" to Feel Safe at School, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	-0.619	0.942	0.511	0.538	0.355	2.670	0.896	1.426
% minority	0.128	0.361	0.723	1.137	0.037	0.892	0.967	1.038
total enrolled	0.000	0.000	0.121	1.000	0.001	0.000	0.029	1.001
frl	0.004	0.004	0.262	1.004	0.009	0.009	0.358	1.009
spf	-0.157	0.071	0.029	0.855	-0.363	0.086	0.001	0.696
sex	-0.073	0.051	0.159	0.930	-0.208	0.195	0.301	0.812
age	-0.076	0.064	0.240	0.927	-0.191	0.189	0.328	0.826
white	-0.181	0.072	0.013	0.834	0.162	0.183	0.388	1.176
year2015	-0.244	0.108	0.025	0.784	0.102	0.254	0.694	1.107
year2017	-0.092	0.078	0.237	0.912	-0.130	0.180	0.479	0.878
grade10	0.254	0.093	0.007	1.289	0.327	0.262	0.230	1.387
grade11	0.133	0.150	0.376	1.142	0.152	0.410	0.715	1.165
grade12	0.108	0.214	0.614	1.114	0.339	0.648	0.608	1.404
charter	-0.102	0.208	0.623	0.903	0.433	0.208	0.053	1.543

Table A13: Responded "No" to Have Someone to Talk to When Feeling Sad, Empty, Hopeless, Angry, Or Anxious, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	-1.369	0.809	0.092	0.254	-3.136	2.108	0.159	0.043
% minority	0.167	0.259	0.520	1.181	-0.125	1.161	0.916	0.883
total enrolled	0.000	0.000	0.030	1.000	0.000	0.000	0.417	1.000
frl	-0.001	0.003	0.698	0.999	0.009	0.011	0.418	1.009
spf	-0.189	0.064	0.003	0.828	0.157	0.146	0.301	1.170
sex	-0.012	0.047	0.796	0.988	0.037	0.141	0.797	1.038
age	0.033	0.059	0.581	1.033	0.037	0.154	0.815	1.037
white	-0.199	0.062	0.002	0.819	0.164	0.290	0.580	1.179
year2015	2.063	0.074	0.000	7.873	2.330	0.136	0.000	10.273
year2017	0.000			1.000	0.000			1.000
grade10	-0.034	0.084	0.686	0.967	-0.243	0.173	0.182	0.784
grade11	-0.066	0.138	0.632	0.936	-0.180	0.307	0.567	0.835
grade12	-0.125	0.178	0.482	0.882	0.043	0.438	0.922	1.044
charter	0.044	0.139	0.752	1.045	-0.007	0.223	0.974	0.993

Table A14: Responded "No" to Whether Have an Adult to Go to For Help with a Serious Problem, High School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	-1.051	0.630	0.097	0.349	-0.239	1.500	0.875	0.787
% minority	0.392	0.232	0.093	1.480	-0.432	0.471	0.373	0.649
total enrolled	0.000	0.000	0.036	1.000	0.000	0.000	0.054	1.000
frl	-0.002	0.003	0.473	0.998	0.003	0.005	0.632	1.003
spf	-0.077	0.045	0.090	0.926	0.082	0.047	0.097	1.086
sex	0.121	0.039	0.002	1.129	0.078	0.110	0.488	1.082
age	0.001	0.041	0.986	1.001	-0.078	0.098	0.439	0.925
white	-0.308	0.041	0.000	0.735	-0.181	0.171	0.307	0.835
year2015	0.543	0.060	0.000	1.721	0.701	0.104	0.000	2.015
year2017	0.429	0.052	0.000	1.536	0.725	0.123	0.000	2.064
grade10	-0.010	0.058	0.858	0.990	0.214	0.126	0.109	1.239
grade11	-0.112	0.095	0.242	0.894	0.136	0.188	0.482	1.145
grade12	-0.219	0.118	0.065	0.803	0.150	0.258	0.568	1.162
charter	-0.116	0.101	0.251	0.890	-0.210	0.129	0.123	0.811

Table A15: Responded "No" to Ever Felt Sad or Hopeless Almost Every Day For 2 Weeks Past 12 Months, Middle School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	3.616	0.787	0.000	37.188	1.772	1.657	0.301	5.883
% minority	0.348	0.411	0.399	1.416	-2.010	3.120	0.529	0.134
total enrolled	0.000	0.000	0.710	1.000	0.001	0.001	0.070	1.001
frl	-0.010	0.004	0.005	0.990	0.016	0.034	0.641	1.017
charter	0.020	0.215	0.926	1.020	-0.333	0.247	0.198	0.717
spf	0.048	0.061	0.429	1.049	0.604	0.267	0.038	1.829
sex	-0.739	0.077	0.000	0.478	-0.531	0.127	0.001	0.588
age	-0.171	0.060	0.005	0.843	-0.162	0.119	0.192	0.850
grade7	-0.031	0.113	0.784	0.969	0.183	0.169	0.296	1.201
grade8	-0.091	0.145	0.529	0.913	-0.099	0.374	0.795	0.906
year2015	-0.075	0.114	0.512	0.928	-0.175	0.293	0.558	0.839
year2017	0.158	0.086	0.069	1.171	-0.146	0.425	0.735	0.864
white	0.280	0.085	0.001	1.323	-0.120	0.456	0.795	0.887

Table A16: Responded "No" to Ever Seriously Thought About Suicide, Middle School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	4.298	0.971	0.000	73.531	6.207	2.558	0.027	496.181
% minority	0.176	0.467	0.706	1.193	-2.626	1.910	0.188	0.072
total enrolled	0.000	0.000	0.437	1.000	0.001	0.000	0.001	1.001
frl	-0.010	0.005	0.043	0.990	0.033	0.022	0.149	1.033
charter	0.131	0.154	0.398	1.140	0.145	0.188	0.452	1.156
spf	0.106	0.079	0.183	1.112	0.475	0.140	0.004	1.609
sex	-0.722	0.111	0.000	0.486	-0.776	0.292	0.017	0.460
age	-0.172	0.074	0.022	0.842	-0.521	0.175	0.009	0.594
grade7	-0.134	0.147	0.361	0.874	0.192	0.302	0.534	1.212
grade8	-0.381	0.198	0.057	0.683	0.342	0.403	0.409	1.408
year2015	0.106	0.139	0.447	1.112	-0.196	0.089	0.044	0.822
year2017	0.073	0.103	0.478	1.076	-0.847	0.269	0.006	0.429
white	0.180	0.131	0.173	1.197	0.235	0.438	0.599	1.265

Table A17: Responded "No" to Ever Made a Suicide Plan, Middle School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	4.673	1.073	0.000	106.998	4.034	2.316	0.101	56.464
% minority	0.284	0.432	0.512	1.328	-0.749	1.901	0.699	0.473
total enrolled	0.000	0.000	0.394	1.000	0.001	0.000	0.000	1.001
frl	-0.008	0.004	0.035	0.992	0.021	0.019	0.290	1.021
charter	-0.218	0.267	0.414	0.804	-0.332	0.290	0.270	0.717
spf	0.127	0.077	0.102	1.135	0.547	0.141	0.001	1.728
sex	-0.766	0.124	0.000	0.465	-0.410	0.331	0.233	0.664
age	-0.153	0.090	0.092	0.858	-0.339	0.186	0.086	0.712
grade7	-0.340	0.180	0.062	0.712	-0.211	0.420	0.623	0.810
grade8	-0.650	0.256	0.012	0.522	-0.176	0.509	0.735	0.839
year2015	-0.095	0.141	0.502	0.910	-1.089	0.230	0.000	0.337
year2017	-0.018	0.102	0.859	0.982	-0.906	0.358	0.022	0.404
white	0.183	0.143	0.203	1.201	0.668	0.563	0.253	1.950

Table A18: Responded "No" to Ever Tried to Commit Suicide, Middle School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	7.008	1.810	0.000	1105.634	13.236	4.799	0.014	559927.956
% minority	0.262	0.662	0.693	1.300	-0.501	2.842	0.862	0.606
total enrolled	0.000	0.000	0.526	1.000	0.002	0.001	0.010	1.002
frl	-0.013	0.006	0.030	0.987	0.007	0.031	0.830	1.007
charter	0.402	0.194	0.040	1.495	-0.058	0.425	0.894	0.944
spf	0.009	0.075	0.907	1.009	0.622	0.249	0.024	1.862
sex	-0.935	0.166	0.000	0.392	-1.197	0.299	0.001	0.302
age	-0.284	0.149	0.060	0.753	-1.031	0.386	0.017	0.357
grade7	-0.230	0.241	0.341	0.794	0.031	0.384	0.936	1.032
grade8	-0.052	0.361	0.885	0.949	0.980	0.666	0.161	2.663
year2015	-0.002	0.193	0.993	0.998	-0.077	0.312	0.809	0.926
year2017	-0.080	0.129	0.537	0.923	-0.330	0.448	0.473	0.719
white	0.489	0.180	0.007	1.631	0.745	0.523	0.173	2.106

Table A19: Responded "No" to Ever Been Bullied at School, Middle School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	0.489	0.902	0.588	1.631	-1.598	1.910	0.415	0.202
% minority	-0.065	0.412	0.875	0.937	-4.494	0.960	0.000	0.011
total enrolled	0.000	0.000	0.016	1.000	0.001	0.000	0.000	1.001
frl	-0.004	0.004	0.324	0.996	0.053	0.012	0.000	1.055
charter	0.080	0.138	0.565	1.083	0.583	0.194	0.008	1.791
spf	0.100	0.077	0.194	1.106	0.239	0.088	0.015	1.270
sex	-0.394	0.064	0.000	0.675	-0.372	0.145	0.021	0.690
age	-0.006	0.074	0.938	0.994	0.042	0.153	0.787	1.043
grade7	-0.197	0.127	0.122	0.821	-0.133	0.185	0.483	0.875
grade8	-0.203	0.185	0.275	0.816	-0.029	0.309	0.927	0.972
year2015	0.021	0.101	0.833	1.022	-0.197	0.222	0.388	0.821
year2017	0.193	0.082	0.021	1.212	-0.894	0.225	0.001	0.409
white	-0.373	0.076	0.000	0.689	-0.554	0.365	0.149	0.575

Table A20: Responded "No" to Ever Been Electronically Bullied, Middle School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	3.244	0.818	0.000	25.646	1.176	4.272	0.787	3.242
% minority	-0.184	0.422	0.664	0.832	-6.381	2.152	0.009	0.002
total enrolled	0.000	0.000	0.224	1.000	0.001	0.000	0.036	1.001
frl	0.002	0.004	0.510	1.002	0.077	0.025	0.007	1.081
charter	0.663	0.249	0.009	1.941	1.634	0.393	0.001	5.127
spf	0.067	0.083	0.421	1.069	0.124	0.184	0.509	1.132
sex	-0.996	0.089	0.000	0.369	-0.814	0.340	0.029	0.443
age	-0.122	0.066	0.068	0.885	-0.091	0.343	0.795	0.913
grade7	-0.191	0.132	0.152	0.826	0.078	0.426	0.858	1.081
grade8	-0.269	0.171	0.117	0.764	0.178	0.704	0.804	1.195
year2015	-0.099	0.114	0.385	0.905	0.188	0.219	0.404	1.207
year2017	0.223	0.085	0.010	1.249	-1.180	0.360	0.005	0.307
white	-0.206	0.081	0.012	0.814	-0.117	0.451	0.798	0.889

Table A21: Responded "No" to Ever Been in A Fight, Middle School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	2.012	0.821	0.015	7.475	3.248	3.570	0.376	25.734
% minority	-0.722	0.411	0.081	0.486	-0.879	1.341	0.521	0.415
total enrolled	0.000	0.000	0.178	1.000	0.000	0.000	0.553	1.000
frl	-0.001	0.004	0.883	0.999	0.000	0.016	0.982	1.000
charter	0.284	0.079	0.000	1.329	0.300	0.206	0.165	1.350
spf	0.123	0.046	0.008	1.131	0.181	0.051	0.003	1.198
sex	1.168	0.071	0.000	3.215	1.406	0.184	0.000	4.079
age	-0.194	0.072	0.008	0.823	-0.341	0.289	0.255	0.711
grade7	0.106	0.143	0.463	1.111	0.342	0.542	0.537	1.408
grade8	0.109	0.206	0.596	1.116	0.408	0.612	0.514	1.504
year2015	0.301	0.117	0.011	1.351	0.581	0.145	0.001	1.788
year2017	0.218	0.075	0.004	1.244	0.340	0.257	0.205	1.404
white	0.342	0.083	0.000	1.408	0.639	0.361	0.096	1.894

Table A22: Responded "No" to Ever Carried a Weapon, Middle School Sample

	Entire Sample				Matched Sample			
	B	*se*	*p*	Exp(B)	*B*	*se*	*p*	Exp(B)
(Intercept)	2.062	1.132	0.071	7.865	5.519	2.208	0.024	249.327
% minority	2.153	0.486	0.000	8.607	-1.978	2.094	0.359	0.138
total enrolled	0.000	0.000	0.529	1.000	0.001	0.000	0.001	1.001
frl	-0.015	0.005	0.004	0.985	0.045	0.025	0.085	1.046
charter	0.398	0.216	0.068	1.489	0.689	0.142	0.000	1.991
spf	0.114	0.107	0.289	1.120	0.166	0.186	0.384	1.180
sex	1.298	0.088	0.000	3.661	1.240	0.167	0.000	3.457
age	-0.192	0.089	0.033	0.825	-0.610	0.189	0.005	0.543
grade7	-0.084	0.213	0.695	0.920	0.160	0.492	0.749	1.174
grade8	-0.090	0.239	0.707	0.914	0.262	0.595	0.666	1.299
year2015	0.012	0.119	0.923	1.012	-0.498	0.208	0.029	0.608
year2017	2.341	0.164	0.000	10.391	0.907	0.369	0.026	2.477
white	-0.272	0.110	0.015	0.762	-0.012	0.203	0.953	0.988