Maya Angelou Public Charter School
Washington, DC

SAFE SCHOOLS/HEALTHY STUDENTS

FINAL EVALUATION REPORT
October 2003

Prepared by

Donna D. Klagholz, Ph.D. & Associates, LLC
Great Falls, VA

TABLE OF CONTENTS

Appendices

LISTS OF TABLES & FIGURES

I. INTRODUCTION

It is widely recognized that a comprehensive, integrated community-wide approach is the most effective way to promote healthy child development and address the problems of school violence and substance abuse. Research has provided solid evidence of the complex constellation of risk factors associated with poor development, academic failure and anti-social behavior in children and adolescents. In response to this evidence, the U.S. Departments of Education, Health and Human Services, and Justice collaborated to provide joint funding of the Safe Schools/Healthy Students (SS/HS) Initiative. This community-based prevention initiative was founded on the best practices of the education, justice, social service, and mental health systems to provide students, schools, and communities with an integrated, comprehensive framework of services. The Initiative was designed to: 1) help students develop the social skills and emotional resiliency that prevent violence and substance abuse; 2) establish safe, disciplined, and drug-free school environments; and 3) develop infrastructure that sustains the comprehensive, integrated service system beyond the term of the grant.

The community-wide prevention strategy promoted by the Safe Schools/Healthy Students Initiative ensured comprehensiveness by requiring activities within six program elements: 1) a safe school environment; 2) substance abuse and violence prevention programs; 3) school and community mental health prevention and intervention services; 4) early childhood psychosocial and emotional development programs; 5) educational reform; and 6) safe school policies that use nationally evaluated exemplary models and practices. The ultimate goal of the Initiative was to establish a sustainable network of effective comprehensive services within communities that resulted in healthy youth development and school and community safety.

In October 1999, a coalition of 17 District of Columbia Public Charter Schools won a grant of approximately $2.65 million per year to implement a SS/HS Initiative over a three-year period. Although the first DC charter schools had only come into existence in 1997, the Initiative was extremely successful in establishing sustainable integrated community and school-wide mental health, prevention, safety, and data infrastructures. These successes were achieved despite the ambitious scope of the Initiative and the formidable challenges inherent in effecting educational reform in the District of Columbia through a coalition of 17 distinct, nascent schools.

This report documents the processes employed by the DC Public Charter Schools Safe Schools/Healthy Students Initiative. It describes the schools' formation, and their collaborative efforts to plan, solicit resources, and develop the infrastructure to implement activities to address the six key program elements listed above. The report describes key program components and presents evaluation results and comparative data, with specific attention to resulting educational reforms and the sustainability of Initiative efforts.

A. Background and History

1. The Public Charter Schools

In the 1990s, after decades of dismal educational results, many DC residents sought a change in the District of Columbia Public School system (DCPS). Beginning in 1993, the Federal City Council, a voluntary organization of community business leaders, studied the schools and issued well-researched reports on DCPS' failure. With years of reform efforts having brought little positive change, citizens were ready to try alternative approaches. When the Republican Party won control of Congress in 1993, they too recognized the urgent need for reform in the DC school system as well as in the entire City government. In 1995, with the City bankrupt and four agencies in receivership as a result of court order, including Mental Health and Child and Family Services, House Leader Newt Gingrich charged Congressional Committees with reviewing DC concerns and developing proposals for congressional action. The result was the creation of a Control Board, and removal of budget authority from the elected representatives.

In the area of education, Republican Congressman Steve Gunderson of Wisconsin proposed two bills – a voucher bill and a charter school bill – as riders to the 1995 DC Appropriations bill. House Democrats defeated the voucher bill and approved the charter school legislation. The result was one of the strongest charter school laws in the country, mandating development of two official chartering bodies, each with the authority to charter up to ten schools per year.

In response, the DC Council quickly passed the School Reform Act of 1995, which revolutionized the funding of public education in DC by establishing a Uniform Per Pupil Funding Formula. Based on this formula, educational funding is earmarked to individual students rather than to a school system, thus allowing students and their families a choice of public charter or public school systems schools. In essence, the funding follows the child. Two authorities were designated to grant charters: the DC Public Charter School Board (PCSB) and the DC Board of Education. In 1996, the DC Charter School Law authorized public charter schools to commence operations.

In the year thereafter, local supporters – including the Federal City Council, a few local politicians, and church leaders – came together to get the chartering organizations mobilized. Over time, they developed two support organizations: the DC Charter School Resource Center, which helped prospective schools in the early stages of development; and the DC Charter School Coalition, which, under the leadership of Friends of Choice in Urban Schools (FOCUS), held weekly meetings through 1998, developed a lobbying capacity, and provided a forum for interschool collaboration on issues related to resources, facilities, and government and public relations. During these early years, the local charter support organizations worked directly with Congress, rather than local government officials, to refine laws and assure resources. This system of bypassing local political leadership added to the tension between charter advocates and City leaders, which had already grown due to the challenge charter schools inherently pose to the established institutions. In 1998-99, aware of the hostility engendered by the one-track

Congressional strategy, the Coalition determined to collaborate with City leaders as well, developing a two-track strategy that is in place to this day.

City government policy dialogues, slow to come to terms with the evolving educational reality, excluded charters in interagency decision-making groups to which DCPS, as a government agency, continued to enjoy access. Charters did not enjoy the same access to some City services provided by law to all public schools. For example, the Health Department, required by law to assign a nurse to each school, failed to do so for the charter schools. Similarly, City funding for after-school activities targeted DCPS schools only. Charters even faced ongoing resistance in securing much needed space through purchase or rental of excess school buildings from DCPS.

Charters grew despite these challenges. On August 26, 1996, the Board of Education approved charters for five schools to open the following September. Two of these, Options PCS and Marcus Garvey PCS, managed to do so. Next Step PCS and Children's Studio PCS opened the following year. In fall 1998, 18 new schools brought the total to 21 charter schools, and an additional seven opened the following year. By 2003, 41 public charter schools served 12% of the City's public school children.

In response to widespread frustration with the inability of DCPS to address the existing economic, social, and behavioral challenges of students, the DC Public Charter Schools were created.

DC public charter schools were a critical response to widespread frustration with the inability of the DCPS system to address the social, economic, and behavioral challenges facing the student population. According to research performed by the DC Coalition for Public Charter Schools, the predominately low-income, African-American student population ranks above the national average on virtually every measure of risk factors (substance abuse, violence, suicide, etc). Healthy lifestyles for thousands of DC children are hindered by environmental and social realities such as poverty, drugs, gangs, and child abuse. Only 63% of those entering high school reach graduation.[1]

The first DC charters were small, yet powerfully dedicated to providing strong academic programs that nurture the whole child. Revolutionary in their community school model, and highly individualized in their specific mission and approach, the charter schools brought significant educational reform to the District. Each school functions as a local educational agency (LEA). Charters receive categorical funds, and must meet the same Federal requirements as all school districts. Public charter schools may also apply for federal competitive grants available to school districts. Free of many of the restrictions of a large school system, charter schools have the ability to move rapidly, adjusting policies and funds to meet the needs of high-risk students and families. However, this independence poses challenges as well. For example, they receive none of the technical assistance, services and regulation normally provided by a central administration, unless they find a way to purchase them, yet they must find a way to perform these services on their own. Thus they must collect data for both the chartering authorities and the Federal government without having developed a common data management system. They must also meet requirements that ensure fiscal and academic accountability, including accreditation from a national or regional accreditation body.

[1] Every KID COUNTS in the District of Columbia: Ninth Annual Fact Book, 2002, DC KIDS COUNT Collaborative for Children and Families.

Because of their independence from centralized Districts, charters are often misunderstood to be private schools. However, they are highly accountable to the public and open to all residents regardless of neighborhood, socio-economic status, academic achievement, or ethnicity. Legally, charter schools may not use admission tests to select among applicants nor charge tuition fees. In this light, they seemed ideal institutions to test alternative approaches to systems reform and develop the wraparound services envisioned by the SS/HS Initiative. By becoming involved with charter schools during the critical formative stages, the Initiative was available to provide services when they were needed most, and exert a powerful influence on the developing school culture.

Preliminary demographic data indicated that charter schools serve a predominantly poor (70% free and reduced price lunch), minority (96% Black, 2% Hispanic) population. They attract students reading far below grade level (50% of the students are below basic as measured by the Stanford 9) and large numbers of children at great risk, including children with court records, special emotional and academic needs, and pregnant and parenting teens. The new schools had no baseline data of their own, and more information was needed to describe more specifically the risk and resiliency factors confronting the charter school student population. Such data would help the schools design programming more strategically and conduct analyses of student characteristics and skill development in comparison with District and National data. The SS/HS Initiative could provide the mechanisms for such data collection and analysis.

2. The Charter School Coalition and the PCS Center for Student Support Services

DC public charter schools recognized the need for a central advocacy to build the integrated support services that students and families need. In the fall of 1998, with encouragement from an experienced systems reform advocate working at a charter school start-up organization, the Public Charter School Coalition developed a Student Support Services Committee, representing half of the 21 schools, to examine common social and emotional problems that hindered the ability of their students to learn. With the support of a startup grant from the Freddie Mac Foundation, the Committee sought to develop innovative programs to break down these barriers. The committee guided the development of multi-school Federal grant proposals to address specific needs for after-school programs, mental health, substance abuse, parent education, and violence prevention services. Numerous local partnerships brought the resources of universities, museums, social services, and culture to the schools. To support the applications and demonstrate a willingness to participate, interested schools signed memoranda of understanding.

The Charter schools recognized the need for a central advocacy to build the integrated support services that students and families need.

The Federal government released the Safe Schools/Healthy Students Request for Proposals in the spring of 1999, in response to the tragic events at Columbine High School in Colorado and the growing number of violent outbreaks in the nation's schools. As a collaborative effort of three federal agencies – the Department of Health and Human Services (Substance Abuse and Mental Health Services Administration), the Department of Justice (Office of Juvenile Justice and Delinquency Prevention) and the Department of Education (Office of Safe and Drug Free Schools), the program pooled funding to offer 54 initial grants of up to $3 million per year. The

Federal program envisioned collaboration between local mental health agencies, police departments, and school systems, and required that all three agencies of local government participate, with memoranda of agreement required from each. The school districts would serve as the lead agencies.

DC Public Charter Schools recognized SS/HS as an opportunity to build the integrated support services essential to student and family development. At the same time, they wished to demonstrate the willingness to partner with DCPS and City agencies in a common proposal. Invited to do so by the Mayor's office, the charter schools joined a citywide, interagency body, only to have that invitation rescinded by a high-ranking DCPS representative.

As a result, the charter schools decided to submit their own application and, after considerable delay, secured the agreement of both the local mental health agency and the police chief, both of whom had signed onto the DCPS application as well. The application also included over 25 additional partnership letters. An MOU gathered by the DC Superior Court pledged coordinated effort by four City agencies working on issues of high-risk youth to serve together on a High Risk Task Force.

Seventeen of the 21 existing charter schools signed on to the application, with each contributing funds for a grant writer. Most of these schools were quite young, with the majority entering their first year of operation, three in the second year, and three more set to open in the fall. Thus, they lacked a wide array of important school elements, including data collection systems, baseline data, school customs and culture, systems for identification of students with special needs, mental health services, and after-school programs. Maya Angelou Public Charter School was chosen as the lead school because of its exemplary leadership in development of integrated systems of support for juvenile justice involved youth.

After submission of the SS/HS application, the participating schools held a retreat to conceptualize a management capacity for the effort. When the application was approved in October 1999, the schools supported incorporation of the not-for-profit Center for Student Support Services (CSSS), and formed a Board of Directors representing charter school leaders to guide the Center's vision and activities. The Board selected Ms. Eve Brooks, the systems reform advocate who had spearheaded the SS/HS application efforts, to direct the grant and CSSS. The organization was charged with providing oversight and administrative support for multi-school grants and acting as intermediary in building comprehensive and integrated services in charter schools. CSSS executed this task through resource development and the facilitation of collaboration between the charter schools, city government agencies, and local area social service providers aimed at integrating a range of health and mental health services, education enrichment programs, and parent and community involvement activities. This emphasis on community-wide input, participation, and consensus building was critical to establishing a relevant, successful, and sustainable SS/HS Initiative.

With the SS/HS award, Charter School leaders convened key stakeholders to form the High Risk Task Force for the purpose of establishing city-wide consensus on priorities and strategies.

CSSS was incorporated within a month of the grant award to Maya Angelou School. A

Purchase of Service Agreement was developed between the fledgling CSSS and Maya Angelou School. This arrangement was not clearly defined in the grant application, and was somewhat different from those of other grant recipients. As such, it was referred to the Federal Interagency Committee for approval and provides a precedent for multi-school collaboratives to employ intermediary organizations for the purposes of grants management and administration.

B. The DC SS/HS Initiative

One of 54 SS/HS grantees from across the nation, the DC Public Charter School Coalition won funding for a three-year period, beginning in October 1999 and ending in September 2002. The Coalition received one of the largest awards, second only to that awarded to the Los Angeles Public School system. Moreover, the award was the only one granted to charter schools. Given these unique qualities, the DC SS/HS Initiative provided an opportunity to demonstrate the innovations and reforms taking place in DC's public charter schools.

In a series of meetings prior to submission of the application, the leaders of the participating schools set out general parameters for working together, evaluating their needs, and outlined the basic program components. As an overall goal, the DC Safe Schools/Healthy Students Initiative sought to make early, positive interventions in the lives of students and their families that would ensure healthy development and peaceful school environments. More specifically, the Initiative sought the following goals:

1. Help students develop the skills and resilience necessary to promote positive mental health, engage in pro-social behavior, and prevent violent behavior and drug use.
2. Help charter schools establish safe, disciplined, and drug-free learning environments.
3. Develop central program coordination to help schools secure expert training and support.
4. Develop a long-term funding infrastructure to sustain the comprehensive, integrated service system beyond the term of the grant.

Employing a community-wide prevention strategy, the Initiative sought to pursue activities, based on nationally evaluated exemplary models and practices, within the following six program elements prescribed by the RFP:

1. A safe school environment.
2. Substance abuse and violence prevention programs.
3. School and community mental health prevention and intervention services.
4. Early childhood psychosocial and emotional development programs.
5. Educational reform.
6. Safe school policies based on nationally evaluated exemplary models and practices.

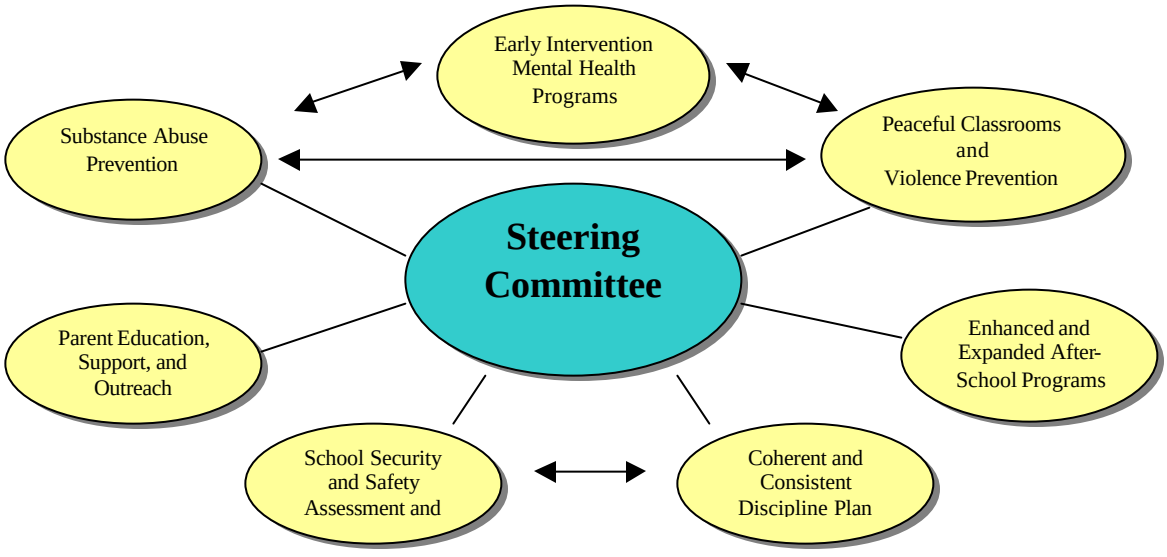
Key partners included the DC Department of Mental Health (DMH) (formerly the Commission on Mental Health) and the Metropolitan Police Department (MPDC). The DMH agreed to hire and supervise mental health staff, and work to secure Medicaid payments for professional services. The Police agreed to facilitate communication and understanding between students and police officers, and ensure direct police involvement in the neighborhoods surrounding charter schools. Representatives of the Mental Health Department met with Coalition

members to develop the Memorandum of Understanding (MOU), which outlined the overall scope of the mental health services. The DC Department of Child Development offered to work to assure certification of the charters as childcare providers, so that they might qualify to supplement the costs of before and after-school programs. Meetings with the DC Superior Court resulted in the inclusion of the High Risk Task Force in the proposal, and an MOU promising participation in the Task Force was signed by representatives of the Superior Court, the Addiction Prevention and Recovery Administration of the Department of Health, the Child and Family Services Agency, the Department of Mental Health, the Metropolitan Police Department, Youth and Preventive Services, and the Youth Services Administration of the Department of Human Services. Two meetings with the Police Department yielded the required MOU from that agency.

Meetings with other agencies also took place. Partnership agreements were secured from 25 organizations. Mazique Family and Child Center pledged to work with the Initiative to address the childcare, parenting education, and home visiting needs of pregnant and parenting teens. Agreements were reached with the Academy for Educational Development to provide training for youth workers. The Region Three Comprehensive Center promised to provide a course on the Principals of Prevention.

In each school, the Initiative helped create a web of extensive and wide-ranging services. **Figure 1**, below, created jointly by staff at the Center for Student Support Services and consultants from Educators for Social Responsibility, illustrates the collaborative effort and inter-dependence of SS/HS program components.

Figure 1: SS/HS Program Model



Six Key Program Elements

The community-wide prevention strategy promoted by the Safe Schools/Healthy Students Initiative ensured comprehensiveness by requiring activities within six program elements (see below). The ultimate goal of the Initiative was to establish a sustainable network of effective comprehensive services within communities that resulted in healthy youth development and school and community safety. The Coalition intended to implement a comprehensive, community-wide strategic plan that was comprised of activities within each of the six key elements. The Coalition planned to accomplish this through strong, effective partnerships and collaborations, including, at a minimum, the local education agency (in this case, the DC Coalition of Public Charter Schools), the local public health authority and the local law enforcement agency. Collaborations with family members, students and the juvenile justice system were also sought. It was only through these partnerships and collaborations that the primary elements of the Initiative could be implemented.

The Initiative further proposed to create a new staff role known as the School/ Community Resource Coordinator (SCRC) to manage day-to-day implementation of the Initiative at the school level, and devoted $660,000 per year of grant funds to support this component. Each school received funds to hire and pay a single SCRC. The SCRC would provide a critical link between the various constituencies in participating school community (including the school leader, PTA, student association, faculty committees, Board of Directors, and relevant community agencies) and grant managers and partners. The SCRC would bring resources from the surrounding community to impact SS/HS activities at the school, facilitate appropriate function of the grant-related committees, and coordinate after-school activities.

At each school, the SCRC would take the lead in forming a Steering Committee to guide planning and implementation of the grant at the school level. This committee – composed of teachers, administrators, parents, students, and student support staff – held responsibility for creating a comprehensive school-based plan to address each of the six key SS/HS elements.

Element 1: School Safety

As originally proposed, the Initiative sought to pursue three associated objectives for school safety, as follows:

a. Increasing the presence of law enforcement professionals in school activities.

The Initiative sought to strengthen pre-existing relationships between participating schools and local law enforcement officials in order to involve precinct and community police officers in the delivery of services. Specifically, the proposal sought to form a School Safety Team at each participating school to function as an arm of the Early Intervention/Support Services Team (EISST, described below). Comprised of school personnel, students, parents, school security officers, law enforcement personnel, and community members, the School Safety Team would assess school and community safety concerns and identify training and student involvement activities to develop trusting relationships and respect between youth and law enforcement personnel.

Law enforcement officials were to be invited to participate in Educators for Social Responsibility's Resolving Conflict Creatively Program (RCCP) and Partners in Learning training sessions. Schools would seek commitments from police to participate in after-school programs as mentors, tutors, guest speakers, group discussion leaders, and recreational and community services project hosts.

b. Conducting security assessment.

In each participating school, the School Safety Team would conduct a security assessment within the first six months, which would then be used to recommend increases in police presence – especially before and after school hours, during special events and parent meetings – as well as purchases of safety devices, and any reconstruction of the facility determined to be necessary. The assessment would also address community concerns about student conduct and behavior, and recommend ways to improve school and community relations through increased police presence and interaction. Each school would be responsible for acting on these recommendations.

c. Installing security devices.

The proposal allocated $10,000 per school for the purchase of monitoring and building security devices in Year I. Each school's administrator had responsibility to arrange for these purchases and ensure proper installation and testing of the devices.

Element 2: Alcohol and other Drug/Violence Prevention and Early Intervention

As originally proposed, the Initiative was to pursue the following four objectives associated with this element:

a. Developing a comprehensive school and community-wide substance abuse and violence prevention program.

The proposal sought to respond to the gap in community responsive substance and violence prevention programs by undertaking planning at both the school level and cluster level, with emphasis on identifying existing resources and improving coordination efforts. All schools were expected to have developmentally appropriate substance abuse and violence prevention programs in place by the end of the second year.

b. Integrating developmentally appropriate substance abuse/violence prevention activities into school activities.

The Initiative sought to implement several evidence-based models shown to be effective in reducing substance abuse and school violence. In particular, the Initiative proposed to contract with Educators for Social Responsibility (ESR) to work with all targeted schools to implement the Peaceful Schools Program based on the RCCP model. Law enforcement personnel and other EISST members would be included in the training. Prevention research demonstrates that students involved in supervised after-school activities experience greater academic and personal success, and are less likely to engage in high-risk behaviors. Based on such findings, SS/HS

funding provided $7,000-10,000 per year for each school to develop safe, stimulating, and educationally sound after-school programs. SCRCs worked with school personnel and community partners to implement programs offering diverse educational and recreational opportunities. Schools could access this earmarked funding by submitting plans for after-school programs to CSSS.

The proposal sought to partner with Center for Youth Development and the Institute for Educational Leadership, to work with the School/Community Resource Coordinators (SCRCs, described below) to build prevention activities. The proposal listed several anti-substance abuse and anti-violence action programs and strategies as possibilities, including Metro Teen AIDS, American Cancer Society, DARE, GREAT, and STARS. The School Safety Team and EISST would also develop codes of student conduct that reflected zero tolerance for substance abuse and violence and provided alternatives to expulsion and suspension.

c. Providing students and families access to age-appropriate substance abuse treatment services.

Given the lack of quality, youth-responsive community and citywide substance abuse treatment programs, the Initiative sought to improve access to existing programs and develop school capacity to deliver services. In each school, the School/Community Resource Coordinator (described below) would identify resources, recommend referral sources, and ensure coordination of services with the EISST.

d. Coordinating school prevention and treatment activities with community-wide efforts.

Citing a lack of coordinated and comprehensive services for court-involved youth as a major obstacle to their successful reintegration into their schools and communities, the Initiative sought to partner with the DC Superior Court to improve linkages between the schools and probation officers. Beginning in Year II, funds would be provided to dedicate a probation officer to adjudicated youth attending the charter schools.

Element 3: School And Community Mental Health Prevention And Intervention Services

As originally proposed, the Initiative was to pursue the following two objectives associated with this element:

a. Provide school-based access to comprehensive mental health treatment and associated services by creating a one-stop service center within the school environment.

The proposal highlighted the creation of an Early Intervention Support Service Team (EISST) at each participating school as "central to the project's Safe Schools/Healthy Students application." As proposed, this team would be built around the mental health service workers assigned to the school, and would include art therapists, social workers, student advocates, and school psychologists. The EISST would meet regularly – at least once or twice a month – to review the cases of students displaying a need for intervention. As the vehicle to improving mental health services, the EISST would work in tandem with other project efforts to provide

early intervention, prevention, and treatment services for all youth attending that school. Each school would have a dedicated social worker and access to school psychologists and student advocates who would provide individualized counseling, intervention, and support services to students and families.

The proposal also highlighted the development of teacher competence in recognizing early indicators as key to the successful implementation of the EISST. Teacher training, according to the proposal, would be facilitated by George Washington University's Center for Equity and Excellence in Education.

In May 1999, the Initiative established a formal partnership with the DC Department of Mental Health's Child and Youth Services Administration, under which SS/HS funds would support the Department in development and oversight of a system of school-based mental health services to be delivered by DMH employees placed in the schools. The grant allocated $1 million per year for this program, under which the Department would hire and contract workers to serve on school EISST teams and provide direct access to services for students and their families, as well as linkages to outside services through coordination with existing local agencies and/or programs. Assigned individuals would be jointly screened and selected by the Department and the schools. Each school would determine referral and scheduling protocols and case staffing, thus ensuring responsiveness to the unique requirements of the students and their families. Once in place, the project would work with DMH to secure Medicaid payments for the professional services provided.

b. Develop coordination linkages with existing citywide efforts, i.e., Healthy Families/Thriving Communities Collaboratives.

The Initiative proposed to convene a task force comprised of city level agencies to address the complex needs of high-risk youth served by the charter schools. The task force would develop a cohesive interdisciplinary approach to service provision. The proposal included commitments from several agencies to participate in the task force.

Element 4: Early childhood psychosocial and emotional development programs.

As originally proposed, the Initiative sought the following four objectives associated with this element:

a. Provide access for preschoolers to developmentally appropriate services.

The Initiative sought to ensure the readiness of children entering kindergarten. To this end, the Initiative proposed to integrate the Creative Curriculum for Infants and Toddlers (0-3) and the Creative Curriculum for Early Learning and Early Childhood (3-5).

b. Provide early childhood services to single teen parents, including home visitations, parenting skills, and access to quality neighborhood-based infant and early child care.
The Initiative sought to ensure that all participating high schools would offer parenting

education, infant and childcare referral, and access to home visitations, and develop parent/child learning readiness skills through such models as the Home Instructional Program for Preschool Youngsters (HIPPY) and Parents As Teachers. The proposal expected to partner with the Mazique Parent and Child Center in this area.

c. Involve teen fathers in parent training and other activities to enhance interaction with children and increase responsibility for the care of children.

The Initiative proposed to partner with the DC Children's Trust Fund to involve teen fathers in activities emphasizing responsible behavior, building a relationship with one's children, child well-being, and the co-parent relationship. The proposal listed June 1999 as the launch date for a Male Support Group to benefit teen fathers enrolled in the charter schools.

d. Provide referrals to infant and early childcare for siblings of charter school students in order to strengthen families and improve the capacity of families to raise children.

The Initiative proposed to provide referral services for parent training and quality childcare programs to families of charter school students who had other children in need of services. At each school, the EISST would identify families in need, and the SCRC would facilitate referrals.

Element 5: Educational Reform

As originally proposed, the Initiative sought to pursue the following four objectives associated with this element:

a. Ensuring consistency between current curriculum offerings and youth development principles.

The proposal highlighted the creation and enhancement of after-school programs as a key element of the project. Each school would assess their current after-school offerings and identify program models proven effective with at-risk youth, such as mentoring, tutoring, enrichment, and community service activities, as well as activities and programs that develop leadership and social skills. The SCRC would work with other school personnel to identify volunteers and community resources.

The SCRC would be supported in these activities by the Center for Youth Development of the Academy for Education Development, and the Institute for Educational Leadership, which would provide training and technical assistance. Mentors Unlimited would provide mentoring training and support. The Howard University School of Social Work would provide tutoring support.

b. Identifying youth development models to serve as vehicles for delivery of high-quality education.

The Initiative proposed to implement a comprehensive program of conflict resolution and inter-group relations; to institutionalize school-wide policies and practices that build student

ability to deal with conflict constructively, help reduce acts of violence and disruption, improve the quality of relationships among staff and students, and increase the attachment and commitment to school and learning among students, parents, and staff. The proposal originally listed the nationally recognized Resolving Conflict Creatively Program (RCCP), developed by Educators for Social Responsibility (ESR), as a likely choice. (Ultimately, however, a similar program developed by ESR, the Peaceful Schools Program, was adopted and implemented.) It was proposed that school personnel would participate in 5 days of initial and follow-up training each year, and students would participate in peer mediation training during the second and third project years. The 17 schools would receive initial training on a phased-in basis during Years 1-2. The Initiative also proposed to support a Master Teacher to work directly with ESR to schedule and conduct training, provide follow-up assistance and modeling support for teachers, and conduct an ongoing assessment of the effectiveness of the training, ensuring cultural competence and application to the student body. The budget allocated $120,000 per year for this work.

c. Formulating and implementing alternative disciplinary action procedures.

See element six.

d. Developing continuous improvement plans that address high standards, curriculum reform, and teacher training.

As part of the evaluation, the Initiative sought to collect baseline data to measure student progress on a quarterly, semi-annual, and annual basis. The benchmarks would be established during a participatory evaluation meeting to be conducted within the first three months of the funding period.

Element 6: Safe School Policies

As originally proposed, the Initiative sought to pursue the following objective associated with this element:

a. Provide a framework for developing, managing, and monitoring codes of conduct and the effectiveness of disciplinary actions.

During the first year, in conjunction with the School Safety Team and EISST, each school would convene school personnel, students, family and community members to engage in open dialog about safe school policies and codes of conduct. The proposal highlighted consensus building and buy-in as "the most important feature of this strategy." Facilitated by an EISST member, (either a social worker or school psychologist), the group process would first identify internal and external threats to safety and behavioral disruptions. After agreeing on the standards to be upheld, the group would then identify alternative strategies appropriate for the age, culture, and learning environments. The facilitator would present tested, research-based strategies for discussion purposes.

C. Participating School Sites

Charter Schools' independence has allowed for true innovation and experimentation with reform. Charter schools share no single approach, but feature distinctive missions, foci, and philosophies. About half offer an academically rigorous liberal arts curriculum while others stress particular subject themes such as art, public policy, technology or foreign language immersion. Others offer opportunities for community service or ROTC leadership training and discipline. Some schools target children with special needs, including students with learning disabilities or children at risk of dropout or involvement in the juvenile justice system. One DC Charter School, still in operation, was the first urban boarding school in the country.

The 17 schools participating in the DC SS/HS Initiative varied considerably in philosophy and mission, geographic location, student population, leadership, and available resources. The schools are located throughout Washington DC, in every ward except Ward 3 – the predominantly white, upper middle class area of the City. Five schools serve only elementary students; two focus on middle school students; and seven serve a high school population only. Two schools serve both elementary and middle school students, and another serves students in all primary and secondary grades. Eleven fit the category of a "small" school, with fewer than 300 students. Several schools grew sharply over the three-year grant period – in most cases by adding new grade levels. The list below includes the name of each participating school, as well as the type (elementary, middle, and/or secondary) and specific grades served. Detailed information about schools can be found in the ***Appendices A & B-Site Matrix and Site Profiles***.

Secondary Schools

- Friendship Edison Collegiate Academy, Carter G. Woodson Campus (FECA) (9-12)
- Cesar Chavez Public Charter School for Public Policy (9-12)
- Integrated Design and Electronics Academy Public Charter School (IDEA) (9-12)
- Maya Angelou Public Charter School (Ungraded Secondary)
- Washington Mathematics, Science, Technology Public Charter High School (9-12)
- Richard Milburn Public Charter Alternative High School (9-12)
- The School for Educational Evolution and Development (SEED) (7-10)
- Tech World Public Charter School ((9-12)
- The Village Learning Center (PreK-12)

Elementary/Middle Schools

- Arts and Technology Academy (K-6)
- Children's Studio Public Charter School of the Arts and Humanities (PreK-5)
- Elsie Whitlow Stokes Community Freedom Public Charter School (K-5)
- Ideal Academy Public Charter School (PreK-8)
- Options Public Charter School (5-8)
- The School for Arts in Learning (SAIL) (K-5)
- Southeast Academy of Scholastic Excellence (K-8)
- Roots Public Charter School (1-8)[2]
- Meridian Public Charter School (pre-K –5) joined to program in the second year.

[2] An initial participant, Roots PCS left the program after determining that it was too complex and burdensome.

II. METHODS

A. Overview

The evaluation plan proposed for this grant originally intended to utilize a theory of change and participatory approaches that would be implemented by two major contractors: InnoNet group for the process evaluation and systems level impact; and Resource Development Group (RDG) for the data collection and outcome evaluation. The plan was implemented in Year I and II, but only partially completed in Year III. Detailed data analyses were conducted, and extensive school level data was collected. However, a comprehensive synthesis and interpretation of the data was not completed. In January 2003, Donna D. Klagholz, Ph.D. & Associates, LLC was contracted to complete the evaluation and final evaluation report.

The current evaluation is grounded in the theoretical framework of community-based prevention. It utilizes an approach developed by the Office of Prevention Services and includes models from multiple theoretical domains including public health, social development, and evaluation. Well aligned with the comprehensive and integrated approach of the SS/HS Initiative, this approach examines the community, groups within the community and issues affecting those groups using the public health model; individual risk and resiliency factors with the social development model; and the link between risk data, project plan, and outcome measures using the logic model. As a multi-site design, the evaluation involved examination of data at multiple levels of observation: the community partners, the school sites, and the students. A particular emphasis of the evaluation was on identifying the risk and resiliency factors characteristic of charter school students and identifying the extent to which the DC Public Charter Schools SS/HS Initiative succeeded in establishing a sustainable community-based prevention program infrastructure. Additional time and a more rigorous longitudinal methodology would be necessary to determine the impact of the initiative on the students, schools, and community.

B. Goals and Objectives

1. Help students develop the skills and resilience necessary to promote positive mental health, engage in pro-social behavior, and prevent violent behavior and drug use.
2. Help charter schools establish safe, disciplined, and drug-free learning environments.
3. Develop a long-term funding infrastructure to sustain the comprehensive, integrated service system beyond the term of the grant.

C. Data Description

As outlined in the original evaluation plan developed in Year I, several standardized measures were collected on youth at all 17 schools. These included: the Yale School Climate Survey (SCS); the California Healthy Kids Survey (CHKS); and the Behavioral Emotional Rating Scale (BERS). School level data collected on each school included: student and family demographics (age, gender, ethnicity, language, economic status, housing status, family composition, health status); school-wide profile data (grades, attendance, promotion rate,

graduation rate, dropout rate, Stanford Achievement Test scores, special education, behavior incidences, expulsions and suspensions); staff training records; school needs assessments; and school-wide discipline plans developed as part of the project. Program level data that was collected included pre-grant assessments; contracts and planning documents; school assessment by staff; school data forms; enrollment summaries; mental health assessments; mental health monthly reports; and focus groups and interviews.

D. Procedure

In order to complete the evaluation, it was necessary to first identify tasks for data gathering and review; qualitative and quantitative analysis; and writing. The evaluation focused on aggregation and synthesis of data, while retaining individual school profile information as implementation documentation and mediating influences. The specific evaluation tasks utilized are described in more detail as follows.

Data Planning and Review: Initially, evaluator efforts were focused on developing a concise list of data elements and a report outline to expedite the data review with directed effort. An extensive amount of data was compiled by the previous evaluator into individual school binders, SPSS and Excel datasets; and by the program into biannual and annual reports. These data sources were reviewed and culled for data supporting the report outline. All data was logged in, while relevant data was entered into an SPSS dataset by school. Once this task was accomplished, missing data and a strategy to collect the data were identified. Alternative data sources were used to collect as much of the missing data as possible. A portion of the qualitative data was available in existing reports, but was supplemented by interviews with key program personnel. The original RFP and project proposal provided additional history and background, as well as descriptive information about the program components required by the funders and proposed by the grantee.

Collection of Missing Data: Evaluators and CSSS staff worked together to collect missing data. Alternative data sources, such as interviews with project personnel, existing reports, Title I applications, Charter School Board reports, Annual Reports to USDE, a Catholic University Health Report, IASA applications, and program quarterly reports were used to search for missing data. Additionally, interviews were conducted with key staff to obtain descriptive information about the program implementation over the three years of the grant. CSSS also provided incentives to the schools to encourage them to provide missing IASA applications and Charter School Board reports.

Data Compilation: Because the data resided in multiple datasets and documents, it was necessary to synthesize both qualitative and quantitative data into aggregate form. Qualitative data on the 17 schools were summarized into a site profile matrix, some of which were also entered into an SPSS dataset. Additionally, individual school profiles were developed based on summary reports for each school, interviews with CSSS staff, and information provided by the SS/HS partner at the DC Department of Mental Health. These very comprehensive school profiles contain identifying information about each school, as well as a description of how each program component was implemented at that school.

Data requiring analysis, interpretation, and synthesis were evaluated for its readiness. Since standardized measure data on the CHKS and Yale SCS were in separate datasets for each measure and year, as well as in separate datasets for individual level data and school means, it was necessary to attempt to merge the data into one large dataset for repeated measures analysis. However, data merges were only accomplished on the school level data since the individual level data did not have any identifiers on which to merge. This was due to the fact that youth, teachers and parents completed all CHKS and Yale SCS surveys anonymously. Extensive efforts were directed at the creation and merging of the data where possible, recoding variables to facilitate analysis, and conducting quality assurance runs. Emphasis was on preparation of data for analysis that would produce findings in three summary areas: school characteristics over time; program implementation profiles over the three years; and comparative analysis of standardized data findings across schools, over time, and between SS/HS schools and national and local comparative statistics, such as the 2001 DC and National Youth Risk Behavior Surveillance (YRBS) data and the 2002 SAMHSA National Survey on Drug Use and Health findings.

Data Analysis: Once the data was in a final format conducive to analysis and aggregation, summary data analyses was conducted by school. Descriptive data was summarized for school demographics, mental health service implementation, SAT-9, and the CHKS.

Plans to conduct Repeated Measures analysis were thwarted by the anonymity of the data and the different cohorts used for each of the three years. Consequently, to investigate outcomes as measured by the California Healthy Kids Survey (CHKS) and Yale School Climate Survey (Yale-SCS), subscale scores were compared across Years I through III. These analyses were conducted separately for elementary, middle, and high school samples. Since the typical repeated measures analysis of variance could not be conducted, mean scores and standard deviations were calculated for each subscale of the CHKS and Yale, for the elementary, middle, and high school samples. From these, 95% and 99% Confidence Intervals were calculated and compared. For each subscale, where confidence intervals do not overlap, differences in means could be considered statistically significant at the $p<.05$ (95% CI) and $p<.01$ (99% CI) levels. In this way, all pairs of years were compared (i.e., YI vs. YII, YII vs. YIII, YI vs. YIII) across all samples.

Description of the Measures

The measures identified for use in this project address the Government Performance and Results Act (GPRA) core client outcomes and track substance use and attitudes among youth populations. In addition, data collected from schools (including student demographics, staffing patterns, academics, risk and behavioral factors) target core outcomes. A brief description of the standardized measures used in this project is as follows:

California Healthy Kids Survey (CHKS)

The California Healthy Kids Survey is a comprehensive self-report youth survey designed to assess youth health risk and resilience, as well as the factors that influence them. Based on the CDC's Youth Risk Behavior Survey, the measure provides information on the percentages of students who have been involved in risky behaviors, while it also assesses youth assets and resilience traits that have been found to prevent such involvement and promote success. Three versions of the CHKS were used with the schools in the Initiative: Elementary, Middle, and High

School Versions. Each spring during the grant period, the CHKS was administered to 3rd through 12th grade students in participating schools. As a group-administered measure, all students completed the survey in their classrooms under the supervision of a trained proctor who read the survey questions aloud. The confidentiality of the students was strictly protected, as surveys were completed anonymously and forwarded to the survey developer WestEd in California, for tabulation.

The resiliency factors measured by the CHKS fall into two main categories: *External Assets and Internal Assets.*

a. External Assets

External assets refer to environmental or external supports and opportunities that are linked to the development of innate resilience in youth. Research has shown that three principles are essential in healthy youth development: *Caring Relationships, High Expectations,* and *Opportunities for Meaningful Participation*. The CHKS measures students' perceptions of these principles.

Caring Relationships: These are defined as a student's supportive connections to others who are role models of healthy development and well-being. Research has consistently shown caring relationships to be the most critical factor in successful child development.

High Expectations: These are messages relayed both directly and indirectly by adults that communicate their belief that the student can and will succeed responsibly. These are at the core of caring relationships and reflect the adult's and friend's trust in the youth's resilience and ability to learn. High expectations have been shown to be a key protective factor in the environments of youth who have refrained from involvement in risk behaviors.

Meaningful Participation: Meaningful participation refers to the involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution. Research has shown that when youth are given valued responsibilities, planning and decision-making opportunities, and chances to contribute and help others, positive developmental health/academic outcomes are achieved.

b. Internal Assets

The CHKS also provides information on three internal assets associated with resiliency: Empathy, Problem Solving, and Goals and Aspirations. These traits are considered outcomes of the developmental process and can be seen as indicators as to whether critical environmental supports and opportunities are in place. They are, therefore, the individual qualities associated with environments rich in caring relationships, high expectations, and meaningful participation.

Empathy: The Empathy asset refers to understanding and caring about the feelings of others. According to Daniel Goldman, author of *Emotional Intelligence*, "Empathy is the single human quality that leads individuals to override self-interest and act with compassion and altruism." The lack of empathy is associated with behaviors such as bullying, harassment, and other forms of violence.

Problem solving: Problem solving includes the ability to plan, to be resourceful, to think critically, and to examine multiple perspectives before making a decision or acting. Research has identified the presence of strong problem solving skills in successful adults.

Goals and Aspirations: Having goals and aspirations requires the ability to look to the future and have expectations and hope for one's self. Children who have goals and aspirations develop a sense of connectedness to their world.

Yale School Climate Survey (Yale-SCS)

Research in the field of school climate has shown that climate variables have a critical effect on children's school adjustment and learning, as well as staff and parent satisfaction with their schools. Based on these findings, the Research and Evaluation Unit of Yale University's School Development Program (SDP) developed School Climate Surveys. The purpose of the surveys is to measure concepts such as achievement motivation and academic focus as well as factors that tap into the social climate of the school.

Items on the Yale-SCS survey are grouped into eight discrete domains that reflect different components of school climate. These domains provide a more detailed profile of student opinion and guide interpretation of change in school climate over time. The eight domains, as defined by the School Development Program at Yale, include

- *School Building* – targets survey items that reflect student perceptions regarding the appearance of the school building
- *Student-Teacher Relations* - targets survey items that reflect student perceptions regarding the level of caring, respect and trust that exists between students and teachers in the school
- *Student Interpersonal Relations* – targets survey items that reflect student perceptions regarding the level of caring, respect and trust that exists among students in the school
- *Parent Involvement* – targets survey items that reflect student perceptions regarding the frequency of parent participation in school activities
- *Fairness* – targets survey items that reflect student perceptions regarding the equal treatment of students regardless of ethnicity and socio-economic status
- *Order and Discipline* – targets survey items that reflect the appropriateness of student behavior in the school setting
- *Sharing of Resources (elementary and middle school version only)* – targets survey items that reflect student perceptions about opportunities to participate in school activities and plans
- *Achievement Motivation* - targets survey items that reflect student perceptions regarding the extent to which students at the school believe that they can learn and are willing to learn

A ninth domain, *General School Climate*, is a composite of all items and serves as an overall index of the physical and psychosocial dimensions of the school. As with the CHKS administration, the Yale School Climate Survey was completed by students anonymously in a group setting under supervision, with questions read aloud by a trained proctor.

III. PROCESS EVALUATION RESULTS

The formidable task of implementing the wide-ranging service components in 17 distinct DC charter schools was well executed within the collaborative structure established by the Coalition and CSSS. Implementation was facilitated by a common vision among the stakeholders, the expertise and commitment of management and direct service staff, and the effective models and practices employed. In particular, the ability of staff at participating schools and at CSSS to adapt and consider alternative strategies and approaches helped the Initiative respond to multiple challenges.

A. Management, Decision-making, and Collaborative Structures

The structure of grant management underwent significant revision over the course of the Initiative.

1. Collaborative Management

The grant proposal called for the 17 participating schools to form a Leadership Circle to guide the Program Manager. This group convened twice at the start of the grant to review expectations and determine the frequency of future meetings. The Leadership Circle decided to create a Steering Committee to take over future guidance of the grant, and elected seven members to serve thereon. Meeting monthly during Year I, and approximately quarterly during Year II, the Steering Committee reviewed budget proposals, proposed contracts, and brought the collective wisdom of the school leaders to bear on grant-related decisions. The Committee provided leadership in negotiations with DMH during Year I, when serious delays occurred in staff hiring.

There was a great deal of overlap in membership between the Steering Committee and the CSSS Board of Directors. David Domenici, Executive Director of Maya Angelou PCS (the lead school) and Chair of the Steering Committee, did not join the Board on the grounds that it would create a conflict to serve on both. Over time, the Steering Committee voted to transfer all responsibility for SS/HS oversight to the CSSS Board, which met bi-monthly in Year III.

The proposal also called for the creation of a Project Advisory Committee, composed of representatives of partnering agencies, to serve as expert advisors to the Program Manager. This group came together as a whole at the start of the grant for an opening ceremony, and was involved in conferences and final closing celebrations. As forecasted in the proposal, most of the Advisory Committee's work was conducted in special subcommittees or on a one-on-one basis, with subcommittees on health care, mental health, and later, after-school funding. These groups were short-term in nature, yet extremely helpful to the program.

The numerous partnerships defined in the grant functioned as planned; virtually all participating organizations met the specifications outlined in their signed MOU, and many exceeded grant expectations. Catholic University School of Nursing, for example, worked with

the Initiative to analyze the health care needs of charter schools, but also exceeded their assigned responsibilities by testifying before the City Council to support inclusion of nurses for the charter schools in the city's school health program budget.

In planning the SS/HS grant, the federal government envisioned the development of multi-agency community planning forums that would negotiate collaborative contributions and participation in the effort. Such interagency planning groups thrive under the active encouragement of city leaders. In the case of the DC SS/HS Initiative, this expectation was unrealistic given the novelty of charter schools, the uncertainty among City agencies regarding collaboration with them, and their independence from a common school district with the authority to establish binding policies. Aside from the influence deriving from the award itself, the Charter School Coalition had little clout or voice in citywide, interagency discussions.

Bureaucratic and political complexities made establishing partnerships with some District public agencies problematic. For instance, the Department of Mental Health, under receivership at the time as the Commission on Mental Health, was initially reluctant to establish the partnership so critical to the success of a school-based mental health program due to a pre-existing commitment to a competing SS/HS application by DCPS. The partnership was finally established under pressure from high-level officials shortly before the submission of the application, but tensions remained that inhibited smooth collaboration and negotiation well into Year I. Eventually, the re-creation of the Department of Mental Health, and the extremely fortuitous hire of Dr. Olga Acosta as Clinical Director of the Mental Health Program, allowed for strong, shared efforts in recruiting and hiring staff.

On balance, city agencies whose partnerships were vital to the Initiative lacked experience in dealing with charter schools. Without a centralized school administration to serve as a main point of contact, agencies had difficulty determining the most effective way to build institutional collaborations. While CSSS acted as an intermediary agency to advocate for the public charter schools on a range of concerns, the organization did not function as an official representative. By the second and third years, the grant director had easy access to citywide leaders, but, as a representative of loosely connected non-governmental agencies (Public Charter Schools), remained on the periphery of any formal interagency discussions.

In the winter of 2000-1, the Initiative convened key stakeholders to form the Public Charter School High Risk Youth Task Force to address substance abuse prevention and treatment, family services, juvenile justice, and other Initiative objectives.

Nevertheless, the application included a proposal for a High Risk Task Force, along with signed promises of participation from city agencies. The Initiative faced great challenges getting the Task Force off the ground. Rose Bruzzo, Deputy Director of the Social Services Division of the Superior Court, who had developed this portion of the proposal and had agreed to convene the Task Force, left her position just before the grant award notification, leaving the Initiative with no City leadership committed to the process. In the winter of 2000-1, the Initiative convened key stakeholders to form the Public Charter School High Risk Youth Task Force, with representation from local DC government and Federal agencies, non-profit organizations, and private foundations working collaboratively with charter schools to

address substance abuse prevention and treatment, family services, juvenile justice, and other Initiative objectives. The Task Force included representatives from the following organizations:

1. Social Services Division, Superior Court of DC.
2. Addiction, Prevention and Recovery Administration (APRA).
3. Child and Family Services Agency.
4. Child and Youth Services Administration of the Department of Mental Health.
5. Youth and Preventive Services.
6. Metropolitan Police Department-Court and Community Services.
7. Youth Services Administration.
8. Department of Human Health.

Based on an initial survey of members, the Task Force identified the following priority areas of focus:

1. Substance abuse prevention.
2. Mental health services.
3. Special education wrap-around services.
4. Alternative placements.
5. Student re-entry following alternative placement.
6. Early identification.

The Task Force held several meetings to formulate strategy, and identified existing exemplary programs to be piloted first in the DC Public Charter Schools as models for eventual implementation throughout the DC public schools. These efforts were critical in the development of a highly successful pilot program, known as the Leadership Council Program for DC Youth, that served selected high-risk youth with a combination of intensive case management and group support.

2. School-Level Management

As the Initiative startup period coincided with the birth of the DC public charter school community, school and grant infrastructure had to be established simultaneously. Individual schools thus faced a heavy administrative and managerial burden. Each nascent school needed to secure a facility, defining its mission, design and promote high-quality programming, and demonstrate success to parents and the community. For many, implementing the Initiative within the scope of SS/HS presented an overwhelming task. In response, the Initiative decided early in the process to reduce the number of school-level administrative committees. As outlined in the proposal, schools were required to form three multi-disciplinary committees: the Steering Committee would guide overall grant implementation; the School Safety Team would conduct a security assessment and develop a safety plan; and the Early Intervention/Support Services Team (EISST) would provide the basis for mental health planning and referral. In order to streamline the process, the Initiative eliminated the need for a separate School Safety Team, assigning those duties to the school's Steering Committee. The EISST, which eventually evolved into the Early Intervention Team (EIT), is described below.

As the primary structure for planning and overseeing implementation of the grant at the school level, the Steering Committee demonstrated mixed results. Success for Steering Committees is defined as having broad and consistent representation, engaging in planning and overseeing the execution of the grant in the school, and using the California Healthy Kids Survey and Yale School Climate Survey to inform their plans. This success depended on a strong SCRC and a dedicated Principal. Some committees waxed and waned along with staff changes. According to the Program Director, about 1/3 performed effectively; another 1/3 experienced moderate success; and the final 1/3 made little or no effort.

While a broad representation from school leaders, teachers, parents, students and members of the wider community helped Steering Committees build consensus, gain commitment, and foster understanding of the Initiative, many needed extensive technical support to finalize their yearly plans. Few schools were able to use the committees to implement and monitor the grant. Schools also complained that the Steering Committees consumed too much time.

The great diversity among the 17 participating public charter schools presented challenges to implementing federal requirements in a standardized way. The Initiative strove to balance fidelity to the selected models with the need for flexibility in light of each school's individual strengths and needs. Thus, the CSSS staff, as administrators of the grant, had no power to compel schools to remain faithful to the Initiative's plans. Instead, they employed consultation, education, and persuasion to encourage schools to participate. Inevitably, this resulted in varying degrees of implementation.

Valuing their independence, participating schools requested a less "top-down" approach to grant management, as well as additional hands-on assistance in shaping program implementation to fit the needs of a given school. In response, at the start of Year II, the Grant Steering Committee agreed to add an additional staff member to the CSSS grant management team to work intensively with 6 schools. Thus CSSS staff would be able to conduct more frequent site visits to help the school implement components in a manner best suited to their unique school culture and leadership structure.

B. Staffing

The role of staff characteristics, retention, training, and qualifications was critical to successful program implementation and sustainability. In total, the SS/HS grant supported 36 school-based workers and 6 program administrators. The Initiative involved three levels of staffing:

1. Project management staff – including, initially, a full-time program manager, a program associate, a master teacher, and an administrative assistant;
2. School staff – including principals, teachers, specialists, and student support personnel; and
3. School-based project staff – including mental health clinicians and school community resource coordinators (SCRCs).

1. Project Management Staff

At CSSS, a professional and committed management team of four key individuals guided implementation of the Initiative. This team remained with the Initiative throughout the three-year grant period, and continues to be involved with the programs that resulted. Eve Brooks, MSW, as Principal Investigator and Director of CSSS, provided strong leadership and served as the Initiative's chief advocate and visionary. Deputy Director Drake Wilson held responsibility to coordinate SCRC trainings; develop the partnership with the Metropolitan Police Department; build activities and resources for after-school programs; and ensure adherence to the terms of the grant (i.e., that schools were getting paid, etc.). During Year II, the Initiative hired additional staff (Elizabeth Daley, and, later, Mahalia Joseph) to allow for a more conducive staff-to-school ratio. Master Teacher Eleanor Greene, as Coordinator of the Peaceful Schools Program, contributed heavily to a number of Initiative activities including the discipline code review process, peer mediation, and consultation with individual schools.

The competence of the CSSS program management was confirmed by the awarding of a sustainability extension.

In June 2000, the Department Of Mental Health hired Dr. Olga Acosta, Ph.D., formerly the Deputy Director of the University of Maryland Center for School Based Mental Health Services, as Clinical Administrator for the Mental Health component. Already a nationally recognized expert in the field of school-based mental health, Dr. Acosta's contributions were critical to the Initiative's success in this area, and to the continuation of school-based mental health beyond the grant period. She was responsible for conceptualizing the model framework for mental health services and managing that component throughout the grant period. She supervised the 16-18 clinicians and, later, led the Department's effort to expand the program into DCPS. As part of the SS/HS administrative team, Dr. Acosta met weekly with the CSSS staff to plan grant activities and evaluation. She was assisted by Bonny Gallagher, LICSW, who provided clinical supervision and school-based troubleshooting for the clinical team.

2. School Staff

School staff were expected to participate in the grant implementation in multiple ways. To support and educate school staff about their role in the grant, the Initiative held a series of orientations, trainings, and events for school leaders and Steering Committees. These included the following:

?? A Celebration of the Grant Award, during which representatives from all three federal agencies, along with members of the SS/HS Steering Committee, laid out the goals and major components of the grant program.

?? A daylong orientation for the school steering committees, informing them of their roles and responsibilities in the planning process.

?? A presentation of the first year report of the grant Evaluator, providing an overview of the data being collected and its relevance for planning.

?? A one-day introduction to the Mental Health program for school leaders, held in September 2000, informing them of the requirements of the Department of Mental Health

for placement of a clinician in their school (i.e., designation of a private space, phone, and the establishment of the Early Intervention Team).

?? A two-day, all-school training on Emergency Planning in October 2001, providing expert guidance to teams from each school.

?? A daylong conference (Year III) exposing representatives from city agencies, charter schools, and other interested organizations to the impact of the grant, and providing sessions on mental health, after-school programs, school safety, and parent involvement. Attendees included, among other city leaders, the President of the DC Board of Education and the Deputy Mayor for Human Services.

?? A multi-school presentation on the interface between mental health and special education, as well as the respective confidentiality constraints.

?? A final closing ceremony, featuring speeches by a member of the City Council, the State Education Officer, and a representative of the US Department of Education.

3. School-Based Project Staff

At each school, the ***School Community Resource Coordinator*** played the central role in bringing together the various components of the Initiative. In order to access funding, each participating school signed a detailed subcontract detailing their responsibilities and the role of the SCRC in meeting grant expectations. Given the value public charter schools place on their independence, Initiative staff determined to promote buy-in by granting participating schools the power to select and hire their own SCRCs, subject to terms and conditions laid out in a contract developed by CSSS, and placed no educational requirements on the position. Three or four of those hired for the position had Masters degrees, and all but two had completed a BA. (In three instances, – including Maya Angelou as the lead LEA – schools chose to assign the SCRC role and responsibilities to their school leader.)

The contract required SCRCs to attend a weekly training meeting during the first year and semi-monthly thereafter. SCRCs were also required to submit a quarterly report of the school's progress in the six grant areas, to be signed off by the school leader. In order to assure compliance with 133 Audit requirements, these reports also included copies of expenditures. Most participating schools complied fully with these requirements, attending meetings consistently and taking advantage of trainings and resources for SCRCs.

Over the course of the grant period, several SCRCs improved their skills and performance considerably. They brought valuable resources to their schools and provided strong support for after-school programs and peer mediation activities. In a number of schools, SCRCs partnered with mental health clinicians to form a highly creative and effective team.

The single biggest factor in the position's effectiveness was the relationship between the SCRC and school leadership. Some schools benefited from the convergence of a principal dedicated to the aims of the grant, a competent SCRC, and a good mental health clinician; such schools invariably achieved substantial gains. In other schools, leadership turnover prevented even skilled staff members from accomplishing the Initiative's objectives. An SCRC who had been working well under one principal might find him/herself marginalized under a new leader less inclined to support SS/HS efforts. A few Principals used the SCRC inappropriately to fill gaps in

school staff, burdening them with student supervision or office duties. Given the ambiguity of their position – they were hired by the schools and answerable to them, but were received training and direction from CSSS -- SCRCs needed to maintain a strong focus to restrict their activities to Initiative-related matters.

"In general," explains one CSSS staff member, "successful SCRCs came equipped with skills they needed in the job, and the Initiative gave them encouragement and direction." During the Initiative's early stages, however, the CSSS support team tended to "talk at rather than to" the SCRCs, and overwhelm them with great volumes of information. As CSSS staff developed more realistic expectations, their ability to communicate with and support the SCRCs improved. Eventually, the trainers withdrew in favor of encouraging the SCRCs themselves to take the lead, developing their own skills by making presentations to their peers on common issues. In this way the SCRCs were able to share their individual strengths and develop the confidence needed to perform their responsibilities effectively.

Aside from the proceedings of the Charter School Coalition the regular SCRC meetings and the monthly All Hands Meeting were, at the time, the only existing forums for cross-fertilization between public charter schools. Over time, these opportunities fostered a degree of collaboration and exchange that had not previously been possible. As SCRCs developed relationships with their colleagues at other participating schools, they shared valuable expertise and know-how. Thus all schools witnessed and learned from the growth of exemplary programs such as TechWorld's Peer Mediation program, Maya Angelou's volunteer tutoring program, and the truancy coordination efforts of Arts and Technology PCS. Thus the SCRC served as a bridge for public charter schools to share ideas and learn from each other.

Over half of the participating schools maintained a single SCRC throughout the grant period. These SCRCs were able to make full use of their training, as well as the relationships they had established with community organizations. At least five schools, however, suffered from high turnover in the SCRC position, with three separate individuals filling the position over the course of the grant period.

By the end of Year III, most participating schools had come to value the SCRCs for their skill in planning and gathering resources. Twelve schools continued to employ their SCRC after the close of SS/HS through their own funding, either in the same capacity, or as assistants to the Principal.

During the first year of the grant, SCRCs met as a group with CSSS staff each Friday for 2.5 hours of formal training. These sessions were carefully programmed, and included the following:

- Principles of Prevention – an 8-hour course offered by the Region Two Center.
- Youth worker/Youth Development training – a 16-hour course from the Academy for Educational Development
- Training in leadership of Parents Anonymous groups
- Parent education training.

CSSS staff held additional trainings on meeting preparation and management, needs assessment, building a steering committee, the role of the Early Intervention Team, school security assessment and planning, evidence- based models for substance abuse and violence prevention, high quality after-school programs, peer Mediation Training, parent involvement models, and (with school leaders also attending) the Peaceful Schools program. SCRC trainings also included presentations from partnering organizations – such as Washington Opera, Metro Teen Aids, the Cancer Society, the Metropolitan Police, and the Addiction Prevention Recovery Administration – to encourage collaboration on individual projects.

In Years II and III, the SCRCs continued to meet formally every two weeks to share implementation concerns and accomplishments and engage in collaborative problem solving. As the individual SCRCs increased their skill levels, they conducted presentations of their own projects with each other to share resources and details. They also began to team up on projects of mutual interest. For example, the SCRC from TechWorld PCS, who had successfully implemented Peer Mediation in that school, consulted with his counterpart Friendship Edison to introduce the model there.

During Years II and III, the Initiative also held a regular All Hands Meetings, bringing clinicians and SCRCs together on a monthly basis to share ideas and resources and form stronger collaborative teams. The All Hands Meetings also included training sessions on selected material, such as 'Good Touch Bad Touch' and recognizing and responding to child abuse and neglect.

As proposed, the DC Department of Mental Health held responsibility for hiring, training, and supervising a ***Mental Health Team*** in each school, and would begin by conducting a needs assessment at each school to ensure an effective match. Eventually, these teams were reduced to a single, full-time, licensed and experienced clinician per school, who provided a range of both proactive prevention and crisis-driven services to students and their families. Fully implemented in Years II and III, mental health component supported a staff of 20, which included 17-18 school-based, masters-level or doctoral-level mental health workers, Dr. Olga Acosta as Program Director, and Bonny Gallagher, LISCW, as Clinical Supervisor.

As an integral part of the school community, the mental health clinician established and served on the schools' Early Intervention Team (EIT). This multi-disciplinary team – composed of school personnel such as special education teachers, speech and language clinicians, principals, etc. – held responsibility for early identification and referral of students for appropriate intervention/prevention services. Working closely with teachers, administrators, and parents allowed the mental health staff to identify emergent issues in the schools and to provide individual counseling to students based on personal need. The clinician provided regular group counseling on issues such as decision-making, life skills, substance abuse, and alternatives to violence. Comprehensive services also included parenting groups, family mediation, teacher consultations and classroom observations to help educators work more effectively with children.

4. Staff Attrition

The Initiative benefited from a high degree of staff stability throughout the grant period. Project Management staff was very stable, with only one staff member leaving after a tenure of

nine months (beginning in Year II). The mental health program also benefited from low turnover, with two-thirds of the clinicians remaining in place for the two years of implementation. More change occurred among SCRCs: Over the course of the grant, there was turnover in this position at seven of the 16 schools, often as a reflection of changes in school leadership. Indeed, the stability and effectiveness of this role depended on the creation of a solid working relationship between the Principal and the SCRC, with both understanding and supporting the complex program. Those SCRCs hired after the first year trainings received orientation from CSSS staff, but often lacked the time or training to become truly effective.

Each year, the Initiative experienced minor turnover in the participating schools. Seventeen schools signed on to the proposal and participated in Year I; sixteen were served in Years II and III. In Year I, Roots PCS pulled out due to the inability, given the school's small size, to manage the complexity of the grant. The Initiative filled the vacancy with Meridian PCS, which had long sought participation. Subsequently, a change in leadership at Meridian resulted in the school pulling out of the grant. Finally, when Meridian hired a new principal who had worked successfully with the Initiative in her previous position, the school was re-admitted to the program. The Washington Math, Science and Technology PCS experienced three changes in leadership. When, in Year II, a major conflict arose with the principal over issues of confidentiality, the Initiative withdrew from that school.

Richard Milburn PCS, (a school for adjudicated and troubled youth) was placed on probation by the Steering Committee for problems of mismanagement combined with multiple leadership changes. Both CSSS and the Department of Mental Health Department declined to provide direct resources to the school. Instead, CSSS hired an independent SCRC to develop supports and programs for youth in that school. The Mental Health Department continued to provide part-time services to one of the school's two campuses. At the close of Year III, the Board of Education voted to withdraw the school's charter.

Ideal Public Charter School had three principals and three SCRCs over the course of the grant period. Eventually, a major struggle between the SCRC and the mental health clinician, combined with the failure of the school's Board to handle the situation, resulted in withdrawal of the school's mental health services.

TechWorld PCS, which had a strong SCRC/clinician team and had made good use of the grant, was closed by the Board of Education at the close of Year III.

At the end of the third year, the Department of Mental Health pulled the clinicians from three additional schools that were not making effective use of the resource (e.g., the school failed to provide space or develop a functioning Early Intervention Team, or preferred to hire their own worker for the position).

At the close of the grant, 11 of the 16 schools targeted by the grant retained their clinicians. Virtually all of these also chose to retain the individual who had served as the SCRC.

C. School Characteristics

The schools participating in the DC Public Charter Schools SS/HS Initiative reflect significant diversity in mission, target population, location, curriculum, etc. The data included in this analysis provides information on demographics for schools involved in the Safe Schools/Healthy Students (SS/HS) initiative. As the SS/HS initiative was a longitudinal program, school data was aggregated across years, resulting in composite demographic sketches. Although several sources were explored, portions of the school demographic sketches are scant due to missing data. Detailed information about each school is provided in ***Appendices A & B-Site Matrix and School Profiles.***

School Demographics: In order to provide a context for examination of program implementation, school demographic data was collected across multiple sources, including Federally submitted project annual reports, IASA applications, and District school records maintained by the DC Board of Education. In total, data regarding school demographics was available on 19 schools. Some indices were fairly uniform across schools.

- The majority of schools (n=18) had mostly (77%-100%) African American students
- One school evenly split among African American and Hispanic youth.
- Ethnicity at each school remained fairly constant throughout the three years, with the exception of one school that transitioned from mostly African American students to an approximately even number of African American and Hispanic students.
- Gender distribution was evenly split with 52% males and 48% females.

Schools were examined for levels of risk by looking specifically at Limited English Proficiency (LEP) and qualifications for Free and Reduced Meals (FARM). Data was available on all 19 schools. As can be seen in **Table 1**, language barrier was not a significant concern across schools. Slight peaks in limited proficiency skills were evident in Year II of the program, but this dropped in Year III to match Year I levels. In contrast, the majority of students across schools qualified for free/reduced lunch, at least for those years on which data was available. Such an index demonstrates level of need across schools and reflects on the higher-risk communities in which these schools are located.

Table 1. Level of Need

	Year I	Year II	Year III	Average
% of students with LEP	4.1	6.5	4	4.9
% of students with FARM	74.4	71.6	n/a	73*

* Average compiled for Years I and II only

Enrollment and Attendance. Data was first examined for school size and was available for 19 schools. **Table 2** reflects average school enrollment and attendance rates across the program. Based on data collected, the size of participating schools ranged from 38 to 766 students. When examined by year, average student enrollment was 215 in Year I, increasing to 266 in Year II and to 298 by Year III. Over the course of the initiative, schools averaged about 260 students. With

the exception of two schools that decreased in population over the three years, most of the schools either maintained their size or increased in size between Years I and III. The range of student attendance was also wide, with some schools showing attendance rates as low as 59% and others as high as 98%. Overall, schools averaged an 87% attendance rate across the three years.

Table 2. Enrollment and Attendance: Year I - Year III

	Year I	Year II	Year III	Average
Average Enrollment	**215.3**	**266.4**	**297.6**	**259.7**
Average Attendance*	**86.4%**	**85.9%**	**88.2%**	**86.8%**

* Data available on 18 schools

Academic Performance. Data was also explored for student performance on classroom and standardized measures. Partial or complete data was available on all 19 schools. Data was explored for promotion rates across schools. Promotion rates identify the percentage of students who are advanced to the next higher grade at the end of an academic year. Data, reported on 14 of the 19 schools during Year I of the initiative, revealed an average promotion rate of 82%. This average increased to 87% during Year II for 13 schools on which data was available. For Year III of the initiative, average promotion rates increased substantially to 94% for the 8 schools on which data was available. Consistent improvement in student advancement likely highlights overall improvement in school administration and curricula, as well as the ability of the initiative to respond to student needs.

Performance on the SAT-9 achievement test was also examined across schools. The SAT-9 is the newest edition of the standardized and nationally recognized Stanford Achievement Test. Based on state curricula and national standards, the test uses relevant and grade-appropriate content, designed by experienced teachers and content experts. Mathematics items concentrate on developing mathematical power, while reading selections are written and illustrated by well-known authors and illustrators of children's literature. For the purposes of this report, the Normal Curve Equivalent (NCE) was used as an index for Reading and Math achievement. NCEs are similar to percentile scores, but unlike percentiles, they can be averaged. The NCE scores are equal interval scores ranging from 1 to 99, with a mean of 50, the national average. Examination of a school's NCE scores reveals how the school's performance compares with the national average.

NCE scores were averaged across participating schools and are presented in **Table 3** below. Again, partial or complete data was available for 19 schools. Scores across schools ranged from the mid 20s to the mid 50s, with an average NCE reading scores of 36 and an average NCE math score of 38. Such performance levels indicate that the schools are performing in the below average range. Performance on the SAT-9 was also examined by school type (elementary vs. high school), but no significant difference in performance rates was found.

Table 3. Average SAT-9 Scores

	Year I	Year II	Year III	Average
Reading	**36.1**	**37.7**	**35.3**	**36.4**
Math	**36.8**	**39.1**	**38.9**	**38.2**

Reports by schoolteachers and administrators on student classroom performance further supports low academic achievement by students. In Year I of the initiative, only 49% of students at the 10 schools on which data was reported were functioning at or above basic reading level, with one school reporting only 6.3% of its student body performing at or above a basic levels. Percentages for math were even lower, where only 29% of students were functioning at or above basic math levels. However, data on academic functioning during Year II of the initiative reveals considerable improvements. Specifically, 52% of students across the 9 schools on which data was available were reported to be functioning at or above basic reading levels, while basic or above basic functioning levels for math were reported for 42% of students. As with promotion rates, such gains may speak to both the ability of the initiative to meet student needs, as well as the growth and solidification of school infrastructure and instruction over time. It is worth noting that the percent of students enrolled in Special Education classes or tracks over the course of the initiative ranged from 3% to 85%, which likely impacts aggregated classroom data presented here. Very limited data was available on student classroom performance during Year III of the initiative. As such, analyses could not be conducted.

D. Program Implementation

Over time, several factors emerged as key determinants of the success of grant in implementing the program activities within each of the six key elements.

"*Readiness*" refers to inclination and ability to accept program strategies and engage implementation, combined with the presence of effective infrastructure supports. Initially, the benefits of the Initiative were unclear to even the most viable schools. To build buy-in, CSSS staff worked to determine each individual school's priorities and preferred strategies. Collaboration with school Principals was essential. A number of school leaders initially regarded the Initiative as an unwanted burden. Eventually, however, most became fully engaged in participation. The issue of readiness was also a factor among program partners, who had to be convinced of the merits of the grant, and the benefits that would accrue to them from their collaboration. Creating and maintaining buy-in among the many participating schools and partnering organizations required an ongoing effort on the part of the Initiative's managerial staff.

"*Intensity*" refers to the concentration of program interventions and services implemented at a given school. This is one indicator of model fidelity.

"*Sustainability*" refers to the likelihood that the program interventions, activities, and infrastructure will continue after the close of the grant period. Sustainability is highly dependent on the school's understanding of the programs as essential to their ongoing operations.

"*Value"* is measured by the extent to which the school needs the service and believes in its worthiness.

"*Effectiveness*" refers to the overall contribution or impact of the program interventions, activities and infrastructure on student, school and community development.

1. Implementation of the Six Key Elements

Element 1. School Safety/Police Involvement

During the first months of the Initiative, each of the schools received staff and program guidance on developing an assessment of school safety needs. SCRCs (recently hired) and their principals were provided templates for reviewing safety concerns. Although the Initiative made considerable effort to involve the Metropolitan Police Department in safety planning, the leadership of that agency delegated authority for school-related services to the local district command, leaving in place a very weak central office youth command. Thus, schools were left to build relationships with local police commanders who had competing priorities, and often failed to even recognize the charters as public schools. Efforts to engage the MPD on discussions of truancy were unsuccessful as well. A few schools did manage to build strong relationships with local police, involving officers in school safety assessments. Most, however, were unable to build strong working partnerships with local police. Schools in Ward 7 enjoyed the highest level of police involvement.

As outlined in the proposal, each school should have conducted a security assessment, with assistance from the Metropolitan Police Department using a checklist provided by the Initiative designed to identify any necessary facility modifications. Schools were to create action plans to address these vulnerabilities, enabling them to qualify for additional funding to implement their plans. Participating schools, many of which were new and housed in non-traditional facilities, were anxious to obtain security cameras and related hardware. In Year I, SS/HS provided $10,000 to each school for the purchase and installation of any security equipment/enhancements included in the school's recommendations.

According to the original proposal, schools were required to develop a School Safety Team comprised of school personnel, students, parents, school security officers, law enforcement personnel, and community members. Some schools did, in fact, develop a separate committee to complete the assignment. However, as previously noted, the Initiative curtailed this requirement to simplify the burden of school-level administration. Thus, in most instances, the safety assessment and plans were completed by the school's Steering Committee, leadership and/or security personnel.

During Year II, the Initiative agreed to support citywide School Resource Officer Training for the 40 police officers placed primarily in DCPS schools. The training, co-sponsored and

partially funded by the Youth Division of the Metropolitan Police Department, was greatly appreciated by the police, and formed the basis for a strong partnership with the Seventh District Command that brought placement of School Resource Officers in three charter schools in Wards 7 and 8.

To provide support to the schools in cases of limited police involvement, several SCRCs became heavily involved in safety intervention to protect students and reduce opportunities for gang fighting in and around the school, at metro stations, and on routes students took to and from the school building. The SCRC at Cesar Chavez, in particular, became highly involved in a community coalition to reduce gang violence, which had resulted in the death of one student and the wounding of two more. Ultimately, the infrastructure work in the areas of school security and crisis event planning has been valuable; however, school security and safety plans may have been merely paper compliance in some cases. This component of the grant was a 'silo', operating somewhat in isolation. A number of tasks in this component required quick compliance at the beginning of the grant, but were never coherently integrated into other program components.

Of importance to note is the unanticipated impact of the events of 9/11. The original planning could not have accounted for an incident on the scope of the 9/11 terrorist attacks. Yet the grant-funded staff played a critically important role in helping all the public charter schools respond to the incident, including those not participating in the SS/HS Initiative. During the afternoon of September 11 and into the following day, the SS/HS Program Director e-mailed advice to schools on how to help teachers, students, and parents cope with the crisis. On September 12, the Department of Mental Health held an emergency training for the school-based mental health clinicians. The following morning the clinicians held staff trainings before the start of the school day, and provided crisis counseling throughout the days thereafter. Some clinicians were temporarily reassigned to the three DCPS schools that had lost teachers and students in the plane that flew into the Pentagon.

On October 1 and 2, as part of the follow-up activities to the development of school safety planning, the North Carolina Center for the Prevention of School Violence provided a two-day training for teams from each school on school safety planning. While the participating teams expressed great enthusiasm for the training, not all followed up by completing a safety plan, as the training intended. Throughout Year III and the no-cost extension year, as District residents faced repeated Code Orange alerts due to sniper shootings, floods, and snow storms, the DC Emergency Management Agency provided training for teams from DCPS schools, but failed to invite any of the 40 charter schools, 26 Catholic Schools and 60 independent private schools. In January 2002, after multiple calls from Eve Brooks, the DCEMA held a two-hour orientation for the charter schools, using materials prepared by DCPS.

CSSS sought to expand work in emergency planning. It submitted an application for a grant from the US Department of Education on behalf of the charter and private schools, which, together, serve 1/3 of all DC schoolchildren. The grant was denied.

Element 2. Alcohol and Drug/Violence Prevention and Early Intervention

Research demonstrates that early onset of drug and alcohol use is a key indicator of lifelong addiction. As the two main components of the SS/HS Initiative, School-based Mental Health Services and the Peaceful Schools Program provided the framework for broad substance abuse prevention efforts. The Initiative trained school staff to integrate decision-making, problem solving, and resistance skills into the daily curriculum, and parents to reinforce these skills at home. Middle and high school students were trained in leadership and peer mediation. The grant also provided funds for software programs and more targeted evidence-based practices to address these concerns.

To ensure that schools improve access to developmentally appropriate substance abuse and violence prevention programs and activities, the Initiative formulated the following objectives:

?? Develop a comprehensive school and community-wide substance abuse and violence prevention program using evidence-based models, such as the Peaceful Schools Program developed by Educators for Social Responsibility (ESR).
?? Integrate prevention programs into school activities.
?? Reshape attitudes and beliefs regarding mental health, substance abuse, and violence.
?? Create or enforce existing regulations designed to limit or prohibit substance abuse and violent behavior.
?? Provide alternatives to substance abuse and violence through social and recreational activities and mentoring.

As explained above, the Initiative proposed to contract with Educators for Social Responsibility (ESR) to implement the Resolving Conflict Creatively Program (RCCP), an evidence-based model shown to be effective in reducing substance abuse and school violence. In May 1999, the Initiative contracted with ESR to implement the Peaceful Schools Program (PSP) – another ESR creation based on the same principles, strategies, and practices – in all participating schools. As described below, the Initiative elected to implement PSP rather than RCCP based on its more comprehensive, whole-school approach.

The primary goal of the Peaceful Schools Program was to create a respectful school and community environment in which students and adults could feel safe, respected, and supported, and where students learn life skills that promote resiliency, problem-solving, empathy, and self-discipline. The program provided extensive teacher training in pedagogy and classroom management techniques, as well as coaching for administrators in discipline plan review and revision. PSP integrates activities and messages into the existing school curriculum, in order to underscore the union of academic achievement and social and emotional support. Under the Peaceful Schools Program, the Initiative pursued the following objectives:

?? Establish annual planning meetings to maintain collaboration between students, parents, staff, and community members.
?? Institute training and staff development programs to provide teachers with practical strategies for classroom management and building group cohesion.

- ?? Develop alternatives to suspension that focus on conflict resolution and anger management, aimed at increasing students' social and emotional competency and attachment to school.
- ?? Create a peer mediation program to involve students in constructive conflict resolution.
- ?? Provide student leadership training to encourage service to school and community.
- ?? Promote healthy student-teacher relationships by providing opportunities for small group interaction.
- ?? Implement curricula designed to provide direct instruction in conflict resolution and anger management.

Implementation of the Peaceful Schools Program (PSP) was based on a solid foundation of intensive training provided by Educators for Social Responsibility (ESR) and follow-up support provided by CSSS staff. CSSS Master Teacher Eleanor Greene coordinated the Peaceful Schools Program with expert assistance in training, resources, and on-site support from ESR's Carol Lieber and Lisa Cureton. Indeed, ESR's collaborative role in providing ongoing training and support was key to the success of the program.

Following ESR-led training workshops, Peaceful Schools Coordinator Eleanor Greene worked closely with the Mental Health Clinician, SCRC, and Principal/Director at each school to design an individualized implementation plan. The Mental Health Clinicians played the pivotal role in school-level implementation of PSP. Clinicians attended teacher trainings and integrated PSP concepts and terms into their work with school staff. They supported teachers' efforts to integrate PSP strategies into everyday classroom activity and promoted the development of a shared language of respect and responsibility among teachers and students. Clinicians also participated in peer mediation trainings, and many led or assisted with peer mediation programs in their schools.

Readiness was an important factor in the degree of success PSP could achieve in a given school. Charter Schools with philosophies sympathetic to the aims of the Initiative were able to implement the program effectively. In these schools, principals and leadership teams recognized the benefit PSP could provide in moving them toward their own goals, and were thus prepared and able to commit to the work. On the other hand, the program faced difficulties in schools that had trouble defining their own direction or maintaining stable leadership. In some cases, the school's core educational approach even conflicted with PSP concepts and strategies.

Ms. Greene collaborated with ESR's Carol Lieber to lay the groundwork for the program, beginning with an introductory workshop for teams from all participating schools. Greene and Lieber, as the PSP Staff Development Team, conducted training workshops for teachers, administrators, support staff, parents, and students from 11 participating schools in Year I and the remaining 6 schools in Year II. This was followed by sequential training sessions presented to groups of schools, with all 17 schools trained by the end of Year II. During Year II the PSP team expanded to include Lisa Cureton, a locally based trainer, and Mahalia Joseph, a conflict management and education specialist. By the end of Year III, PSP had trained over 750 teachers, administrators, students, and mental health clinicians in Peaceful Schools concepts and practices. In addition to group training, the PSP team provided ongoing support to facilitate full implementation. In each participating school, the team offered the following:

- ??Consultation with school administrators and Steering Committees on staff development.
- ??Provision of staff development opportunities tailored to the needs of individual schools, such as classroom management, behavioral strategies, etc.
- ??Observation and consultation with classroom teachers.
- ??Demonstration/co-teaching lessons based on individual teachers' needs.
- ??Training in Peer Mediation for students and staff.

In addition to these program components, the Peaceful Schools Program featured extensive training and on-site technical assistance in review and revision of school discipline codes. As a critical piece of the school-wide approach, the discipline process brought together stakeholders from the whole school – particularly school leaders and administrators, teachers, support personnel, mental health clinicians, and SCRCs.

Over the course of Years I and II, the PSP team came to recognize the Discipline Review Process as the foundational component of the entire Peaceful Schools Program, and, therefore, the starting point for accomplishing PSP's overall objectives. In order to maintain a safe and secure learning environment, schools must employ clear and consistent disciplinary policies that uphold standards and make use of alternatives to punishment. The Initiative's participating schools – mostly young, small, and struggling to survive – faced an urgent need to establish viable discipline structures to establish clear norms and guide the behavior of students, staff, and parents. The PSP team worked with participating schools to conduct a comprehensive discipline planning process involving stakeholders representative of the entire school community. As the PSP team learned over the course of their efforts, schools were better prepared to make use of the intensive teacher training and peer mediation components when they had already undertaken the discipline code review and revision. Having conducted that process as a first step, schools were able to provide the school-wide structure within which teachers felt comfortable employing the principles and practices they learned in the subsequent training, and in which both staff and students had a hospitable framework to support peer mediation.

The resulting School Discipline Plans were only partially successful: Although all 14 schools participating in the PSP program had succeeded in reviewing their codes by Year III, only eight had implemented the resulting plans to either a partial or full degree. Some schools were not sufficiently developed to meet the Initiative's demands for careful and thorough deliberation without a great deal of coaching from clinicians and CSSS staff. Schools that did not take advantage of this coaching, and those that excluded clinicians from the process, demonstrated little progress in this area.

The Peer Mediation Training component of PSP enjoyed great success among elementary students and more moderate success among their middle school counterparts. The program, however, experienced little success in high schools. In retrospect, the expectation that Peer Mediation could be implemented successfully in all participating schools may have been too ambitious. Instead, the Initiative may have profited from a concentration on 5-6 schools for intensive peer mediation training.

In Year III, the Initiative sought to build a sustainable infrastructure that would allow schools to sustain their efforts under PSP beyond the period of SS/HS funding. As a major part of this effort, the PSP established a Mentor Teacher Program with 20 teachers from six schools (one elementary, three elementary/middle, one middle/high, and one high school). The goals of the Mentor Teacher Program were as follows:

?? Build the capacity of participating schools to strengthen their teachers' practices.
?? Provide support for schools to improve the expertise of both veteran and new teachers.
?? Create a viable process and structure for teacher mentoring to improve the skills of all primary and secondary charter school teachers.

PSP staff conducted onsite consultations with participating mentor teachers to provide feedback in strengthening their teaching practices and train them to provide similar support to colleagues. The Mentor Teacher Program was able to extend services beyond the close of SS/HS through funding from the Sustainability Incentive Award, granted to CSSS from January to June of 2003. Since that time, CSSS has applied funding from other grants (the Building Mentally Healthy Communities Grant from SAMHSA, and the Elementary and Secondary School Counseling Grant from the Department of Education) to support the Mentor Teacher Program in additional schools.

Because the Initiative approached prevention of substance abuse and violence through a combination of mental health programming based on resiliency theory and the Peaceful Schools Program, activities targeted to selected students were not initiated until late in the grant period. The proposal sought to respond to the gap in community responsive substance and violence prevention programs by undertaking planning at the school level, with emphasis on identifying existing resources and improving coordination efforts. All schools were expected to have developmentally appropriate substance abuse and violence prevention programs in place by the end of the second year. However, the grant did not require or target funding for evidence-based curricular approaches such as Botvin's Life Skills, nor for other, more targeted programs. One staff member regretted that the Initiative missed an opportunity to develop synergies in this area with the evidenced-based curricucular approaches at an earlier stage.

As one CSSS staff member recalled, the substance abuse and violence prevention efforts undertaken by the schools in Years I and II included several "one-shot deals," such as school assemblies. Such activities, however, were frequently offered by agencies that were unable to get schools to 'buy in' to the effort.' The fact that prevention programs sometimes cross over very sensitive emotional and social lines may have contributed to some schools' reticence in becoming actively involved in the substance abuse problems of families, feeling that it would stretch them far beyond their capacities.

Given the need to demonstrate a multitude of community resources, the proposal listed several anti-substance abuse and anti-violence action programs and strategies as possibilities. Specifically, the proposal named Metro Teen AIDS, American Cancer Society's anti-smoking initiative, DARE, GREAT, and STARS, all available through the Metropolitan Police Department's Youth Services. In fact, the Police Department offered GREAT in one of the high schools (Richard Milburn), but did not have resources to expand the program in other charter

schools. The project persisted in efforts aimed at gaining expertise to help schools design intensive programs using well-evaluated techniques.

In this area the Initiative deviated little from the plan laid out in the proposal. Much of the work took place at the close of the Year I and the beginning of Year II, when data from the California Healthy Kids Survey became available and steering committees were formed to formulate school plans to address the risks.

In January 2000, all grant workers attended a three-session (8 hour) seminar on Principals of Prevention, provided by The George Washington University, Region 111 Comprehensive Center Safe and Drug Free Schools Coordinator. This excellent training provided an important orientation to substance abuse and violence prevention, as well as school crisis and safety planning. The weekly SCRC training sessions also provided exposure to many of the partnering agencies, thus enabling SCRCs to access resources in the development of prevention programs. Special trainings for youth workers provided certification from the Academy for Educational Development and the chance for SCRCs to further develop their skills in developing and implementing after-school programs.

Mental health clinicians were well positioned to respond to signs of substance use and abuse and to help students to deal with their anger and hostility in non-violent ways. All clinicians ran anger management and grief and loss groups, which helped students to develop positive responses to difficult life circumstances. During Year II, mental health workers were trained to administer the SASI and to make referrals to treatment facilities.

The Initiative also used a portion of grant funds to purchase instructional materials such as the award-winning prevention software program known as *Ripple Effects.* This computer-based interactive program was available for use in the classroom, at after-school activities, and by mental health clinicians and helped youth explore a wide range of issues ranging from AIDS to child abuse, gangs and weapons, and to consider alternative responses to risks. Placed by the project in every participating school, Ripple Effects was used to greatest effect by the mental health clinicians who placed the program on their laptops.

During Year II, CSSS staff worked with each steering committee in individual 3-4 hour retreats to review the California Healthy Kids and Yale School Climate Surveys, and use the data to develop a planning template for targeted prevention and intervention programming. These plans varied widely in quality: Those schools whose principals or school leaders took the data and the grant seriously, and who had strong relationship with a effective SCRC and mental health clinician, were able to develop the most effective plans. Others simply went through the motions to comply with grant requirements. Most schools developed after-school programs responsive to the risks.

The data from these surveys also revealed some daunting challenges to student attendance: many students feared for their own safety on the way to or from the school building. For others, truancy habits correlated with parental substance abuse. One elementary school (Arts and Technology) formed alliances with the police and public housing authority to address these issues. Recognizing the need for parent involvement in general, and services to abusive and neglectful

parents in particular, two schools (Arts and Technology and IDEA) developed parent resource rooms.

Violence and Substance Abuse Prevention activities evolved over the course of the grant, as opportunities to do so emerged. Both as a sustainability strategy and as a way of securing additional resources to implement grant objectives, CSSS sought and secured a number of grants that enhanced capacity and resources for substance abuse and violence prevention. In Year II, the Initiative secured a grant through the Department of Justice, Office of Juvenile Justice and Delinquency Prevention (by way of mini-grant funding from the Colorado Center for the Study and Prevention of Violence) to implement Botvin's Life Skills in six middle schools. Offered first to all the SS/HS schools, this program has been implemented in four SS/HS schools and two additional new charter schools.

During Year III, recognizing the serious substance abuse problems facing students in the participating charter high schools, combined with the lack of an effective substance abuse prevention curriculum, CSSS sought and received a grant from the DC Health Department to implement two evidence-based programs in two charter high schools: the Project Towards No Drug Abuse (TND) and the Leadership and Resiliency Program (LRP). Currently underway during the no-cost extension, this combined program has reached 300 youth through the curriculum and 25 substance abusing youth through the LRP program.

The schools, too, have enhanced the capacity to deliver services on their own. Two schools in particularly aggressively sought and secured funds to enhance services to high-risk youth. Maya Angelou School, which serves youth involved with the juvenile justice system, has always provided Life Skills and counseling for all students as part of the curriculum. Four school counselors with mental health training provide the core of this program, with a ratio of one counselor for every twenty students.

The Village Learning Center sought and secured funds from the Health Department to implement another evidence-based prevention program known as FASST. The school also secured a Middle Schools Coordinators Grant to enhance their prevention work, and shifted the SCRC to this funding source. As a result, they have aggressively pursued and implemented evidence-based programs.

Element 3. School And Community Mental Health Prevention And Intervention Services

The Initiative's efforts to build school-based mental health services began with a partnership with the DC Department of Mental Health (DMH). Listed as a lead partnering agency in the proposal, DMH was designated the provider of mental health services in the schools. As such, that agency held responsibility to hire, train, and supervise the school-based mental health professionals funded by the grant.

The Department had also agreed to work to secure Medicaid payments for professional services. Unfortunately, DMH later decided to decline service to special education students, thus limiting the number of services eligible for third-party billing. However, instead of relying on Medicaid for sustainability, the City determined to fully fund the program directly.

In Year I, Initiative staff coordinated with DMH to recruit and interview prospective candidates, resulting in the placement of several clinicians by June 2000. All had graduate degrees in psychology or were licensed to practice clinical work, and all had previous experience providing individual and group therapy to children and families.

Implementation of the Mental Health component, however, did not occur until the Department of Mental Health hired Dr. Olga Acosta, the Chief Clinical Administrator, in July 2000. Under Dr. Acosta's capable direction, the partnership developed the framework, based on the results of on-site needs assessments conducted by the mental health clinicians, of a multi-tier model for service delivery. The model envisioned the Early Intervention Team (EIT) as an essential structure for planning and implementation, and included three levels of service: Primary Prevention, Secondary Prevention, and Clinical Services. In Year II, the Initiative added a fourth level – Intensive Case Management – in response to the needs of students involved in the juvenile justice system.

The Early Intervention Team built on the idea for the Early Intervention/Support Services Team envisioned in the original proposal, bringing clinicians, teachers, administrators, special education experts, nurses, and other support staff together on a regular basis to plan mental health services and review the cases of students displaying a need for intervention. As implemented, the team analyzed student needs from a variety of perspectives, and created intervention plans that, in some cases, coordinated interventions in the students' wider environment, to bring the classroom, home, after-school activities, and therapeutic procedures to bear on the students' needs. As distinguished from a Special Education Team, the EIT reduces unnecessary special education referrals by providing access to less costly interventions. The EIT has been the major source of mental health referrals throughout the Initiative. This structure has also provided referrals for other intervention programs – such as services for teen parents, case management, and after-school programs geared to high-risk youth – funded through supplemental grants.

Primary Prevention

In each school, the mental health clinician conducted whole-school primary prevention activities at least twice each month. Designed to promote positive behaviors, increase resiliency, and reduce the risk of mental health problems among the entire student population, these activities were targeted to the student body as a whole, the school staff, and parents/guardians. Initially, clinicians collaborated with teachers to plan and conduct classroom-based programs on such issues as violence prevention, conflict resolution, coping with transition, and team building. Over the course of the grant period, however, prevention activities expanded to include school-wide initiatives such as career days, homework clubs, character/kindness campaigns, and broad social skills groups.

Clinicians worked in conjunction with the Peaceful Schools Program, described above, to reinforce the Initiative's overall goals and objectives. As the Initiative's cornerstone efforts, these two programs were essential to building a sustainable, positive school culture, and integration of social and emotional supports into the school's institutional structure.

Clinicians also served as a resource for school staff. They conducted daily one-on-one consultation with teachers on dealing with a variety of mental health and behavioral issues in the classroom. They conducted staff development designed to familiarize teachers with various mental health issues such as confidentiality, the referral process, child abuse laws, recognizing depression, and behavior management techniques. They provided critical training, leadership, and support for school staff in responding to crises and tragic events such as the 9/11 terrorist attacks, the anthrax scare, and the local sniper shootings. As an integral part of the staff at each school, clinicians worked to maintain solid relationships with school personnel and facilitate collaboration. Some served in advisory roles to school leaders in matters of discipline, personnel issues, and school policy.

Clinicians conducted activities for parents designed to provide the knowledge, skills, and support needed to deal with a child's mental health issues. In some schools with available space, clinicians developed on-site parent resource centers, providing a central location for parents to access materials. During Year II, Dr. Acosta, in collaboration with the National Institute of Mental Health, initiated a Parent Outreach Program designed to provide information and facilitate discussion on various childhood mental health issues. Several school-based clinicians also held parent nights and family picnic events, while others collaborated with community agencies, such as the Community Services Agency, to host monthly family nights. As described below, two key partners – Parents Anonymous and Catholic Charities Parenting Program – played critical roles in prevention activities targeted to parents.

Secondary Prevention

The Initiative provided tailored activities to groups of students who share a particular need. Such targeted interventions aimed to mediate behavioral/mental health problems and prevent them from developing into more serious issues. Clinicians at each participating school held psycho-educational and social skills support groups with students referred from the Early Intervention Team. Groups formed around such topics as self-esteem, grief and loss, stress and anxiety, and anger management. Other groups created opportunities for students to explore issues related to gender identity (Girl Power, Boys' Groups), teen parenthood, sexual preference, foster placement, etc. As these activities became established, clinicians typically conducted three to four targeted sessions each week.

Clinical Services

Each clinician devoted approximately 50% of his/her schedule for individual, family, or group therapy sessions for students experiencing severe or chronic problems, and conducted home visits to facilitate family participation in the therapeutic process. Any teacher, administrator, guidance counselor, family member, or clinician, or even the student him/herself could initiate the process by submitting a request to the school's Early Intervention Team, which then determined the mode of treatment for the individual case. Students treated in individual and/or group therapy exhibited a variety of mental health and behavioral issues, with disruptive/hostile behavior, poor peer relations, depression, family problems, and poor academic performance being the most prevalent. Students receiving special education services were initially referred for clinical intervention solely on the basis of their current IEPs. This practice, however, was discontinued in Year III in an effort to retain the integrity of each type of service delivery.

Crisis Intervention

In addition to the three main types of service outlined in the model, the Initiative developed a crisis intervention plan to address psychiatric emergency situations. In January 2001, the Initiative hired two child psychiatrists to conduct psychiatric evaluations, oversee medication management, and provide consultation and education on psychiatric issues. These two doctors worked on an itinerant basis, visiting each school four hours each month to meet with students, parents/guardians, and clinicians. The CYSA Mobile Crisis Team provided additional on-site support through immediate intervention in emergency situations.

Intensive Case Management

By Year II, the Initiative became aware of a clear need for community-based supports to address the needs of students at high risk of involvement in the juvenile justice system. The Coalition's application had earmarked funding for a probation worker to be assigned to the schools as a key portion of the Initiative's efforts on behalf of adjudicated and preadjudicated youth. The High Risk Task Force (described above), specifically convened to recommend strategies for addressing such issues, recommended building a program of intensive case management based on the Detention Diversion Advocacy Project (DDAP), an evidence-based model pioneered by the Center for Juvenile and Criminal Justice (CJCJ), and highly recommended by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention. Based on these recommendations of the High Risk Task Force, the Steering Committee redirected the funds that had been earmarked for the probation officer, and, combining them with leftover monies from the mental health component of the grant, freed up $170,000 to hire 2-3 case managers for a two-year period (May 2001 – September 2003).

Hoping to pilot a sustainable program that could eventually be funded by Medicaid, the Initiative subcontracted with CJCJ to train and supervise two case managers to serve selected students in three charter high schools based upon the DDAP model. Implemented at the Integrated Design and Electronics Academy (IDEA) PCS, TechWorld PCS, and Cesar Chavez Public Charter High Schools for Public Policy, the Leadership Council Program partnered each targeted youth with a case manager, who provided intensive mentoring and support (meeting at least three times per week) for a period of 90-120 days. Each youth also participated in weekly group roundtable discussions, facilitated by the Alliance for Concerned Men, which focused on relevant issues such as conflict resolution, anger management, substance abuse, communication skills, managing life changes, and forging healthy relationships.

The George Washington Center for Excellence in Municipal Government conducted a preliminary evaluation of the program, renamed the Leadership Council Program for DC Youth. This report showed a promising intervention, with the case managers' small caseloads a prime asset. The report also demonstrated a significant challenge facing the Leadership Council: Recognizing that their clients lacked a sufficient transitional program to maintain their accomplishments beyond the close of the intensive support period, case managers found it difficult to adhere to the 90 –120 day case limit. Thus the lack of a step-down program for Leadership Council "graduates" threatened to burden the workers with ever-increasing caseloads.

During the no-cost extension year, with CJCJ diverting organizational focus away from direct services, CSSS took over administration of the case management program. The program's

evident success in keeping the highest risk youth in school, has enabled CSSS to secure support for one case manager. Combined funding from the participating school and a grant from the Freddie Mac Foundation, as well as the possibility of accessing Medicaid funding have sustained the case manager to the present.

The Initiative's efforts in these areas spurred the development of two additional special programs for high-risk youth: the After-school Youth Leadership Club, funded by a one-year grant of $50,000 from the DC Child and Youth Investment Trust; and the Leadership and Resiliency Program, funded by the DC Department of Health. During the no-cost extension year, these two programs served students in two charter high schools. In SY 2002-3, these three programs combined to serve 97 students in three DC public charter high schools, connecting high-risk youth with a skilled, caring, and responsible adult, building resiliency, and empowering youth to take charge of their own lives.

Students were referred to one of these "Stay-in-School" Programs through the schools' mental health clinicians and Early Intervention Teams based on the following criteria:

- ?? Those returning to school after confinement in a juvenile justice facility or residential treatment facility.
- ?? Juvenile probationers who failed to meet their probation conditions and risked revocation and incarceration.
- ?? Youth identified as Persons in Need of Supervision (PINS).
- ?? Students with more than 10 unexcused absences in any month during the previous three months.
- ?? Students who were failing academically for two consecutive grading periods

Element 4: Early childhood psychosocial and emotional development programs.

The Initiative developed a comprehensive system of services to promote healthy child development and encourage effective parenting skills. This effort consisted of two major components:

Support for Teen Parents

As outlined in the proposal, the Mazique Parent and Child Center had pledged to provide case management, childcare, parenting education and prenatal care for pregnant and parenting teens. During Years I and II, clinicians in Maya Angelou and Cesar Chavez referred a number of students to this Early Head Start and Head Start provider. During Year II, at the urging of CSSS, Mazique secured a grant of over $380,000 from the Department of Health to implement Teen Parents Take Charge, a program combining home visitation, parenting education, childcare, and tutoring for pregnant and parenting teens in the charter schools. Using high quality curriculum and community-based workers, the program served about 30 charter school students in Year II and about 16 in Year III. However, collaboration between the Initiative and Mazique was not entirely successful, as the coordination between the schools and Mazique was difficult to achieve. In Year III, SS/HS implemented in-school services for all identified teen parents in every charter high school and some middle schools.

Parenting Education

Two programs offered forums for parents of young children to share experiences and voice concerns:

- Parents Anonymous – A grant of $50,000 per year from the DC Children's Trust Fund, administered by CSSS, provided for school-based, confidential support groups for parents, as well as accompanying groups for children. SCRCs often served as co-leaders of the groups. Six schools implemented the program.
- Catholic Charities Parenting Program (CCPP) – CCCP provided a resource person in each school to provide parenting information and conducts workshops in the "Strong Parents, Strong Children" series.

According to the proposal, the DC Children's Trust Fund agreed to provide services to teen fathers. Instead, in 2001, that organization funded the implementation of a Charter School Parents Anonymous Program. A nationally recognized peer support program promoting mutual support and parent leadership in order to build and support strong, safe families, Parents Anonymous is now in its 30th year. Participating parents engage in group discussions related to communication, discipline, child development, parental roles, personal challenges and triumphs, and methods for successfully managing the everyday stress of parenting. More importantly, all Parents Anonymous groups adhere to a model that places the parents themselves in leadership roles along with trained facilitators. Weekly meetings are free, confidential, and open to the public, with child care services provided.

Eight of the sixteen participating public charter schools hosted a Parents Anonymous group (Arts & Technology, Options, Village Learning Center, Washington Math Science and Technology, Friendship-Edison, Tech World, IDEA and Children's Studio). Three of these also hosted an operational After Care Program that provided a safe place for children to participate in enrichment activities while their parents were in the meeting. In all, over 120 parents and 140 children benefited from the weekly gatherings. By 2002, with budget cuts in the Parents Anonymous program and changes in school leadership and program priorities at some charter school sites, three of the original eight schools continued into the new year (Children's Studio, Village and Options) and two new schools were added (Hyde Leadership Public Charter School and Community Academy Public Charter School). While the number of participating schools diminished in that year, parents and children in those schools continued to attend consistently and benefited from special programs (parenting education classes), activities (Family Day, parent retreats, etc.), and mutual support and encouragement.

The Parents Anonymous Program provided resources and moral support on a range of personal challenges, including homelessness, domestic violence, unemployment, parent-child conflicts, and financial pressures. Parents often remarked that the groups provided much-needed support in a non-judgmental manner, given them the courage and confidence to address their problems.

During Year II and III, the Initiative collaborated with the Catholic Charities Parenting Training Program, which serves as the coordinating body for DC under a grant from the Freddie Mac Foundation. Pooling SS/HS with the Freddie Mac funds, the partnership was able to bring this high-quality parent education program to all SS/HS schools, with 8-session courses provided

at the school level. In the seven schools that took advantage of the program, participation levels did not meet the Initiative's expectations. At the end of Year III, the Initiative supported training for staff from eight charter schools to oversee parenting education in their schools. Mental health clinicians and SCRCs also participated. Four provide some parent education through the work of the case managers.

In Year II and III, combining funds from SS/HS, Teen Parents Take Charge, and Parents Anonymous, CSSS hired Mahalia Joseph to serve as full-time Parent Coordinator. She remained on CSSS staff part time during the no cost extension period, with her salary derived only from the Parents Anonymous funding. Ms. Joseph became an expert on parent involvement in schools, and has received training at Johns Hopkins University.

Recognizing the importance of parent involvement to the schools' efforts, CSSS has applied for a Parent Involvement Resource Center Grant from the US Department of Education. This funding would allow CSSS to provide Parents as Teachers training to all 30 home visitors in the city, and to work with 20 charter schools to strengthen their capacity to meet the parent involvement mandates of No Child Left Behind.

One CSSS staff member remarked that the Parent Education, Support, and Outreach component was, generally speaking, unsuccessful. There were only one or two viable PTA organizations, and, generally parents were not held accountable. Although the Initiative provided high quality resources for parent education, parents generally did not use them to the degree the Initiative had hoped. This may be due to an apparent mismatch between Initiative offering and the needs of the target population. Generally speaking, parents of DC charter school students are poor (the majority are single mothers), thus, their lives are so taken up by meeting basic needs (citing Maslow's hierarchy of needs) such as food, shelter and safety, that they have little time and/or energy to attend an evening class on parenting. Perhaps the classes were not made attractive to them, or failed to communicate the benefits. Even in cases where a Parents Anonymous group enjoyed consistent attendance, participants were predominantly drawn from "savvy, sophisticated parents" rather than those in greatest need.

During Year III, SCRC Lawrence Winters at Richard Milburn initiated a small support program for teen fathers at three charter high schools. For several months, The Teen Fathers Program, as it was called, engaged youth in group discussions and provided direct assistance in career planning and job placement. Unfortunately the lack of ongoing funding for the SCRC role, combined with the closing of one of the schools involved and the end of support for , brought the program to a premature end.

Element 5: Educational Reform

The Initiative effected major expansions of after-school programs in all but three participating schools. In some schools, the number of students participating in an after-school program rose from zero to 50-80% of the student population. Students in elementary schools experienced a particular benefit from the increased supervision: CHKS data from Year I demonstrated that 60% of all elementary students were spending time after school home alone; by

the Year III those numbers had declined substantially, as the children went straight from school to an enrichment program. The SCRCs played a central role in developing these programs.

The Initiative provided the following support for participating schools in this area:

1. Training for SCRCs in program development.
2. Partnerships with organizations that could enrich the school program.
3. Support for CSSS staff to develop a proposal for a 21st Century Learning Center, resulting in a three-year grant of $860,000 per year. Now administered by the Elsie Whitlow Stokes PCS, the grant provides 10 schools with approximately $25,000 per year for three years for enriched after-school programs.
4. Support for CSSS to apply for management of an AmeriCorps program, which, in Year III, provided SS/HS schools with tutors.
5. An average of $10,000 per year for each participating school to build after-school enrichment activities. Two years beyond the grant period, most schools continue to offer after-school programs to their students.

Unfortunately, CSSS has been unable to access City funding to ensure sustainability of these accomplishments. As expressed in the proposal, the Initiative expected to help each elementary school become eligible for childcare vouchers as a licensed child care centers. Unfortunately, this effort was hampered by the City's failure to enact after-school childcare regulations. Efforts to secure a fair share of city TANF funds, which were provided to DCPS schools during Year I and II, were also unsuccessful. Finally, in Year III, the City ceased funding the DCPS schools for after-school programs, rendering the SS/HS advocacy efforts irrelevant. However, many schools explored alternate funding strategies and have found ways to maintain these programs independently.

Element 6: Safe School Policies

Initiative efforts for safe school policies fell into two distinct areas:

1. Policies, practices and training to prepare the school community to respond rapidly and with forethought to emergencies of any nature; and
2. Disciplinary practices that are fair, balanced, developmentally appropriate, and consistently applied.

Work on school safety was included in the Year I efforts, and schools were encouraged to form safety committees and to complete a template Safety Plan. However, the Initiative soon realized that SS/HS staff did not have the expertise to help each school in this area, and therefore requested national assistance. The Initiative arranged with the Center for the Prevention of School Violence from North Carolina University to provide a two-day training session to teams from each school. The training was scheduled for early October 2001, three weeks after the 9/11 tragedy.

As part of the Peaceful Schools Program, the Initiative helped schools conduct review and revision of their discipline policies. The resulting School Discipline Plans were only partially successful: Although all 14 schools participating in the PSP program had succeeded in reviewing

their codes by Year III, only eight had implemented the resulting plans to either a partial or full degree. Some schools were not sufficiently developed to meet the Initiative's demands for careful and thorough deliberation without a great deal of coaching from clinicians and CSSS staff. Schools that did not take advantage of this coaching, or those that excluded clinicians from the process, demonstrated little progress in this area.

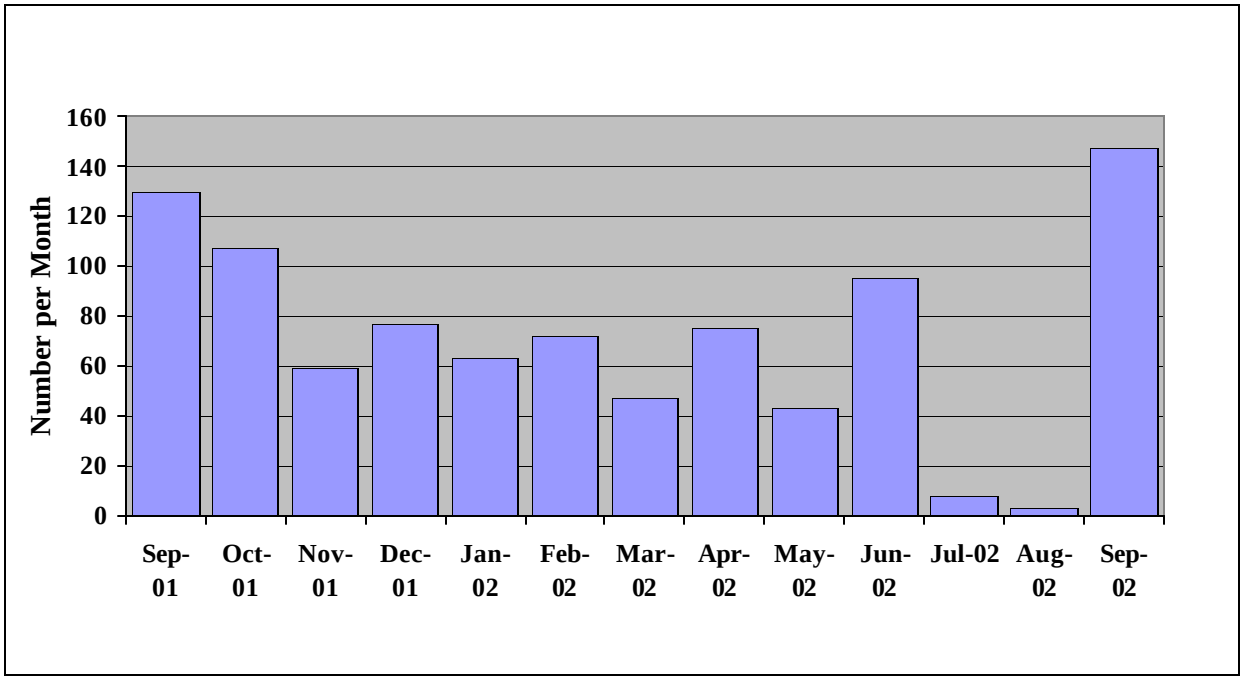
E. Mental Health Services Data

Data on mental health service provision was available for Year III (i.e., the 2001-2002 academic year) of the initiative. School-wide data variables include the number of referrals made each month to a mental health specialist for students requiring services. The criterion used by each school for making student referrals is not included. In addition to the number of student referrals made across schools is the number of referrals actually seen by the Mental Health Specialist. Specifically, the data identifies both the source of (i.e. teacher, administrator, etc.) and reason for referral. Additionally, there is information regarding the amount of time spent with students previously referred as opposed to new students or those who were provided services as needed. The data also tracks the type of therapy provided to each student and the amount of time spent on each form of therapy (e.g., individual vs. group). Finally, information is provided on the preventative actions that were taken by each school throughout the 2001-2002 academic year. Data was provided for 15 schools.

*Referral***.** The elementary and high schools participating in this study can be tracked according to two basic approaches to education. That is, the majority of schools focus either on arts and creativity with an emphasis on personal development and self-esteem, or they focus on science and technology and tend to focus on challenging students academically and preparing them for some form of higher education. The schools that seem to be more arts-based appeared to make fewer referrals than the science and technology-based schools. Yet while student-teacher ratios varied greatly across schools, ranging from 12 students to almost 30 students per teacher, there does not appear to be any correlation between these ratios and the number of referrals made by a school.

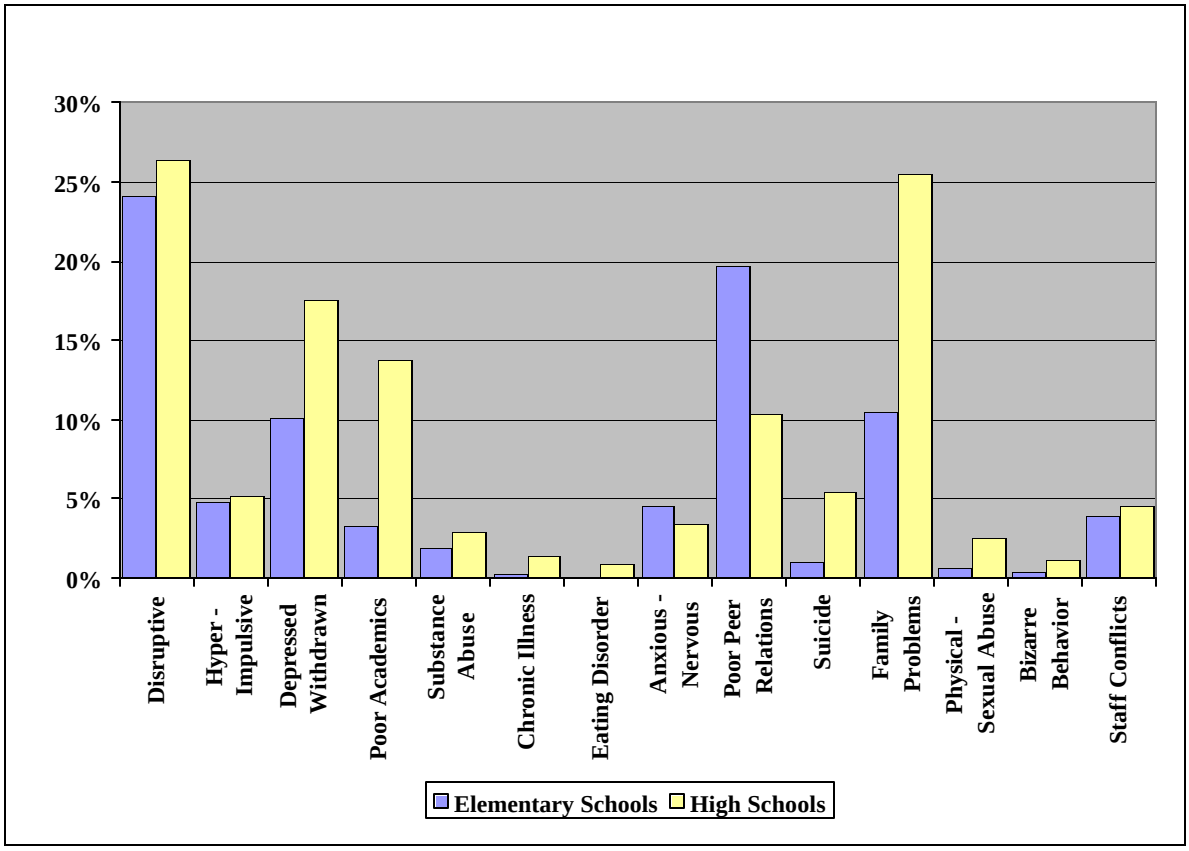
Across all schools, the majority of referrals occurred during September, October, or June (see **Figure 2**). Such findings seem logical, as September and October represent the times during the school year in which students must readjust to being in class, while June reflects that time during the school year when students become restless and impatient, anticipating the end of the year. Schools averaged around 74 referrals per month.

Figure 2. Monthly Referrals for Services



The primary reason for referral for both elementary schools and high schools was the "Disruptive" behavior of students. Beyond this similarity, however, the reasons for referral differed greatly. As seen in **Figure 3**, elementary school staff and administrators referred a large number of students who demonstrated "Poor Peer Relations," as well as students who appeared "Depressed and Withdrawn" or showed signs of "Family Problems." High school staff and administrators, however, referred over twice as many students for having "Family Problems" as did elementary school staff and administrators. The number of high school students appearing "Depressed and Withdrawn" was also much higher than among elementary students, as was the number of students having "Poor Academics." Interestingly, there were few to no referrals for elementary or high schools students at risk for "Substance Abuse." This seems unusual since these schools are located in urban environments and the students who attend these schools generally come from high-risk communities. At the same time, it should also be noted that the percentage of referrals made for issues relating to "Suicide" were considerable for high school students.

Figure 3. Reason for Referral – Elementary and High Schools



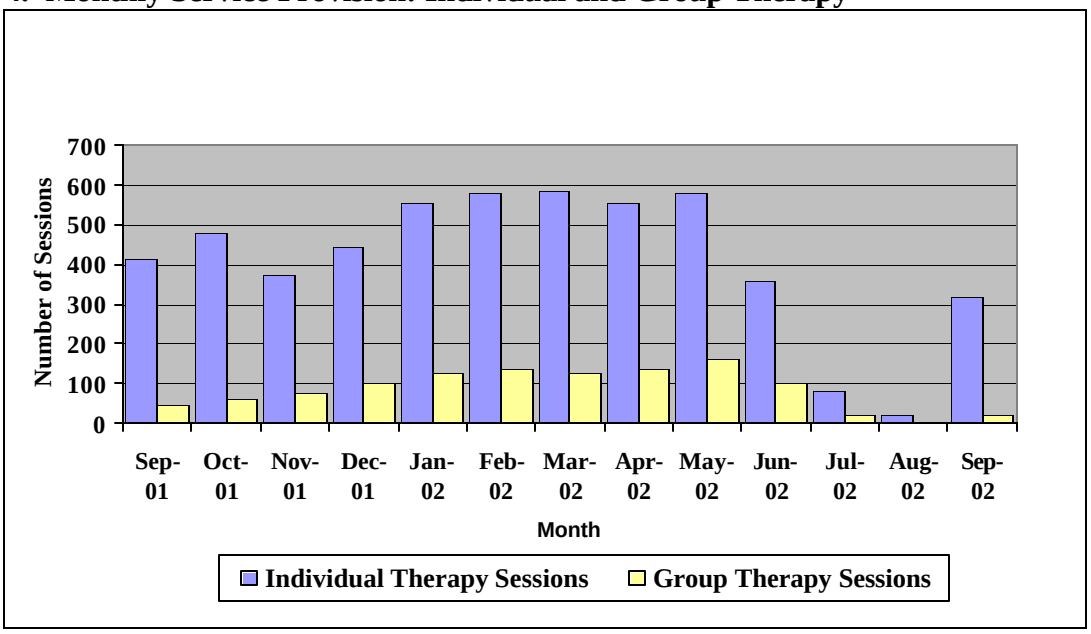
Service Provision. School Mental Health Clinicians spent the bulk of their time providing services to "Unregistered Clients" instead of "Registered Clients." Specifically, the total number of "Registered Clients" served during the 2001-2002 academic year was 221, while the total number of "Unregistered Clients" served was 4078. "Unregistered Clients" represent those students who met with Clinicians on an as-needed basis, while "Registered Clients" include those students for whom Clinicians developed treatment plans and with whom they met a regular basis for some structured form of therapy.

In comparing the number of referrals made for services with the actual number of referrals completed by Clinicians, it is obvious that some schools were less efficient than others in maximizing service provision. Schools were assessed by size and categorized as small (<150 students), medium (150-300 students), or large (>300 students). Analyses revealed that small and medium schools were able to follow-up with about 85% of students referred while the large schools followed-up with only 77% of referrals. One school made only two referrals, neither of which were followed-up on by a Clinician. As its average rate was essentially 0%, this school was not included in the calculation of the averages above.

Figure 4 reflects the aggregate number of therapy sessions held during the 2001-2002 academic year. As can be seen in the figure, the majority of students referred for mental health services

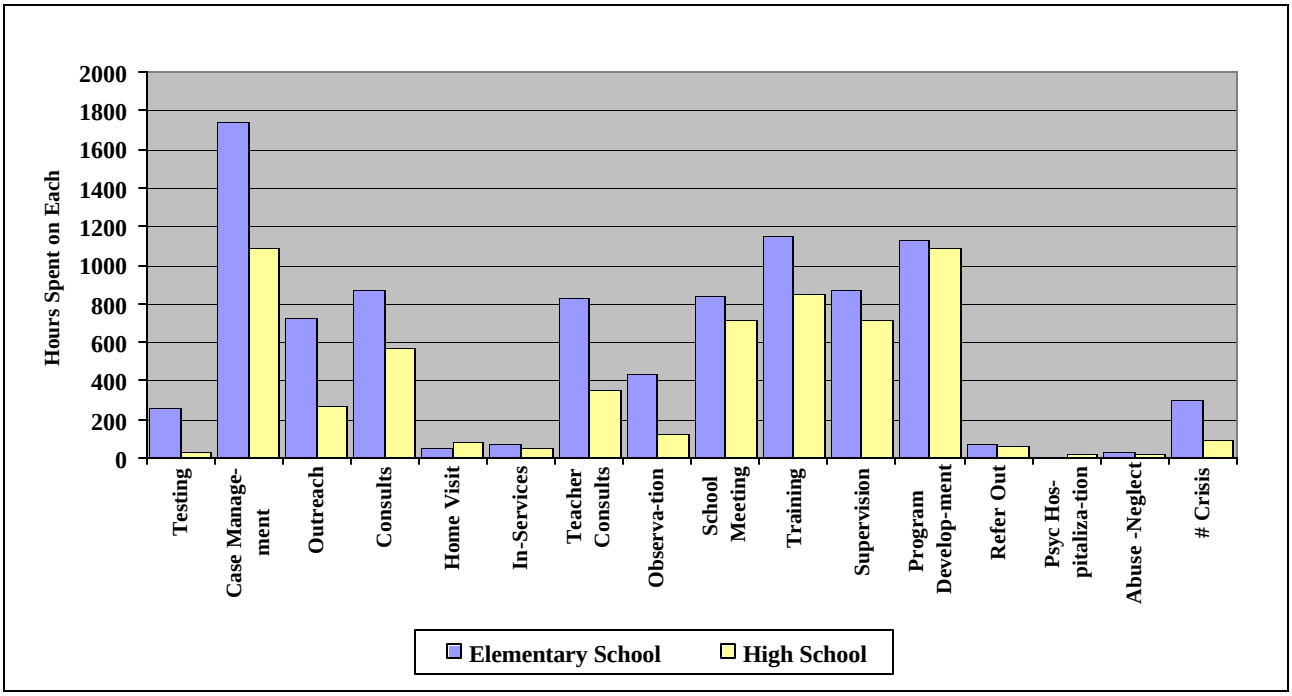
across schools were placed in Individual Therapy or Group Therapy. Only a few students were placed in Family Therapy and even fewer required psychological examinations. The number of sessions held for both individual and group therapy increased in the spring months. As there is no information available regarding change in behavior or number of repeat referrals, the effects of this treatment are unknown.

Figure 4. Monthly Service Provision: Individual and Group Therapy



Prevention Activities. In addition to providing services to students at risk for mental health problems, Mental Health Specialists engaged in prevention activities designed to strengthen quality of service (e.g., clinical supervision, training) and/or address school-wide issues and teacher concerns (e.g., classroom observations, teacher consultations, school meetings). As highlighted in **Figure 5**, elementary school Mental Health Specialists spent more time engaged in preventative activities than high school specialists. Specifically, Case Management, Training, and Program Development were the primary forms of prevention activity for elementary specialists. High school Mental Health Specialists also engaged most frequently in Program Development and Case Management, albeit less so than elementary staff, but also participated in School Meetings and Supervision.

Figure 5. Prevention Activities: Elementary and High Schools



F. Program Implementation Ratings by School

Program Implementation was examined by school using qualitative data analysis methods. Through a careful review of existing program reports as well as interviews with CSSS and Department of Mental Health management, detailed descriptions of each SS/HS program component for all schools were constructed ***(See Appendix A-Site Profiles)***. A five-point rating scale (1=not implemented or unsuccessful; 2=somewhat or marginally successful; 3=moderately successful; 4=successfully implemented; 5=highly successful implementation) was applied that signified the degree to which each program component was successfully implemented **(See Table 4-Program Implementation Ratings by Components and School).** Since staff turnover within schools could significantly impact implementation, these factors are included in the table below also.

Successful Schools

Using ratings of either '4' or '5' to indicate overall success, a total number of successful components for each school was calculated. As can be seen in **Table 4**, almost two-thirds of the schools (65%; 11/17) successfully implemented at least four program components. All of these schools had successful Mental Health, Early Intervention Team, and After-School components, which interestingly were the same three components that most schools were able to implement successfully (**see Figure 6**). It is also interesting to note that most of the 'unsuccessful' schools (3 or less components implemented) had high turnover in either the principal or SCRC over the three years. This confirms the importance of staff retention and continuity in leadership as a mediating factor in successful implementation.

Successful Program Components

To provide an index of the strength of each program component and facility of implementation, the number of schools that successfully implemented each program component was also totaled using the same criteria (ratings of either '4' or '5'). As can be seen in **Figure 6**, components that were successfully implemented most often were the Mental Health (MH), After-School (AS), and the Early Intervention Team (EIT). This is not surprising given the strong leadership and effective research-based model used for the Mental Health component. Also evident is the strong connection between the Mental Health component and the EIT, which provided the referrals to mental health services. For the After-School programs, each site received substantial funding and technical assistance from the grant to establish or enhance their programs, clearly facilitating the school's ability to implement this component. Although not evident in the table but important to note is the critical role played by the SCRC in each of these components, underscoring the value of this position at each school in promoting the initiation and maintenance of these services.

The least successful components included the Steering Committee, which many schools found redundant to other committees already in existence; and the Safety Plan, which despite the events of 9/11 and participation in a grant-funded workshop many schools found difficult to formalize into a written document. Substance Abuse prevention activities were implemented successfully in about half of the schools. However, based on CHKS results (*see Outcome Results Section*), this component should have been more soundly implemented. The initial lack of an evidenced- based program like Botvin's Life Skills, which is easily incorporated into the school curriculum, made this component unlikely to be implemented consistently in all schools.

Surprisingly, it was not necessarily the amount of effort that determined whether a component was successfully implemented. For example, School Security proved difficult fully implement largely as a result of its dependence on cooperation from DC Police Department; and Parent Involvement required Despite persistent efforts by schools and SCRCs, these groups were very difficult to engage. Additionally, a tremendous amount of time, resource, and effort was devoted to the Peaceful Schools Program as it was viewed by leadership the key component to achieve safe schools. However, the readiness of the school to adopt the Peaceful School strategies and fully integrate into the school culture coupled with the obtuse nature of the program made it difficult for administrators and teachers to operationalize. Staff turnover occurring after the intensive PS trainings also impeded the sustainability of this component. However, an unexpected benefit of the departure of PS trained personnel was that when they left they often carried the PS methods with them to their new educational institution. It is possible that to improve the intensity, effectiveness, and sustainability of the PS component several alterations to the existing program could be made. For example, incorporate more concrete materials for use by teachers that can stay at school if turnover; continue ongoing trainings taking epidemiologic/ immunization approach (tipping point); implement in only schools with demonstrated readiness and commitment.

These findings indicate that there may be a developmental sequence to implementation of the comprehensive services. Learning which components would be more easily implemented in schools when and in what sequence is valuable information for funders, grant recipients, and program staff to have when making funding and/or programming decisions.

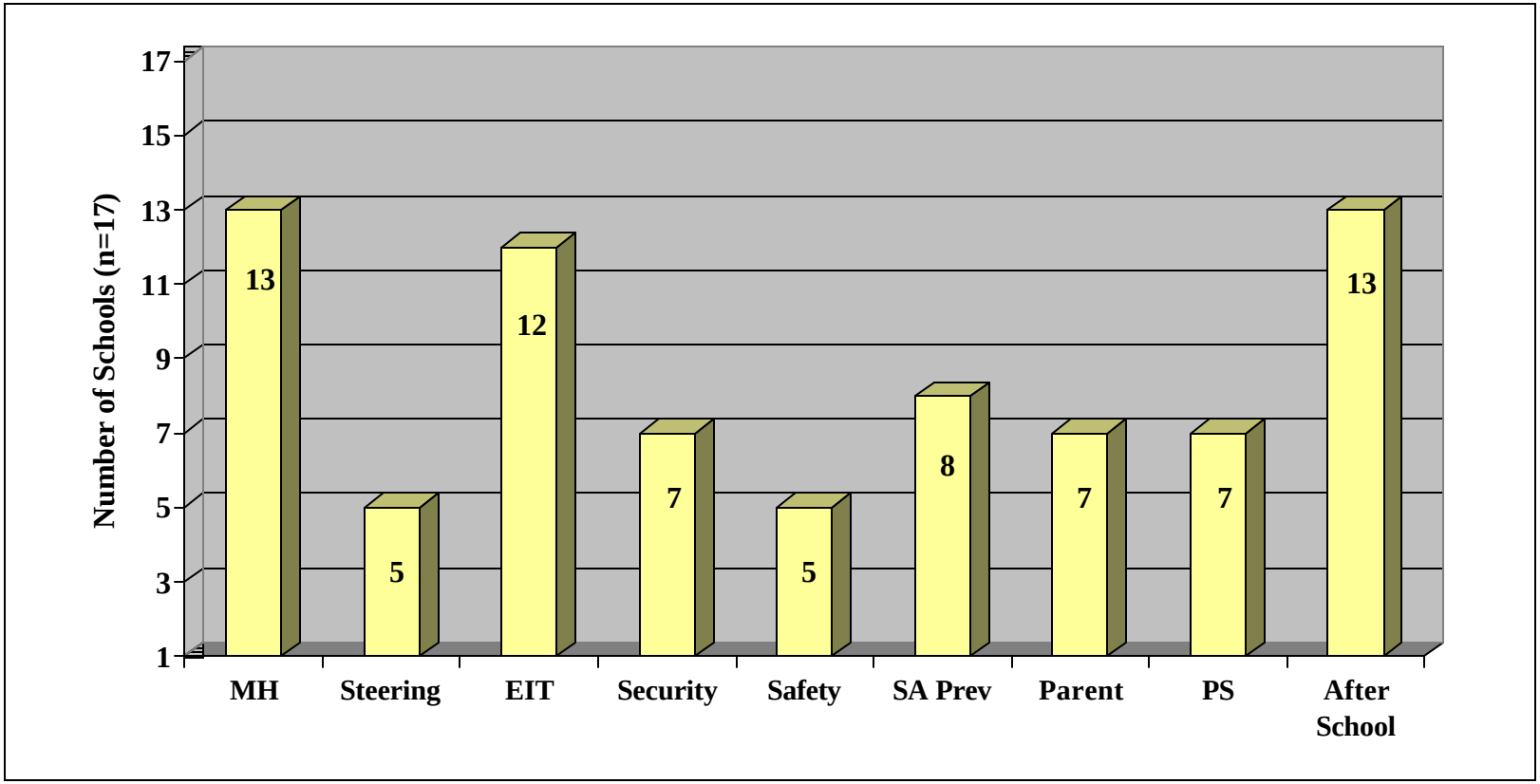
Table 4. Program Component Implementation: Ratings Within and Across Schools

School Code	Safe Schools Health Students Primary Program Components									Turnover			# Successful Program Cmpnnts Implement – By School
	MH	Steering Cmte.	EIT	School Security	Safety Plan	Sub. Abuse Prevent.	Parent Involve	PS	After School	# Principals	# SCRCs	Staff Turn over?	
A	5	5	5	4	3	1	4	2	4	2	1	Yes	**6**
J	4	2	4	4	2	4	4	3	4	1	3	Unkn	**6**
S	5	1	2	5	4	2	2	3	2	1	1	Yes	**3**
L	4	3	5	3	2	5	3	3	5	1	4	Yes	**4**
B	2	2	2	2	3	2	1	2	3	3	3	Yes	**0**
M*	5	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5	1	1	Unkn	**2****
N	1	1	1	2	1	2	1	2	1	3	1	Yes	**0**
C	5	5	5	3	2	5	4	4	4	4	1	Yes	**7**
H	5	4	5	5	5	4	3	5	4	1	1	Unkn	**8**
D	1	2	3	4	1	4	2	2	3	2	3	Yes	**2**
O	5	1	5	2	4	5	2	5	5	3	2	Unkn	**6**
G	4	1	5	2	1	1	5	5	5	1	1	Unkn	**5**
F	4	3	5	1	2	1	5	3	5	1	1	Yes	**4**
P	4	3	5	1	1	3	2	4	4	2	1	Unkn	**4**
E	5	5	5	3	4	5	5	5	5	2	1	Unkn	**8**
I	5	3	5	2	2	3	3	3	4	2	2	Unkn	**3**
Q	3	1	1	4	2	2	2	1	4	3	1	Unkn	**2**
	13	**5**	**12**	**7**	**5**	**8**	**7**	**7**	**13**				
	Number of Successful Program Component Implementations – Across Schools												

* 'n/a' denotes program components at School M already in place at the start of the Initiative

** Many program components were implemented independent of the grant, and as a model school, School M was successful despite the high risk nature of its student body.

Figure 6. 'Successful' Program Component Implementation Across Schools



IV. OUTCOME EVALUATION RESULTS

Goal 1. To Build Social and Emotional Resiliency

The DC Charter Schools are dedicated to providing strong academic programs that nurture the whole child. As such, they are committed to creating environments that promote the development of youth who not only are academically successful, but who also have strong leadership skills and are productive members of their communities. The schools recognize the link between healthy behaviors and academic success, and, therefore, are committed to developing students' ability to avoid negative behaviors. In addition to the core curriculum, they focus on promoting social and emotional resiliency through teaching critical life skills, such as decision-making, problem-solving, conflict resolution, goal-setting, and developing empathy.

The California Healthy Kids Survey (CHKS) was administered to SS/HS participants at three timepoints during the three-year grant period. The purpose of the survey was to monitor the schools' progress toward promoting youth well-being and school success. In doing so, key resilience traits identified with positive youth development in the social/emotional domain were assessed. The survey was completed anonymously by students in fifth through twelfth grades, with schools adhering to strict guidelines to preserve student privacy and data confidentiality. To this end, individual school results are identified through a coding system and are discussed without reference to schools by name.

Survey Respondents

The CHKS was administered to a total of 4, 892 students over the course of the grant period. This group consisted of 1,525 elementary students, with a mean age of 10.2, 1,365 middle school students, with a mean age of 12.4, and 2002 high school students, with a mean age of 15.5. **Table 5** shows the number of students surveyed at each level at each of the schools. The significant variance in the Ns across schools as well as the differences within schools from year to year, must be kept in mind when looking at the percentages presented in results.

Table 5. Survey Respondents: Years I – III*

School	Year I 1999-2000			Year II 2000-2001			Year III 2001-2002		
	ES	MS	HS	ES	MS	HS	ES	MS	HS
School A	48			53			64	29	
School B	14	15		14			23	46	
School C	9	53		15	74		12	88	
School D	52	22		62	93		112	93	
School E	9	34		36	87	34	42	66	54
School F				17			15		
School G							21		
School H							18		
School I							62		

School J			70			99			146
School K		577							
School L			86			162			132
School M			26						
School N			80			67			72
School O		63			46			76	39
School P			167			153			146
School Q			200			124			157
School R						40			
School S						189			488
Total	**132**	**764**	**629**	**197**	**300**	**868**	**370**	**398**	**1234**

* E = Elementary M= Middle School H= High School

Resilience was examined in the context of External Assets within both the school and home environments, and of Internal assets, such as empathy, problem solving, and goals and aspirations. The external assets discussed below are associated with the school environment only; those related to the home are presented in detail in the full report entitled, ***California Healthy Kids Survey: SS/HS Key Findings (see Appendix C).***

The California Healthy Kids Survey (CHKS) is designed to assess youth health risk and resilience, as well as the factors that influence them. While the survey provides information on the percentages of students who have been involved in risky behaviors, it also assesses youth assets and resilience traits that have been found to prevent such involvement and promote success. As stated previously, the resiliency factors measured by the CHKS fall into two main categories: External Assets and Internal Assets.

Asset scores were calculated by averaging the values attached to responses in each scale. The values range from 1-4, yielding means in the following categories:

High – students with average item response above 3
Moderate – students with average item response of at least 2 and no more than 3
Low – students with an average item response below 2

A. External Assets

External resilience assets are also referred to as developmental supports or protective factors. These were measured by asking students about their perceptions of *Caring Relationships, High Expectations,* and *Opportunities for Meaningful Participation* in both the school and home environments.

Caring Relationships are defined as a student's supportive connections to others who are role models of healthy development and well-being. Research has consistently shown caring relationships to be the most critical factor in successful child development. A caring relationship with teachers is considered to be one of the strongest motivations for academic success. Additionally, high scores (>3) on caring adults in the school are generally indicative of a school staff that is receiving support and care themselves. Perceptions about *Caring Relationships with*

Adults at School were comparable among elementary and middle school students but stronger than perceptions among high school students.

High Expectations are messages relayed both directly and indirectly by adults that communicate their belief that the student can and will succeed responsibly. These are at the core of caring relationships and reflect the adult's trust in the youth's resilience and ability to learn. Like positive student-teacher relationships, high expectations on the part of school staff have a direct impact on the quality of students' academic performance.

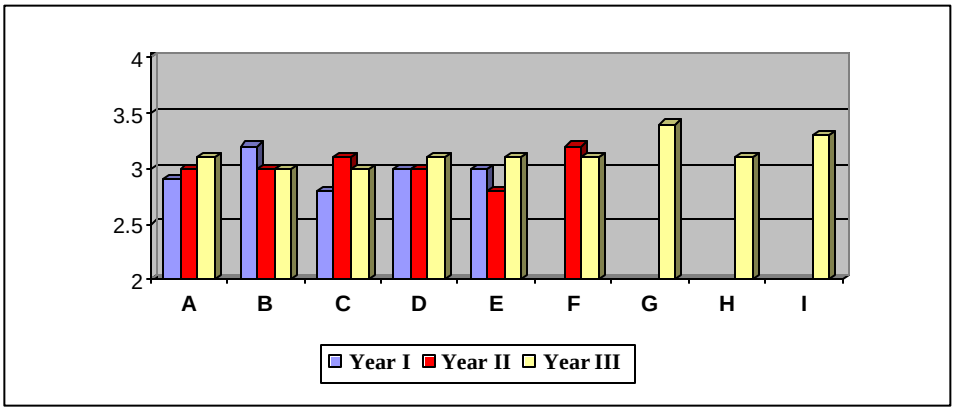
Elementary students' perceptions about *High Expectations from Adults at School* were similar to those reported for caring relationships, while for middle school students, perceptions about teacher expectations were more positive than those reported for caring relationships. Ratings among high school students are generally lower than for the other two groups, suggesting either that they may not be identifying the high expectation messages being conveyed in their school environment, or that these messages are not conveyed as strongly by the teachers at these schools. Generally speaking, patterns of response held constant or showed slight decline over the course of the initiative for all three groups.

Meaningful Participation refers to the involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution. Research has shown that when youth are given valued responsibilities, planning and decision-making opportunities, and chances to contribute and help others, positive developmental health/academic outcomes are achieved. Meaningful participation in the school environment is one area that presents a formidable challenge for schools, as they must constantly offer opportunities for students to assume responsibility for their own learning and become contributing members of the school community. This sense of empowerment is critical in building resilience as it involves students in the decision-making processes that shape their futures and help achieve their goals.

Perceptions about the opportunity to participate in meaningful ways while at school were consistently stronger for middle school students than for elementary or high school students. A few middle schools even showed improvements over the three years of the program. Still, ratings for meaningful participation at school were the lowest of all external assets surveyed.

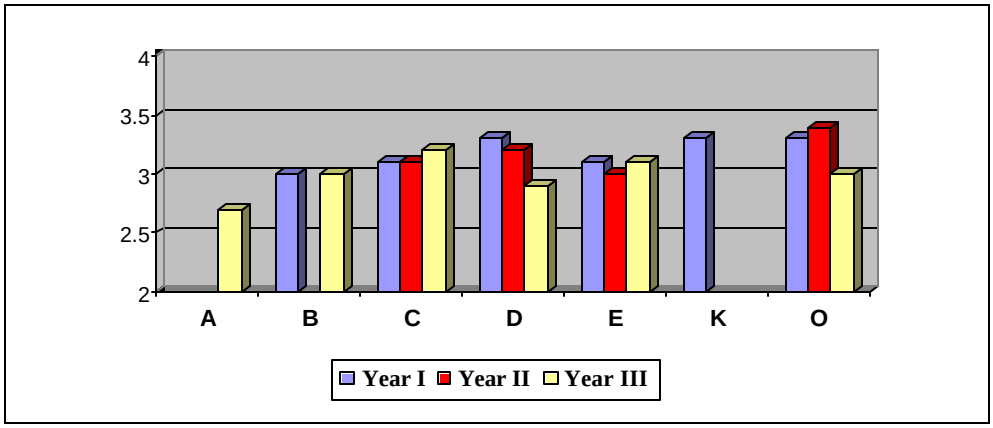
The mean External Assets scores for elementary, middle, and high school students across schools in Years I through III are illustrated in **Figures 7, 8,** and **9** below. As stated above, scores above 3 fall into the *High* range, suggesting that students report a high frequency of external supports in their environment that contribute to building resiliency. Although several elementary schools had means between 2.8 and 3.0 in Years I and II, **Figure 7** shows that all schools had means of 3.0 or above during Year III, with School G (n=21) earning the highest mean score of 3.4.

Figure 7: Elementary School: Mean External Assets Scores Across Schools



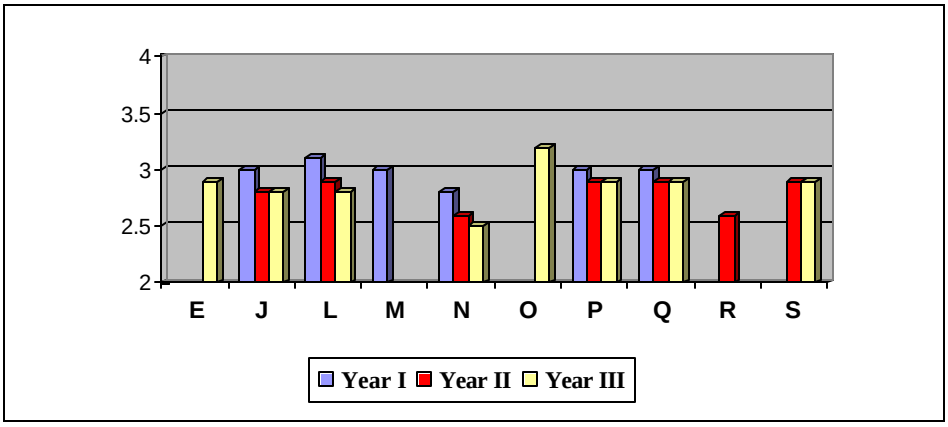
The mean External Assets scores for middle school students across schools are illustrated in **Figure 8** below. Most schools had means in the High range at all data points, with the exception of Schools A and D in Year III.

Figure 8. Middle School: Mean External Assets Across Schools



The mean External Assets scores for high school students across schools in Years I through III are illustrated in **Figure 9** below. Five out of the six schools for which Year I data is available scored in the *High* range, with scores of 3.0. (School L scored slightly higher). Mean external assets scores were lower in subsequent years for all schools, with the exception of School O, whose mean for Year III (3.2) was the highest at any data point throughout the duration of the grant period.

Figure 9. High School: Mean External Assets Across Schools



B. Internal Assets

The CHKS also provides information on three internal assets associated with resiliency: Empathy, Problem Solving, and Goals and Aspirations. These traits are considered outcomes of the developmental process and can be seen as indicators as to whether critical environmental supports and opportunities are in place. They are, therefore, the individual qualities associated with environments rich in caring relationships, high expectations, and meaningful participation.

Empathy: The Empathy asset refers to understanding and caring about the feelings of others. The lack of empathy is associated with behaviors such as bullying, harassment, and other forms of violence. As Daniel Goldman asserts in his book, *Emotional Intelligence*, "Empathy is the single human quality that leads individuals to override self-interest and act with compassion and altruism."[1] Evidence of the association between lack of empathy and behaviors such as bullying and harassment appears to be demonstrated in the negative correlation between moderate empathy scores and the high reported incidence of bullying victimization. Programs aimed at bullying prevention should, therefore, incorporate strategies that model positive individual behaviors, such as consideration, kindness, and compassion.

Feelings of empathy are fairly comparable across elementary, middle and high school students and are moderate in strength. Patterns are more favorable among elementary students, where ratings of empathy are largely equal in strength across years. Ratings among middle school and high school students show a more general pattern of decline across program years.

Problem solving: Problem solving includes the ability to plan, to be resourceful, to think critically, and examine multiple perspectives before making a decision or acting. Research has identified the presence of strong problem solving skills in successful adults. Problem solving skills include the ability to plan, be resourceful, think critically, and to examine multiple

[1] Goldman, D. (1995). *Emotional Intelligence*. New York: Doubleday.

perspectives prior to taking action or making decisions. The importance of providing activities that encourage meaningful youth involvement and contribution cannot be overstated. Whereas problem-solving skills are promoted through opportunities to assume responsibility and participate in decision-making activities, increased activities which promote the corollary asset of Meaningful Participation would prove beneficial.

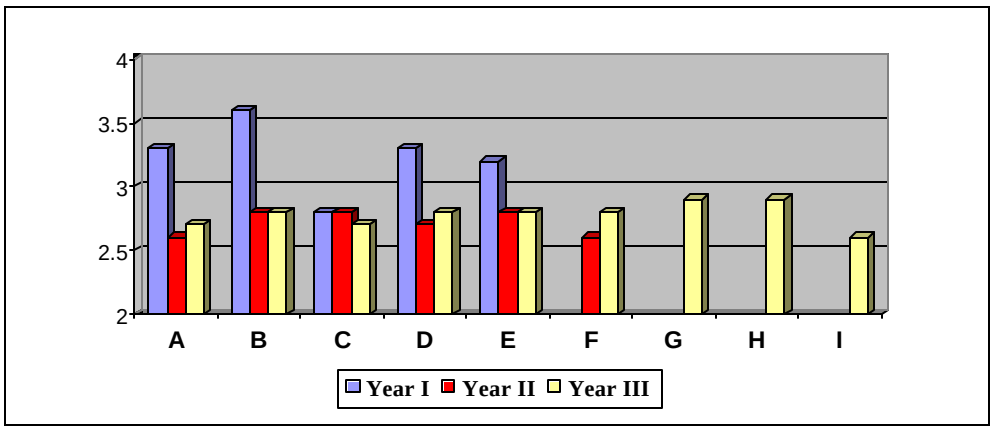
Problem solving skills are relatively stronger in the elementary schools, with ratings at the end of the grant period in the High range at almost all schools. A general decline is noted in older students' results, particularly at the High School level.

Goals and Aspirations: Having goals and aspirations requires the ability to look to the future and have expectations and hope for one's self. The ability to look to the future and work toward achieving personal goals is a third internal asset associated with innate resilience. Research has found that children who express goals and aspirations not only have high expectations of themselves, but also develop a sense of connectedness to the world around them.

Of all internal assets assessed, ratings on student *Goals and Aspirations* are the highest for middle school and high school students and the lowest for elementary students. Specifically, goals and aspirations among elementary students were extremely strong in Year I but decreased significantly in Years II and III. In contrast, ratings among middle and high school students show consistency in beliefs about the future and themselves over time.

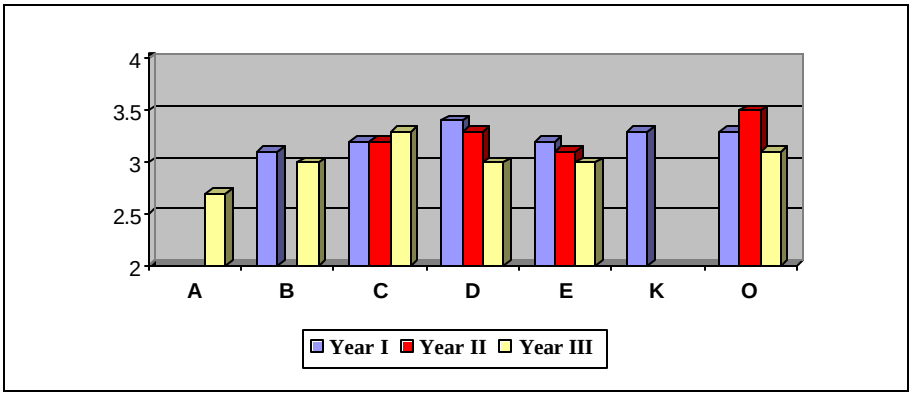
As seen in **Figure 10** below, mean Internal Asset scores across schools are generally lower than those for External Assets. Students in Schools A through E, administered the CHKS in all three years, scored highest in Year I. At these schools, very high Year I scores in the area of Goals and Aspirations (possibly a reflection of school spirit in the newly opened schools) contributed to their high overall Year I means. With the exception of School C, no groups in subsequent years earned scores that equaled those in Year I.

Figure 10: Internal Assets Scores Across Elementary Schools



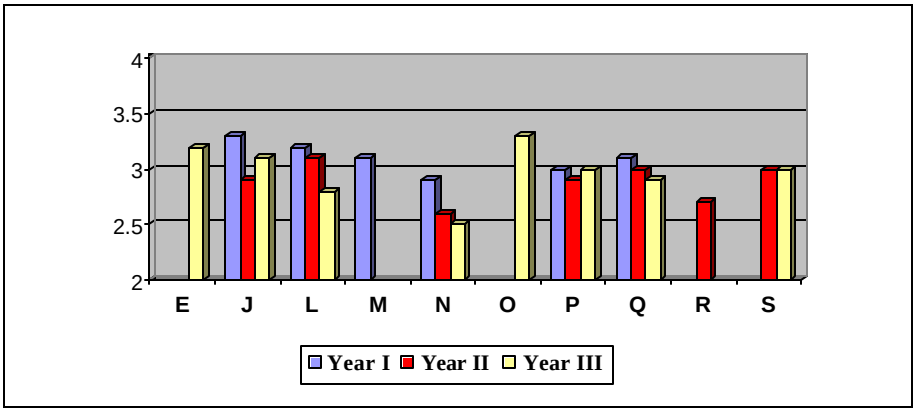
With the exception of School A, middle school scores are in the High range, as seen in **Figure 11**. Several schools, however, show a decline in total internal assets over the grant period.

Figure 11: Internal Assets Scores Across Middle Schools



High school scores in the areas of Empathy and Problem Solving were slightly lower than for middle schools, which carried over into lower total internal assets scores. However, as seen in **Figure 12**, scores in Goals and Aspirations were, like the middle schools, relatively high. For both levels, this is encouraging in that such results indicate that by the time these students reach adolescence, they are beginning to look to the future and are making plans to continue their education past high school.

Figure 12: Internal Assets Scores Across High Schools



Comparisons of means and confidence intervals for subscales of the CHKS revealed some significant changes from year to year. **Table 6** shows the 95% confidence interval for the Internal and External Assets Scales for Years I through III, all levels. The 95% confidence interval represents the range in which all but 5% of the cases are expected to fall in future samples of the same measure. Several contrasts revealed significant differences across years. In the elementary school sample, there was a significant increase from Year II to Year III ratings of ***External Assets***, while there was a significant decline from Year I to both Years II and III for ***Internal Assets*** in the same group. For middle school students, significant decreases in both ***External and Internal Assets*** were reported following Year I. In the high school sample, there was a significant decline in ***External Assets*** in Year III compared to Year I.

Despite these significant differences in Internal and External Assets on the CHKS, it is noteworthy that on virtually all subscales the ranges found in the confidence intervals indicate

means in the middle of the 4-point Likert scale, suggesting that most students completed the survey with neutral to positive responses.

Table 6. CHKS Summary Scores – 95% Confidence Intervals

	Internal Assets						***External Assets***					
	Elementary		Middle		High		Elementary		Middle		High	
Year I	3.19	3.41_a	3.32	3.44_a	3.13	3.26a	2.92	3.12	3.20	3.31_a	2.94	3.06_a
Year II	2.64	2.78_b	3.22	3.33	2.89	3.01b	2.95	3.06_a	3.15	3.26_a	2.84	2.95
Year III	2.73	2.83_b	3.06	3.22_b	2.97	3.96	3.09	3.18_b	2.98	3.12_b	2.83	2.91_b

Note: Ranges with differing subscripts represent significant differences, $p<.05$.

Academic Performance - Stanford 9 Achievement Test (SAT-9)

Although not directly addressed by the SS/HS Initiative or its components, one of the anticipated outcomes of grant activities was improved academic performance. In order to assess the students' academic progress, annual SAT-9 results were examined for the period of time during which the grant was implemented and compared to the most recent 2003 DCPS means.

The SAT-9 is the newest edition of the standardized and nationally recognized Stanford Achievement Test. Based on state curricula and national standards, the test uses grade-appropriate, relevant content, designed by experienced teachers and content experts. Mathematics items concentrate on developing mathematical power, while reading selections are written and illustrated by well-known authors and illustrators of children's literature.

The SAT-9 scores discussed below were attained by SS/HS students at three administrations during the grant period from Spring 2000 to Spring 2002. Additionally, Spring 2003 scores, attained one year after the grant period ended, are also presented. DCPS 2003 scores are used for comparison. For each level, elementary, middle, and high school, April 2000 Normal Curve Equivalent (NCE) scores are used as a baseline from which to measure gains realized over the three-year grant period. NCEs are similar to percentile scores, but unlike percentiles, they can be averaged. The NCE scores are equal interval scores ranging from 1 to 99, with a mean of 50, the national average. Examination of a school's NCE scores reveals how the school's performance compares with the national average.

If students make exactly one year of progress after one academic year, NCE scores remain the same. However, if students make more than a year's progress, a net gain will be realized, indicating that they learned more, or made more progress in the areas tested, than the general population. Generally, a net gain of 3 or more points between years indicates significant growth.

As seen in **Figure 13** below, one school, School G, consistently scored close to the national mean of 50. Students at this school scored highest in Year I (50.2), with a slight 3.7drop by Year III to 46.5. Scores for 2003 increased to 48.4, the highest math mean of all elementary schools. While other schools had scores in the below average range, several schools, such as A and C show significant gains over the past four years. School A, for example, shows a mean gain of 13.7 points from 2000 to 2003, suggesting increasingly proficient acquisition and

retention of basic skills. The most significant NCE mean gain score gain (10.6 points) was achieved by School H from 2001 to 2002, with an overall gain of 11.3 over the past four years. This is especially impressive in that this school serves special education students exclusively. School I also showed an impressive overall mean gain of 11.6 points. In general, 2003 scores tend to be among the highest attained by each school in the past four years, indicating steady improvement overall.

Figure 13. Elementary Schools – SAT-9 Math

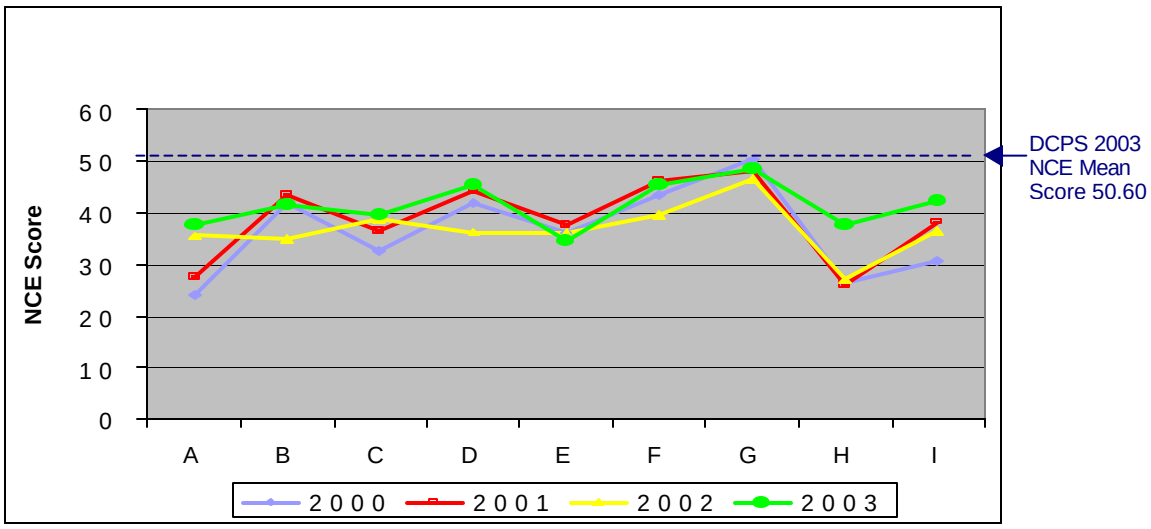
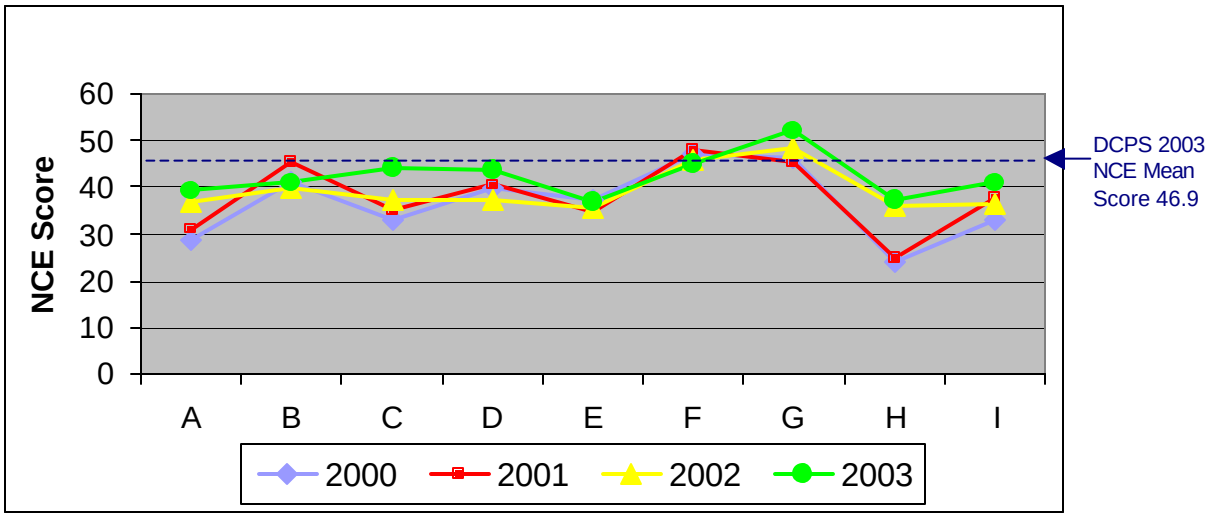


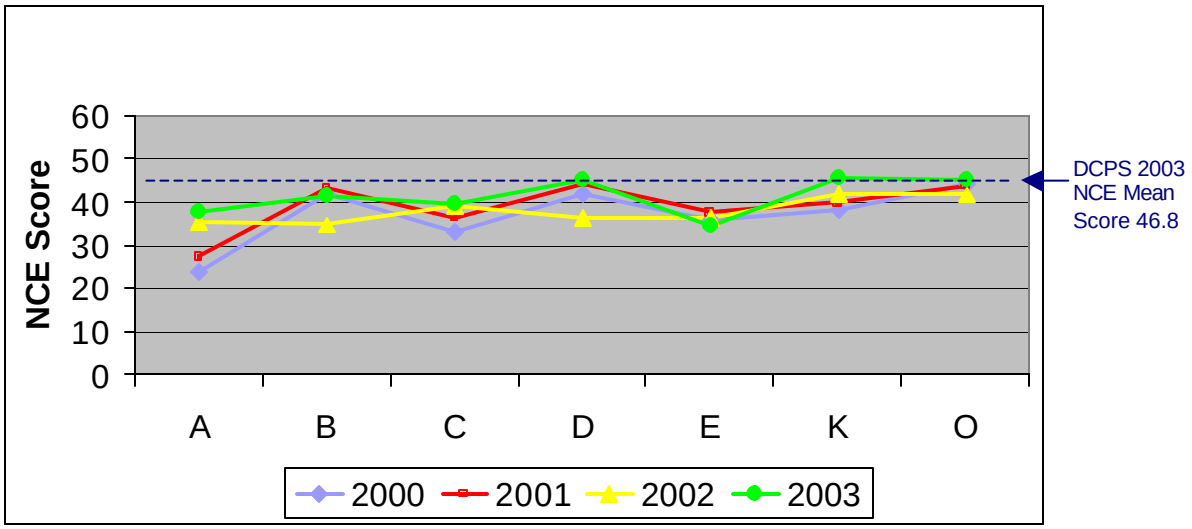
Figure 14 shows the elementary SAT-9 Reading scores. Overall, these are slightly higher than those earned in Math. Moreover, as with the Math scores, 2003 Reading scores generally tend to be among the highest attained by schools since 2000. School H again had the greatest gain score, with an increase of 10.8 points between 2001 and 2002. This school's overall gain from baseline to 2003 is 13.2 points (from 24.2 to 37.4). Schools A, C, and I also showed consistent improvement. Additionally, several schools equaled or exceeded the DCPS 2003 mean at at least one timepoint, with School G also surpassing the national mean in 2003 with a score of 52.

Figure 14. Elementary Schools – SAT-9 Reading



Middle school Math NCE scores, while below the national mean, show overall improvement from 2000 to 2003. Most schools, also, earned their highest scores in 2003, with several schools equaling the DCPS mean. Figure 15 shows that School A middle schoolers, like their younger peers, show consistent improvement over the past four years. This pattern of gain is indicative of steady skill growth exceeding the national normative group. The most significant NCE mean gain score gain (9 points) was achieved by School D from 2002 to 2003. This is particularly impressive given the fact that this school experienced a net loss of -7.9 points in the prior year. Other schools that demonstrate steady progress are Schools C and K.

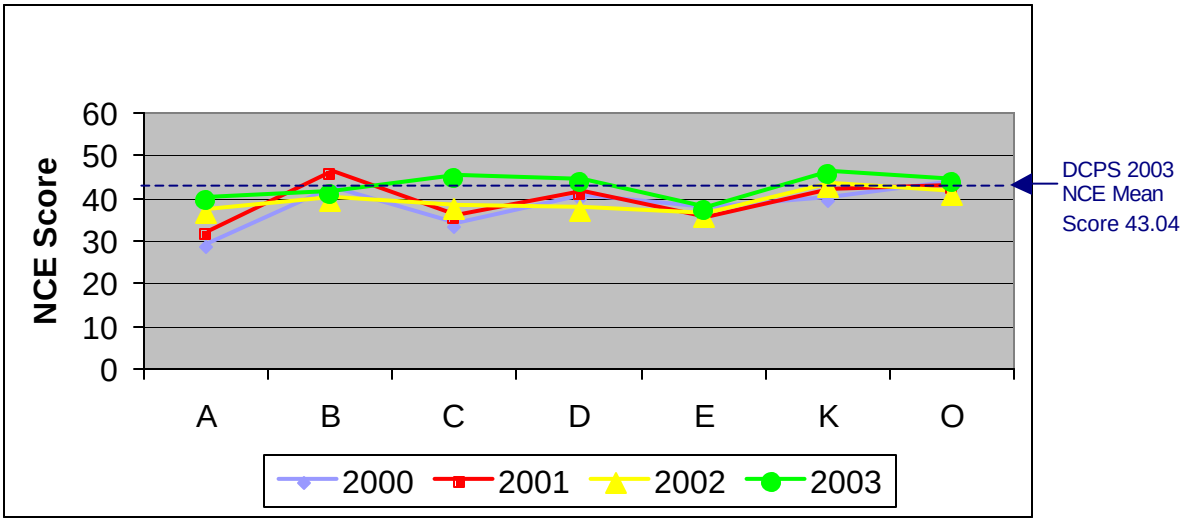
Figure 15. Middle Schools – SAT-9 Math



Overall, at the middle school level reading scores are slightly higher than those earned in math. As seen in **Figure 16**, with the exception of School B, the most recent scores (2003) are the highest for each school. The highest gain score between consecutive years (7 points) was

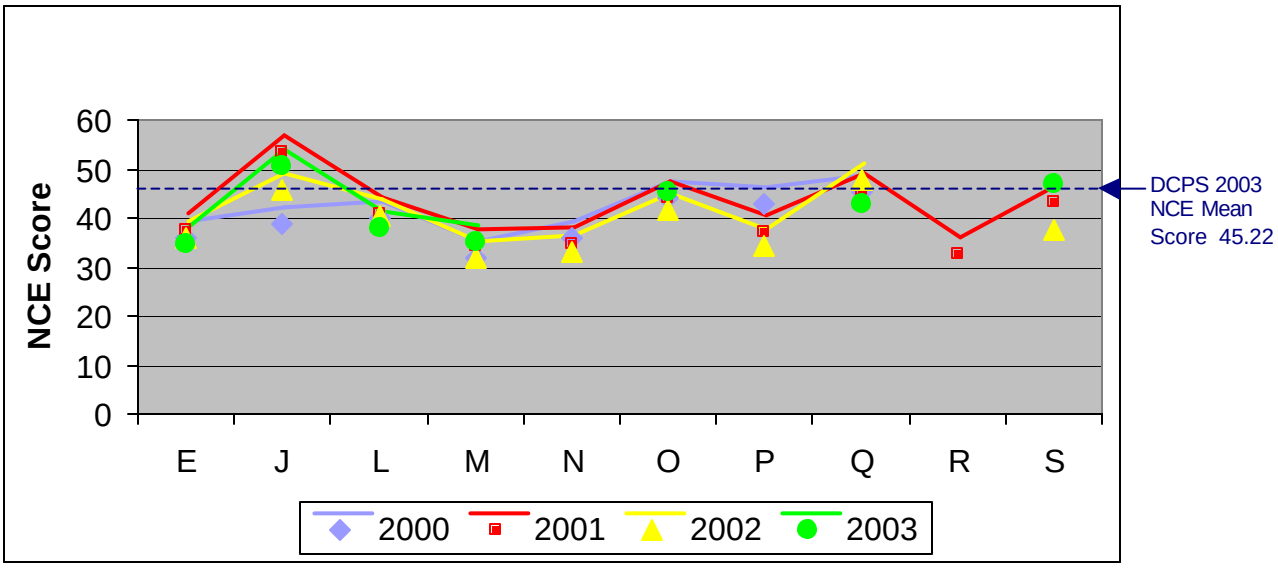
attained by School C from 2002 and 2003. Steady progress was also demonstrated by Schools A and K.

Figure 16. Middle Schools – SAT-9 Reading



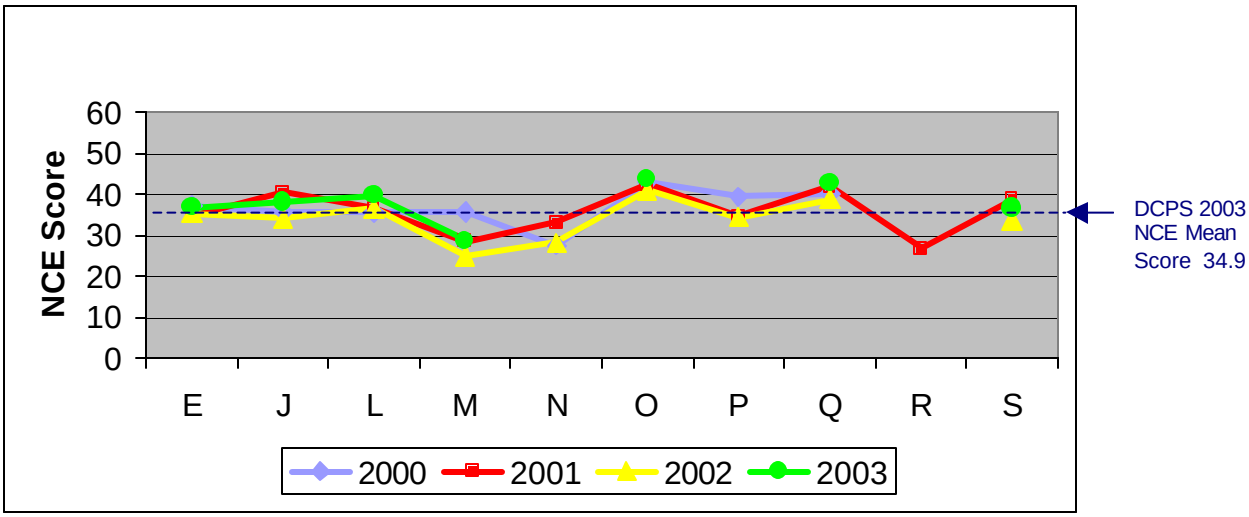
Although 2003 high school data is not available for the charter schools that closed their doors since the SS/HS initiative ended, Math NCEs reveal a pattern of consistent growth over the past four years for most schools. **Figure 17** shows that the most significant NCE gain score (14.8) was achieved by School J between 2000 and 2001, with an overall gain of 12.2 points over the past four years. NCE scores increased from 38.6 in 2000 to 50.8 in 2003, with an impressive 14.8 mean gain score between 2000 and 2001. With the exception of School P, which experienced a net loss of –5.6 from 2000 to 2001, most schools showed steady yearly progress.

Figure 17. High Schools – SAT-9 Math



While high school Reading NCEs are consistently below the national mean, they equal or exceed the 2003 DCPS mean of 34.9. Data reveals relatively steady growth at individual schools over the past four years, and at many schools, 2003 scores are the highest earned. School M's scores decreased in the first two years, with NCE gain scores of –7.2 and –3.6; however a gain of 3.7 in 2003 indicates a reversal in trend toward more steady progress. With the exception of School M, all 2003 reading scores exceed the 2003 DCPS mean.

Figure 18. High Schools – SAT-9 Reading



Although overall SAT-9 results for both reading and math fall below the national mean, data reveal a positive trend toward improving scores over the past four years. For most schools, the 2003 NCE scores are the highest, indicating a pattern of increase in schools' NCE ranks. In general, as shown below in **Tables 7** and **8**, the NCE mean gain scores at each level in both reading and math were at their highest between 2002 and 2003, after the initiative ended. With the exception of High Schools' math, the most recent gain scores can be considered significant, as they are greater than 3 points. This is especially encouraging in that it can be seen as an early indicator of overall school program effectiveness as a result of the Initiative. The successful implementation of the mental health and after-school programs, combined with effective Early Intervention Teams, served to create an environment in which children are growing academically.

Table 7. Math: NCE Gain Score Overview

	2000-2001	2001-2002	2002-2003
Elementary Schools	+2.4	-1.9	+4.5
Middle Schools	+2.0	-1.1	+4.4
High Schools	+1.7	-2.5	+1.7

Table 8. Reading: NCE Gain Score Overview

	2000-2001	2001-2002	2002-2003
Elementary Schools	+1.4	+1.0	+3.1
Middle Schools	+1.2	-0.1	+4.1
High Schools	-0.3	-2.4	+3.1

Goal 2. To establish safe, disciplined, and drug-free school environments

The California Healthy Kids Survey (CHKS) was also used to assess the level of risk behavior in which SS/HS students engaged during the grant period, its relation to resiliency, and its impact on academic performance. The following discussion presents key findings for all participating schools in the areas of alcohol, tobacco and other drug usage, violence and safety, and, for middle and high school students, sexual behavior and mental health. Because different groups of students were administered the CHKS each year, results reflect more on individual cohorts of students within schools rather than changes in behaviors of specific groups as they advance through grades. Information from the CHKS Technical Report[3] discussion section is to provide context and meaning to the results presented.

Substance Use

In order to determine the nature and extent of youth drug involvement in the schools and surrounding communities, as well as approximate age of onset, the CHKS assesses the overall lifetime prevalence of the four most popular psychoactive substances among preadolescents: tobacco, alcohol, marijuana, and inhalants. Research has shown that when children experiment with even small amounts of substances at a young age, they are more at risk for later involvement. According to the 2002 National Survey on Drug Use and Health, sponsored by the Substance Abuse and Mental Health Administration (SAMHSA), illicit drug use among youth tends to increase with age, with 12% of youth ages 12-17 reporting current drug use, peaking at 23% among 18-20 year-olds. Further, in examining the correlation between substances used, research has found that illicit drug use in 12-17 year-olds is approximately eight times higher among those who smoke cigarettes and 12 times higher in those who drink alcohol. These findings underscore the critical need for the implementation of effective prevention programs in our nation's elementary schools.

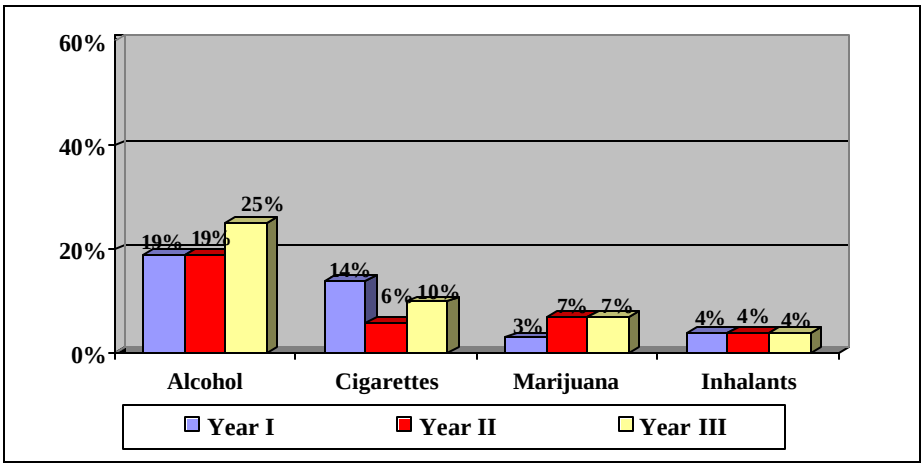
Substance use for all schools was examined in the context of lifetime usage, providing information about the overall drug environment in the schools and community. For middle and high schools, data on current use was also explored, revealing percentages of students who may be regular users and not just those who experiment (Current use, within the 30 days prior to survey completion, was only asked to elementary students regarding alcohol and cigarettes, yielding percentages ranging from 3% to 8%). Individual school data on inhalant use is available in **Appendix C - *California Healthy Kids Survey: SS/HS Key Findings*.**

Figure 19 below illustrates the amount of prior experimentation reported by elementary students during each year of the grant period. As seen in the figure, alcohol is the substance with which most students have experimented. By Year III, one quarter of the students reported that they had had beer, wine or other alcohol. Trends indicating increased usage with increased age, however, must be considered in interpreting these results. There was a significant decrease (from almost 15% to about 6%) in the number of students who had smoked a cigarette between Year I

[3] Technical Report: Elementary CHKS. A report by WestEd, Los Alamitos, CA. CHKS is copyrighted and funded by the California Department of Education, Healthy Kids Program Office.

and Year II, suggesting some improvement, but in Year III the number increased again to 10%. A small percentage of students reported using drugs and/or alcohol before or during school.

Figure 19. Aggregate Elementary School Lifetime Usage



The middle school CHKS data discussed below is presented in relation to comparable data collected both locally and nationally. Most closely aligned with the CHKS is the Youth Risk Behavior Surveillance System (YRBS), a national survey conducted every two years by the Center for Disease Control to assess the health risk behaviors of young people, and from which selected questions on the CHKS were derived. Where available, 2001 DC Middle School YRBS data is cited for comparison.

Figure 20 below shows the amount of prior student experimentation reported by middle school youth during each year of the grant period, along with comparable District of Columbia Middle School YRBS data. Whereas with elementary students, alcohol was clearly used most frequently, middle school students report similar usage for both alcohol and tobacco. While lifetime usage for both substances did increase in Year II, it decreased in Year III and falls well below the 2001 DC Middle School YRBS means of 41% and 42%, respectively. According to DC YRBS data, lifetime marijuana use declined slightly from 1999 (18%) to 2001 (17%); however, CHKS results reveal that such use has increased with SS/HS participants, increasing from 11% in Year I to 18% in Years II and III. The negative trend in YRBS inhalant use (increasing from 9% in 1999 to 16% in 2001) is consistent with the CHKS data, where usage doubled from Year I to Years II and III.

Figure 20: Aggregate Middle School Lifetime Usage

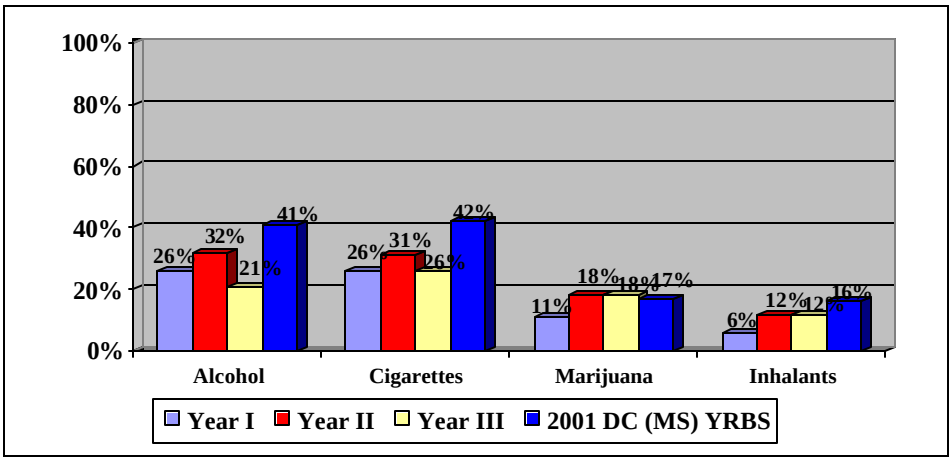
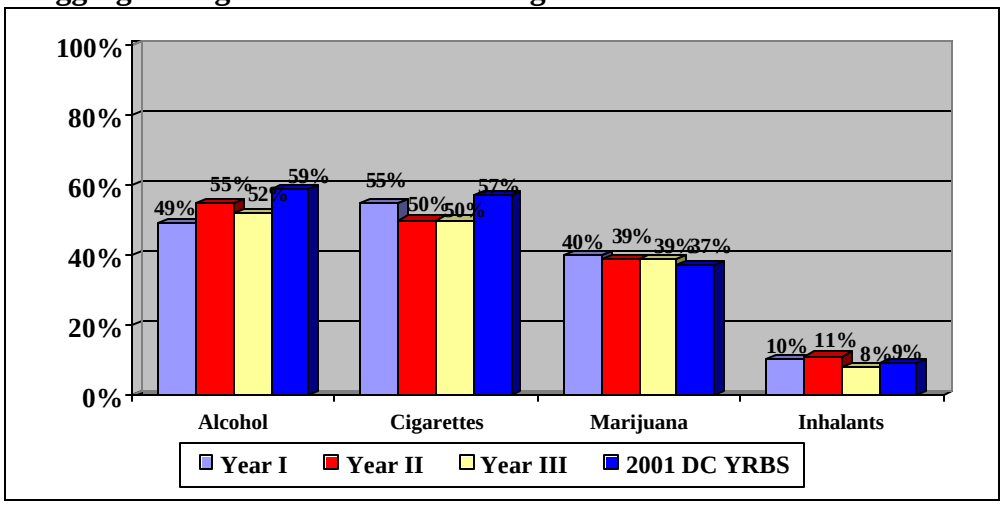


Figure 21 below shows the amount of prior student experimentation reported by high school youth during each year of the grant period, along with comparable District of Columbia High School YRBS data. As with middle school results, students report similar usage for both alcohol and tobacco. While approximately half of students have experimented with both substances, lifetime usage rates still fall below the 2001 DC YRBS means of 59% and 57%, and below the national means of 78% and 64% respectively. According to DC YRBS data, lifetime marijuana use declined slightly from 1999 (45%) to 2001 (37%). High school CHKS results reveal that such use has remained stable and consistent with local means, as well as being well below the national YRBS mean of 47%. As seen below, SS/HS students' inhalant use is consistent with the DC YRBS trends, but below the national mean, which is 15%.

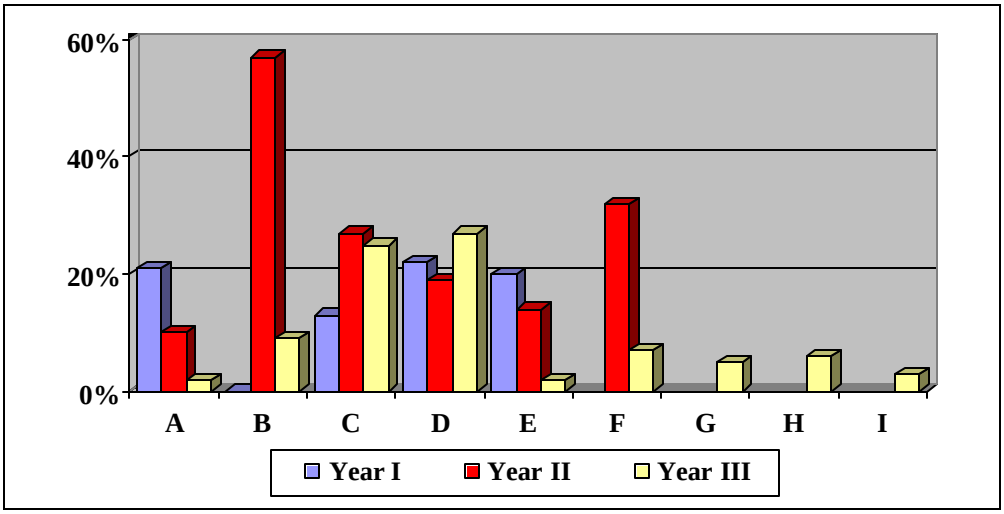
Figure 21. Aggregate High School Lifetime Usage



Alcohol Use Across Schools

Across schools, there is variability in the extent to which elementary students report lifetime usage. As shown in **Figure 22** below, Schools A through E were administered the survey each year for the duration of the grant period. Approximately 20% of students at Schools A, D, and E reported having ever drunk at least some alcohol. School B, however, showed a significant increase in the percentage of students who reported alcohol usage, from 0% in Year I to 57% in Year II, despite the fact that 92% of students in Year II perceived alcohol usage to be "very harmful." Research findings correlating alcohol usage with other illicit drug use provide insight into the pervasive nature multiple risk behaviors among youth.

Figure 22. Lifetime Alcohol Usage Across Elementary Schools



Current use, defined as use during the month prior to completing the survey, was examined for alcohol at the middle and high school levels. **Figure 23** shows that current alcohol use at most middle schools is between 10% and 20%, with three schools exceeding this range at some point during the grant period. These rates are generally comparable to the SAMHSA rate of 18%. However, as mentioned earlier, trends indicating increased usage with increased age are borne out in CHKS results, as middle school usage exceeds that reported by upper elementary students. Three schools, Schools C, D, and E, show an increase in Year II, followed by decreases in Year III to percentages that match Year I. One school, School O, shows increased usage each year.

Figure 23. Middle School Current Use – Alcohol Use in the Past 30 Days

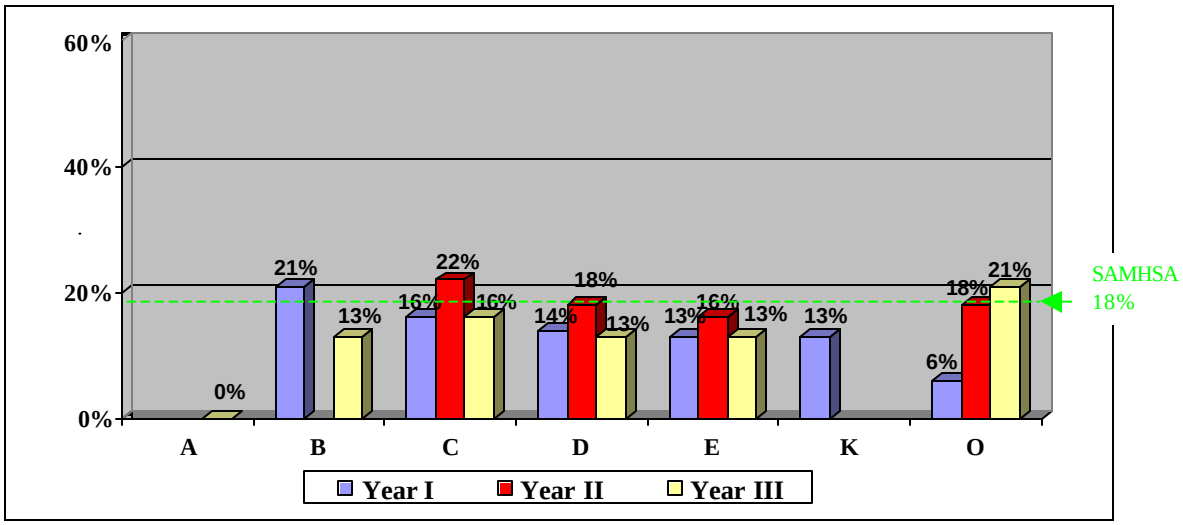
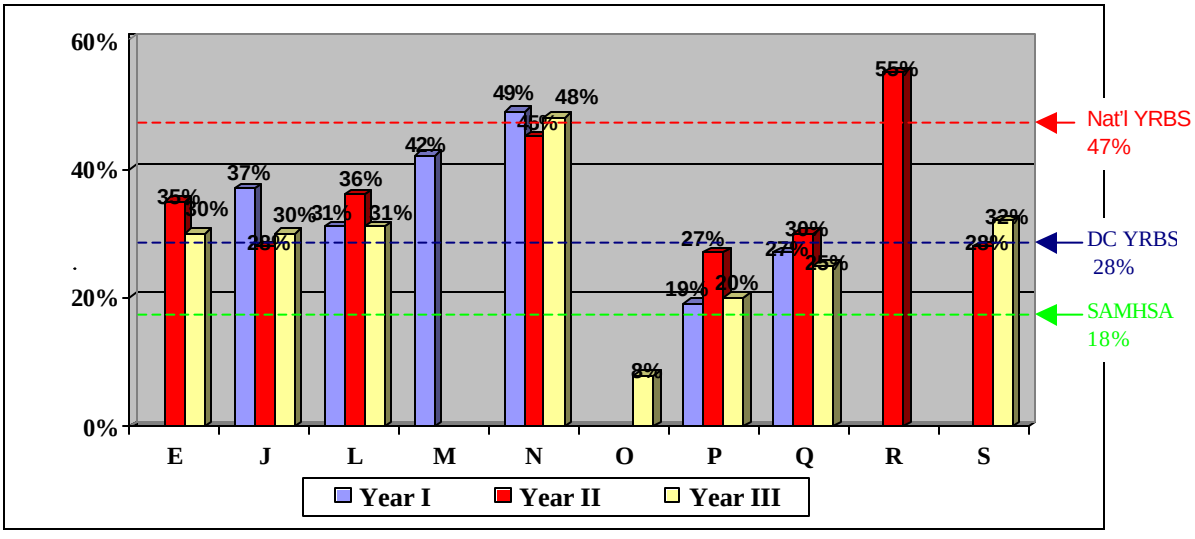


Figure 24 shows that current alcohol use by high school students is occurring with about 10% to 15% more frequency than at the middle school level. These figures are consistent with research-based findings that use of substances among adolescents increases with age. Although CHKS results are well below national YRBS trends (47%), all schools, with the exception of School O, exceed both local DC YRBS means and 2002 SAMHSA DC means. It is interesting to note that the low lifetime usage (8%) reported by high school students at School O in Year III is in sharp contrast to this school's middle school results for the same year (21%).

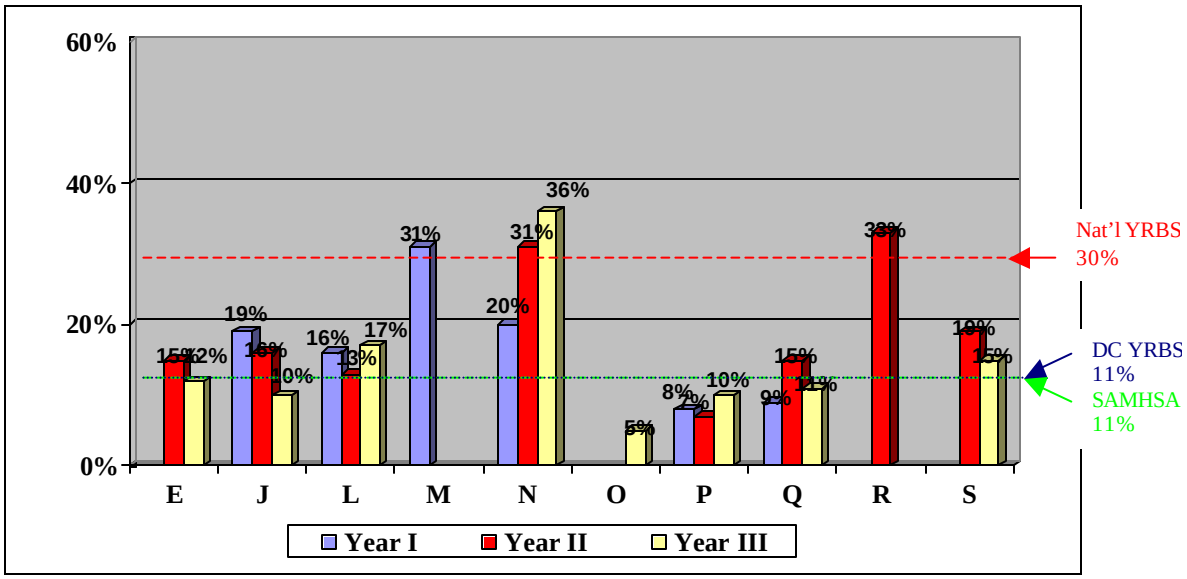
Figure 24: High School Current Use – Alcohol Use in the Past 30 Days



To ascertain the extent of alcohol use among the high school students surveyed, data on heavy drinking was examined. The CHKS asks students to indicate how many times within the

past 30 days they have had "5 or more drinks in a row, that is, within a couple of hours." This behavior is referred to as "binge drinking." According to WestEd, the survey developers, adolescent binge drinkers open themselves up to many alcohol related problems, such as losing control over their actions, making poor choices, and taking part in high-risk activities such as unprotected sex or driving while intoxicated. As shown in **Figure 25** below, many schools exceed both the DC and SAMHSA mean of 11%, while several schools, specifically Schools M and N, also exceed the national mean of 30%.

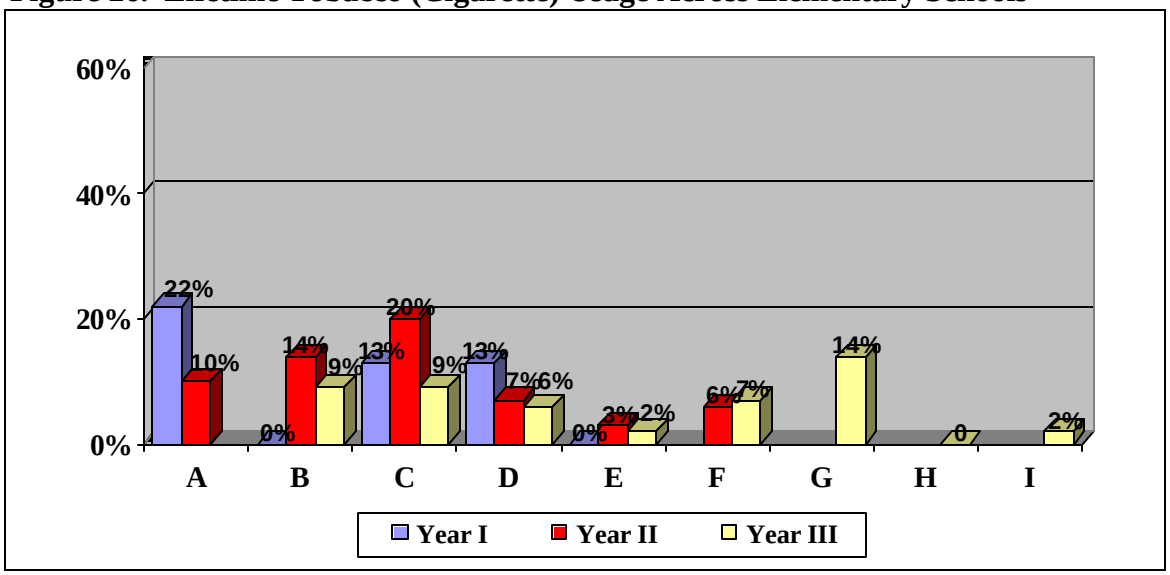
Figure 25: High School: Current Binge Drinking



Tobacco Use Across Schools

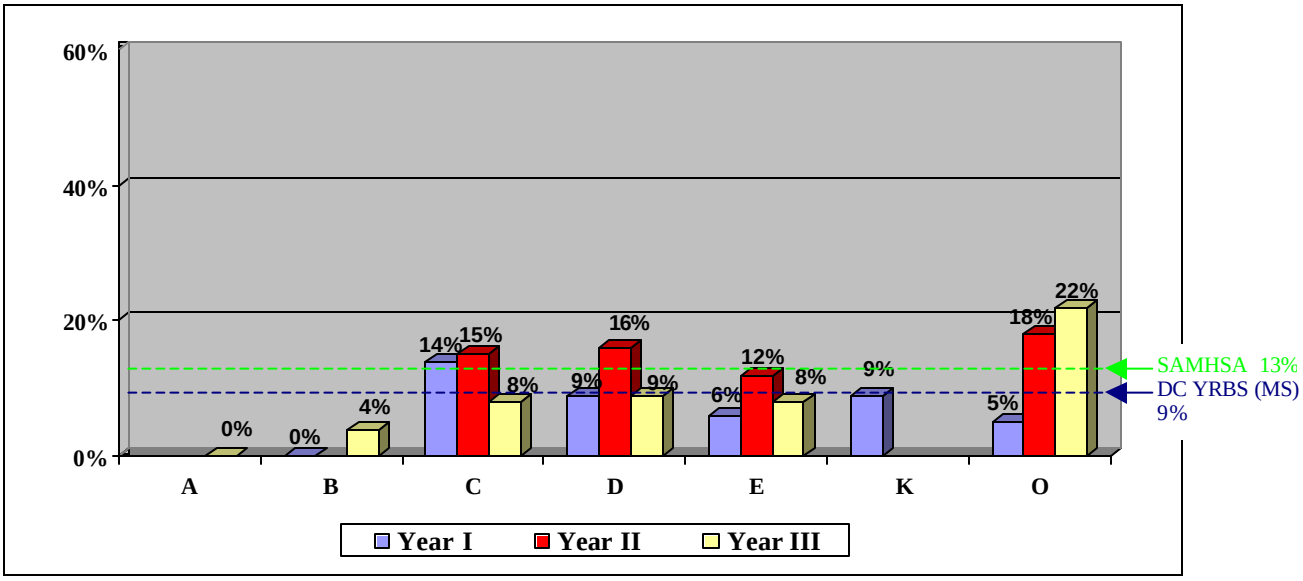
Though not as prevalent as alcohol, and linked with less frequency to other drug usage, cigarettes are easily obtained. As seen in **Figure 26**, students at all schools, with the exception of School H, have access to cigarettes and report having tried smoking. Interestingly, most students at School C, which has the highest three-year tobacco usage average (14%), perceive even occasional tobacco to be extremely harmful (75% in Year I; 100% in Year II; and 92% in Year III).

Figure 26. Lifetime Tobacco (Cigarette) Usage Across Elementary Schools



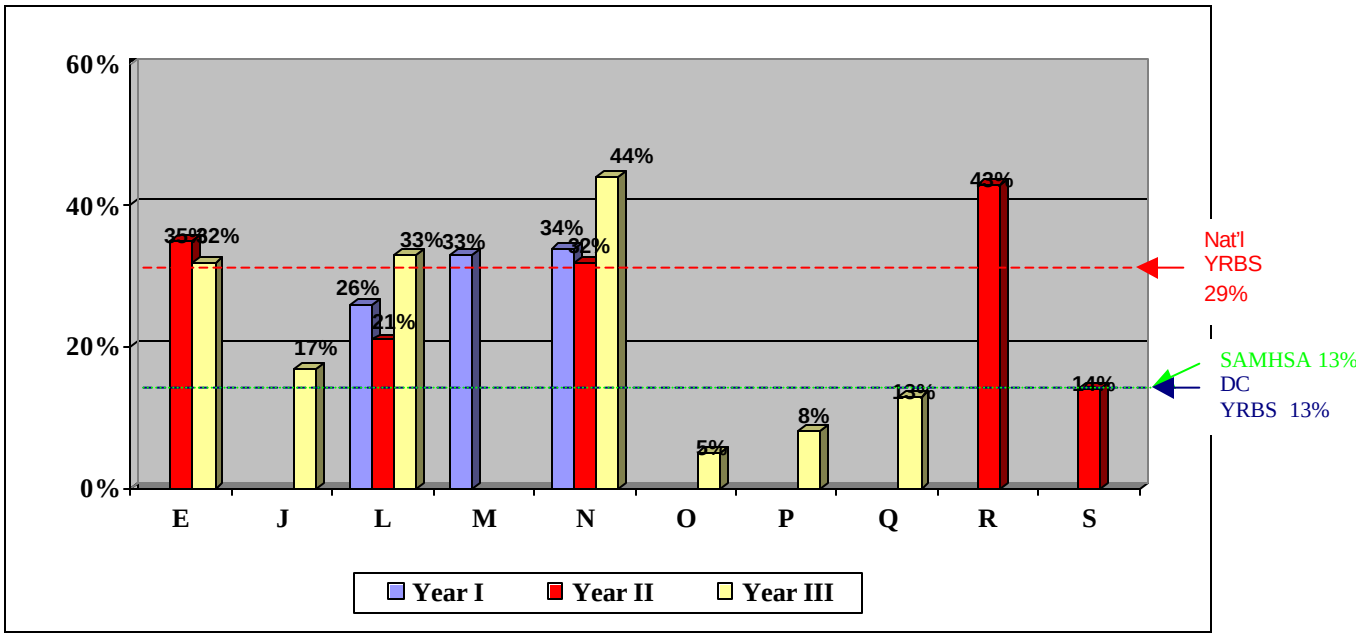
Student reports indicate that tobacco is used with almost as much frequency as alcohol by middle school students. The strong relationship between cigarette smoking and marijuana was most recently reexamined and reconfirmed in the September 2003 *Report on Teen Smoking and Marijuana Use* by the National Center on Addiction and Substance Abuse at Columbia University. According to the study, a teen who is a current smoker is 14 times more likely to try marijuana than a nonsmoking teen. Additionally, among those who have tried marijuana, 57% smoked cigarettes first. Comparative DC Middle School YRBS data was available for current cigarette usage. As shown in **Figure 27**, several schools exceed the DC Middle School YRBS mean at some point, but decrease in Year III to match the DC mean. The exception is School O, where cigarette usage, like alcohol usage at this school, increased each year, the most significant rise in current smoking being a 13% increase from Year I to Year II.

Figure 27. Middle Schools: Current Use – Cigarette Usage in the Past 30 Days



CHKS results also show that, as with the middle school, tobacco is used with almost as much frequency among high school students. As stated previously, research has found that a teen who is a current smoker is 14 times more likely to try marijuana than a nonsmoking teen. Additionally, among those who have tried marijuana, 57% smoked cigarettes first. As shown in **Figure 28**, rates of cigarette smoking at the majority of high schools are higher than both SAMHSA and DC YRBS means. Additionally, several schools also exceed the national YRBS mean of 29% at certain timepoints during the three-year grant period. One school, School N, had rates exceeding 30% each year.

Figure 28. High School: Current Use – Cigarette Usage in the Past 30 Days*

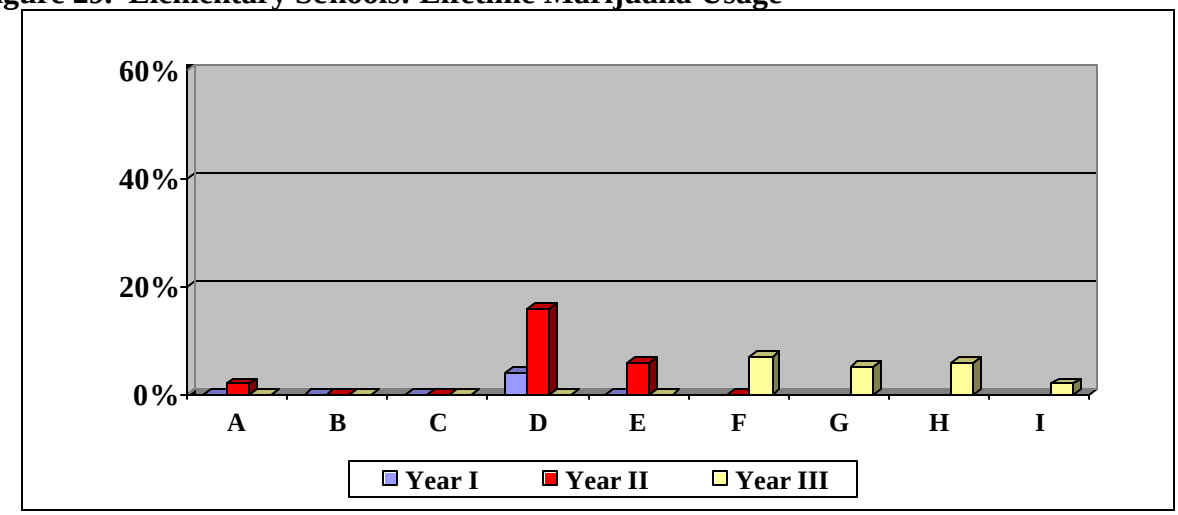


**Several schools were not asked this question in Years I and II.*

Marijuana Use Across Schools

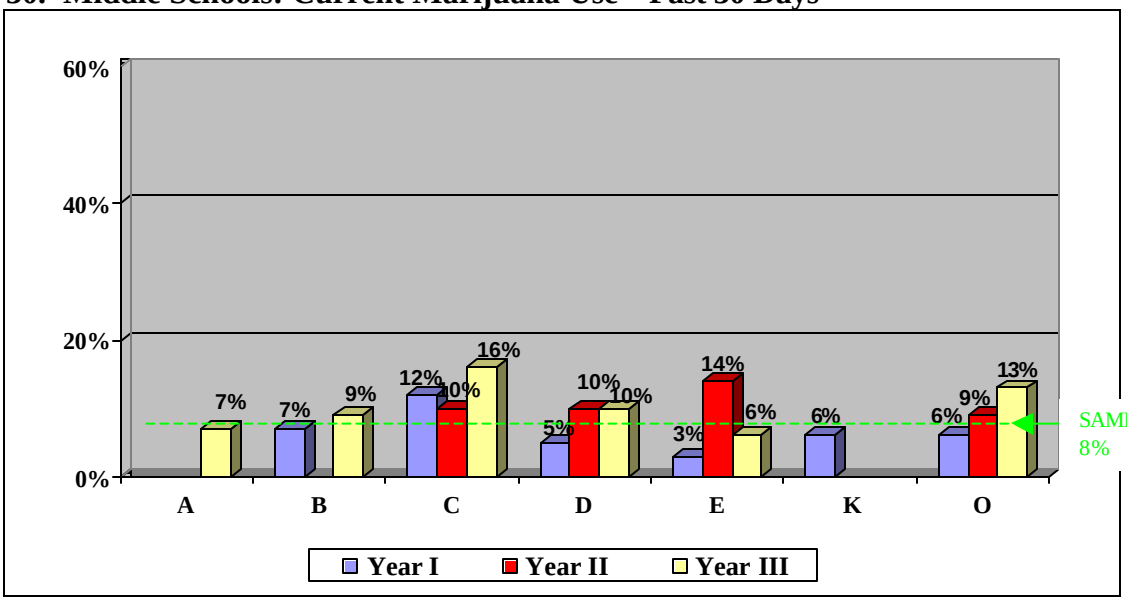
CHKS results reveal that marijuana is the third most common substance used by elementary students. As seen in **Figure 29** below, reports of usage by students at School D increased 12 percentage points (from 4% to 16%) between Year I and Year II, dropping to 0% in Year III. Interestingly, School D students' perception that even occasional use of marijuana is extremely harmful increased from 78% in Year I to 97% in Year II. During Year III, only four schools had students who reported marijuana use.

Figure 29. Elementary Schools: Lifetime Marijuana Usage



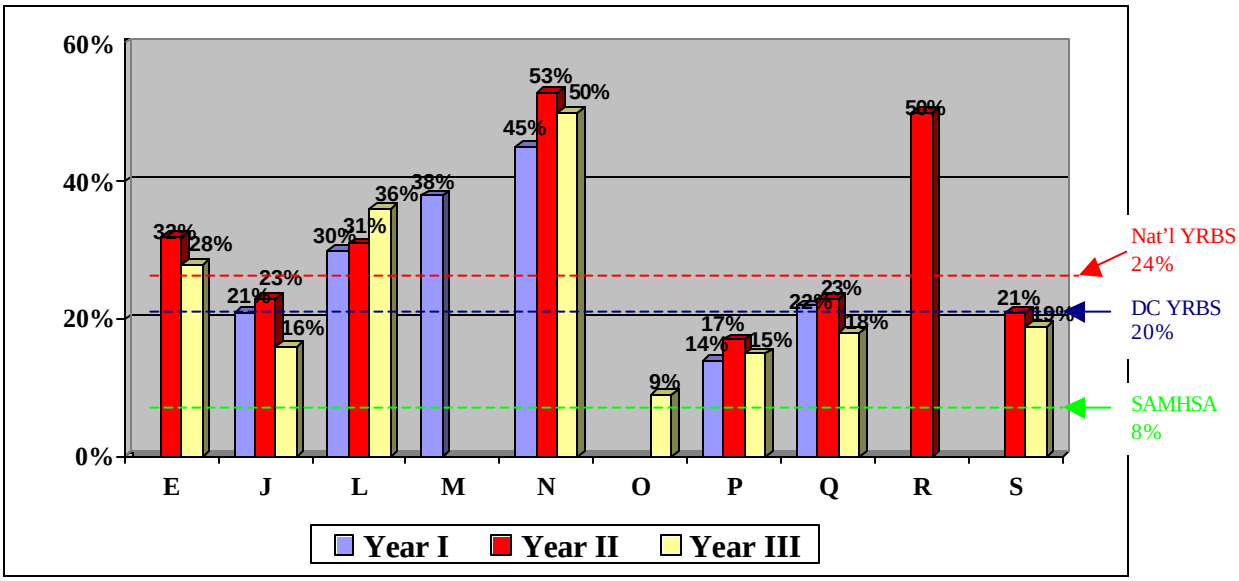
According to the 2002 SAMHSA report, marijuana is the most commonly used illicit drug, with 8% of youth aged 12 to17 nationally reporting current usage. **Figure 30** shows that marijuana usage at five schools exceeds the SAMHSA mean at some point during the three year grant period, with School C reporting 10% or higher each year.

Figure 30. Middle Schools: Current Marijuana Use – Past 30 Days



According to the 2002 SAMHSA report, marijuana is the most commonly used illicit drug, with 8% of youth aged 12 to17 nationally reporting current usage. YRBS data reveal higher DC and national current usage rates, at 20% and 24%, respectively. **Figure 31** shows that half of the schools surveyed have higher rates of current marijuana usage than national and local data. About half of the students at two schools, N and R, report current usage at each datapoint. The lowest rate of usage (9%) is reported by students at School O. (This rate is 4% lower than that reported by the middle school students for the same year.)

Figure 31. High Schools: Current Marijuana Use – Past 30 Days



Violence and Safety

According to the World Health Organization's 2002 World Report on Violence and Health, youth violence is one of the most visible forms of violence, as physical fighting and bullying are common manifestations of behavioral and psychosocial problems. The prevalence of these behaviors, particularly bullying, is a growing concern across the nation. According to a study published in the April 2001 Journal of the American Medical Association[4], more than 16% of US students reported being victims of bullying during the current school year, with the frequency of such behavior being highest among 6th to 8th grade students. Further, a report released on September 4, 2003, by Fight Crime: Invest in Kids[5] adds that 60% of boys identified as "bullies" in grades 6 through 9 were later convicted of at least one crime by the age of 24.

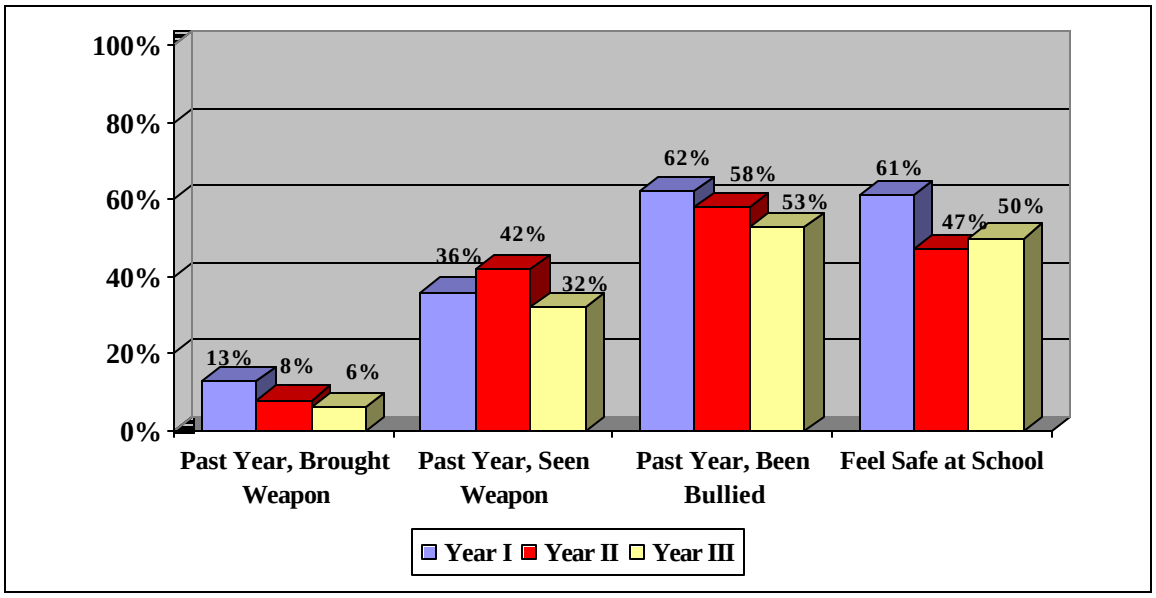
Figure 32 below illustrates SS/HS student responses to questions involving violence at school. Students were asked if they had brought a gun or knife to school in the year prior to completing the survey, and whether they had seen other students with weapons at school within the same time period. In Year I, almost 15% of students reported bringing a gun or knife to

[4] Nansel, T., Overpeck, M., Pilla, R., Ruan, W., Simons-Morton, B., & Scheidt, P. (2001) Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association*, (285) 16, 2094-2100.

[5] Fox, J., Elliott, D., Kerlikowske, R., Newman, S., & Christeson, W. (2003) *Bullying Prevention Is Crime Prevention: A Report by Fight Crime: Invest in Kids.*

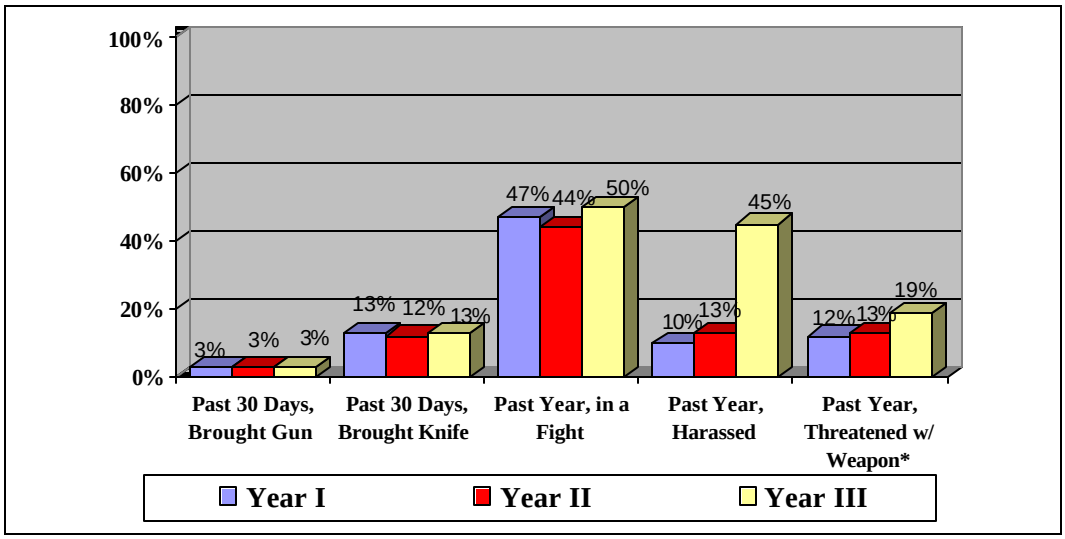
school, with this number decreasing steadily to only 6% in Year III. While relatively few students report bringing weapons to school, a far greater number report witnessing those who do. About one-third of students in both Years I and III reported seeing others with guns or knives at school, with 42% reporting the same in Year II. This discrepancy may suggest that the small number of students who carried weapons to school did so multiple times. ***In Year I, instances of bullying were almost four times the number reported in the JAMA study, with 62% of SS/HS students reporting that they had been hit or pushed by someone else. Encouragingly, reported instances of bullying decreased steadily throughout the grant period, to 58% in Year II (the year of the JAMA study) and to 53% by Year III.*** Despite the high incidence of bullying reported by SS/HS students, percentages of students who report that they feel safe at school over the three years are in the same range. Sixty-one percent of students felt safe at school in Year I, decreasing to 47% in Year II and rising slightly to 50% in Year III.

Figure 32. Elementary School Violence Related Behaviors and Experiences



As stated previously, bullying behavior is a concern among school-aged children, with over 16% of US students reporting victimization of such behavior. Although the 2001 study in the Journal of the American Medical Association reports that bullying is highest among 6th to 8th grade students, CHKS results reveal that it is actually more frequent among the upper elementary SS/HS students surveyed. Physical fighting, however, involved about half of all middle school students each year during the grant period. The middle school students were asked if, within the past year, they were harassed on school property and also if they had been threatened or injured at school with a weapon. As seen below in **Figure 33,** an increase of 32% in reports of harassment occurred between Years II and III.

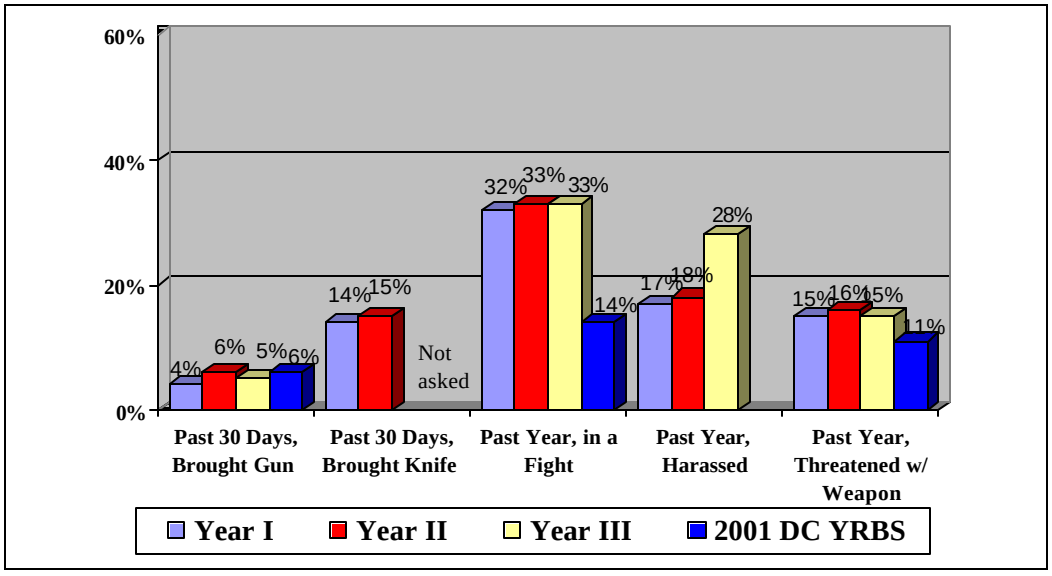
Figure 33. Middle School Violence Related Behaviors and Experiences



*Year III percentage refers to "Other" weapons

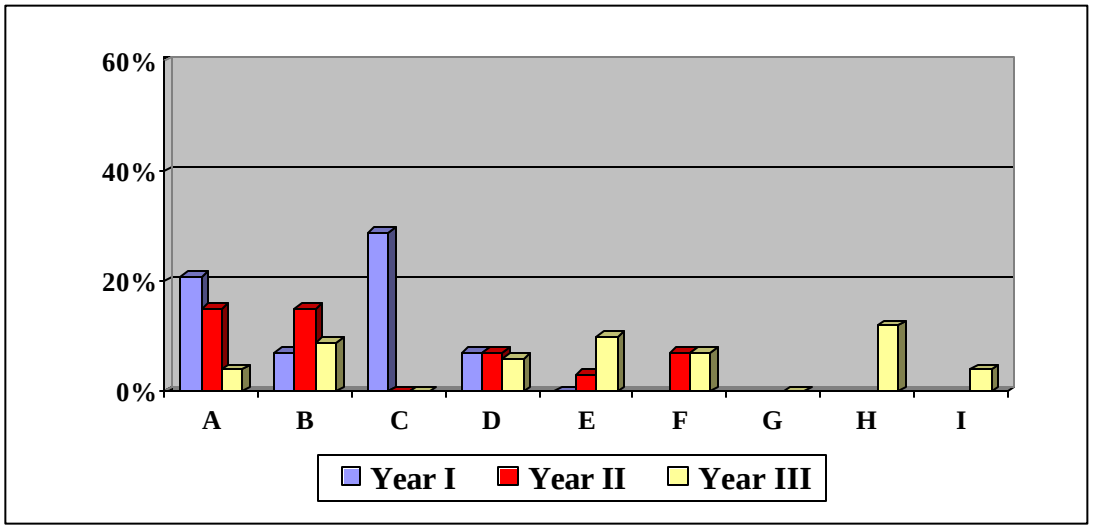
Figure 34 shows the violence related behaviors reported by high school students. Although not reported with as much frequency as in the middle schools, physical fighting appears to be the most prevalent manifestation of aggressive behavior at the high school level. About one-third of students reported that they had been involved in a physical fight on school property during the year prior to survey completion. An increase in reports of harassment between Years II and III mirrors similar findings at the middle school level, albeit at a lesser rate (10% compared to 32% for middle school).

Figure 34: High School Violence Related Behaviors and Experience



As seen above, the overall percentage of students who have carried weapons to school decreased steadily over the three-year grant period. Several schools, however, show increases in such activity, particularly Schools B and E. (see **Figure 35**)

Figure 35: Elementary Students Who Have Carried Weapons (Gun or Knife) to School in the Past Year



Whereas elementary school students were asked questions about bringing weapons to school and witnessing others with weapons during the year prior to survey completion, middle school students were asked about bringing specific weapons to school within the previous month. Across schools, recent gun possession at school ranged from 0% to 9% during the three-year grant period. The percentages of students carrying knives to school, however, are much higher. **Table 9** illustrates the rates at which students report bringing guns, knives, clubs/bats, and/or other weapons to school in the past 30 days. Due to a change in the wording of survey questions about weapons in Year III comparisons of knife carrying across the three years is not possible. Year I and II questions were broken out by guns, knives and other weapons, whereas in Year III, weapons questions only included guns and other weapons, thereby collapsing knives with other weapons.

Table 9. Middle School Students Who Carried Weapons to School in Past 30 Days

School	Year I 1999-2000				Year II 2000-2001				Year III 2001-2002	
	Gun	Knife	Club/ Bat	Other	Gun	Knife	Club/ Bat	Other	Gun	Other
A	-	-	-	-	-	-	-	-	3%	7%
B	0%	0%	0%	7%	-	-	-	-	0%	9%
C	2%	24%	5%	11%	6%	24%	3%	14%	2%	16%
D	0%	0%	5%	5%	9%	15%	7%	9%	2%	19%
E	7%	18%	3%	22%	2%	19%	2%	8%	3%	16%

K	2%	9%	2%	7%	-	-	-	-	-	-
O	5%	9%	3%	3%	9%	12%	0%	17%	9%	14%

High school students were also asked about bringing specific weapons to school within the previous month. Across schools, recent gun possession at school ranged from 0% to 23% during the three-year grant period. The percentages of students carrying knives to school, however, are much higher. **Table 10** illustrates the rates at which students report bringing guns, knives, clubs/bats, and/or other weapons to school in the past 30 days. Percentages for Year III are only available for guns and other weapons.

Table 10. High School Students Who Carried Weapons to School in Past 30 Days*

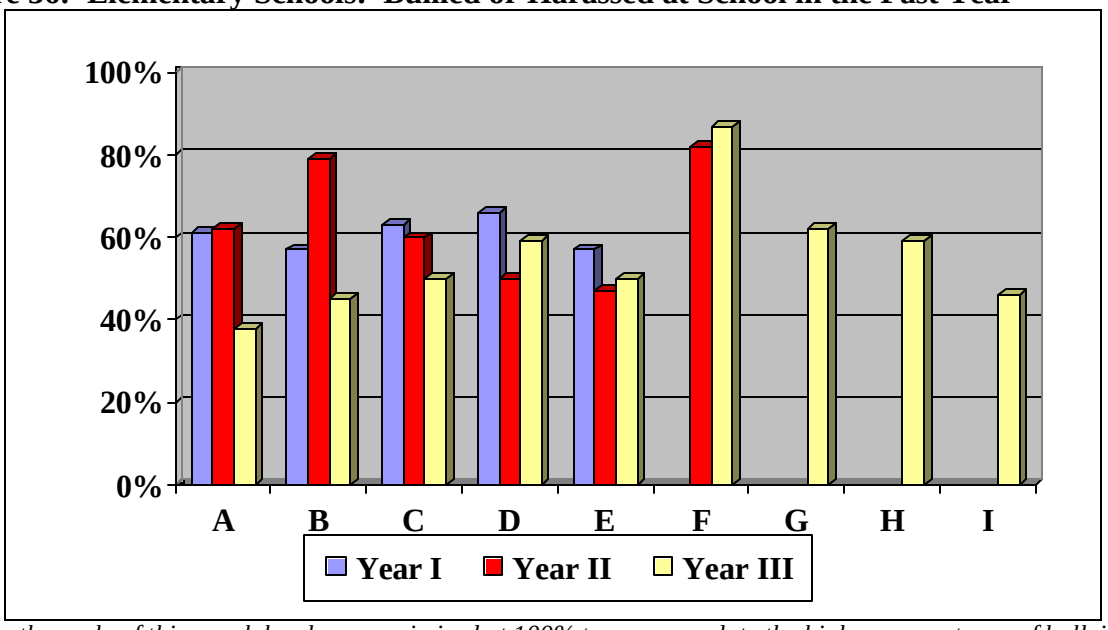
School	Year I 1999-2000				Year II 2000-2001				Year III 2001-2002	
	Gun	Knife	Club/ Bat	Other	Gun	Knife	Club/ Bat	Other	Gun	Other
E	-	-	-	-	12%	39%	3%	18%	6%	19%
J	7%	24%	2%	15%	10%	21%	3%	14%	3%	21%
L	2%	21%	3%	10%	6%	18%	5%	11%	17%	29%
M	4%	23%	0%	8%	-	-	-	-	-	-
N	12%	21%	6%	13%	15%	34%	9%	18%	21%	38%
O	-	-	-	-	-	-	-	-	0%	11%
P	4%	14%	5%	10%	4%	20%	3%	11%	6%	14%
Q	3%	18%	4%	9%	9%	24%	4%	18%	9%	26%
R	-	-	-	-	23%	38%	18%	18%	-	-
S	-	-	-	-	9%	16%	9%	10%	7%	20%

** DC YRBS –asks "**Any** weapon at school in past 30 days" – 9%*

Bullying/Harassment Behaviors

As stated previously, there is growing concern regarding the prevalence of bullying in our nation's schools. Results of the CHKS appear to confirm the extent of the problem in the nine schools surveyed. Research has shown that bullying not only foreshadows crime and violence in the perpetrator, but can produce depression, loneliness, and suicidal ideation, as well as aggression and violence, in its victims. As seen in **Figure 36**, victimization of bullying behavior was reported by no less than 38% of survey respondents at any school or at any timepoint over the three-year grant period. One school (School F) had the two highest percentages across all schools; 82% (n=14 of 17) in Year II and 87% (n=13 of 15) in Year III.

Figure 36: Elementary Schools: Bullied or Harassed at School in the Past Year*



** Note the scale of this graph has been maximized at 100% to accommodate the higher percentages of bullying incidents reported.*

Greater variability exists among schools regarding reported incidents of bullying or harassment victimization. As stated above, bullying was more frequently reported in the upper elementary grades. **Figure 37** shows that middle school reports of peer harassment are well below those of their younger schoolmates. Aggression in middle school students appears to be manifested through physical fighting. The two-year mean age difference in middle schoolers (12.4 vs. 10.2) may account for students' willingness to become involved in fighting back when bullied rather than accept victimization.

Figure 37: Middle Schools: Harassed at School in Past Year

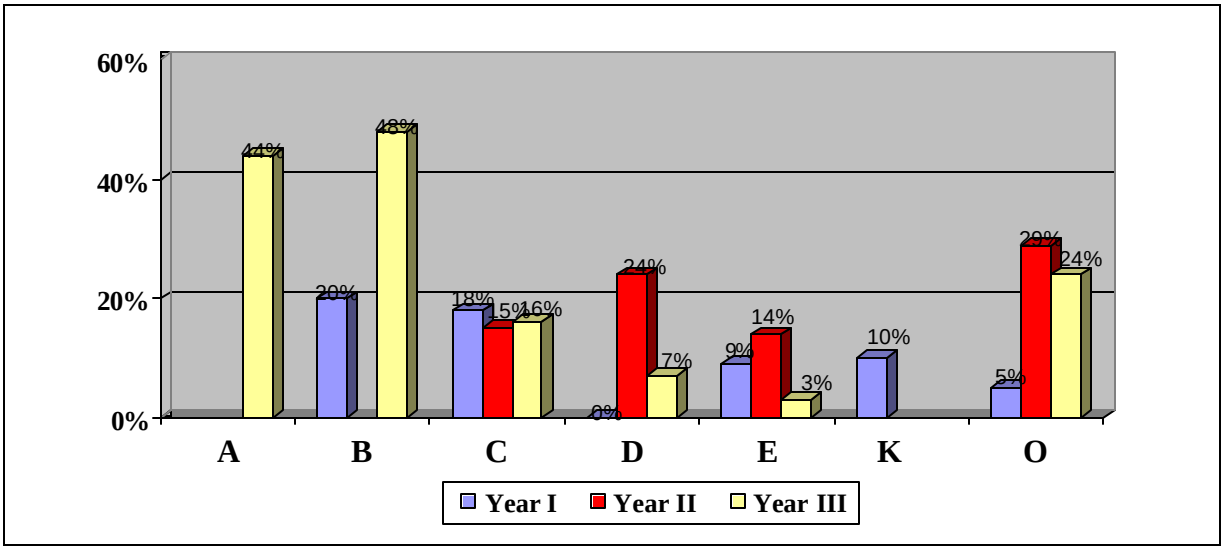
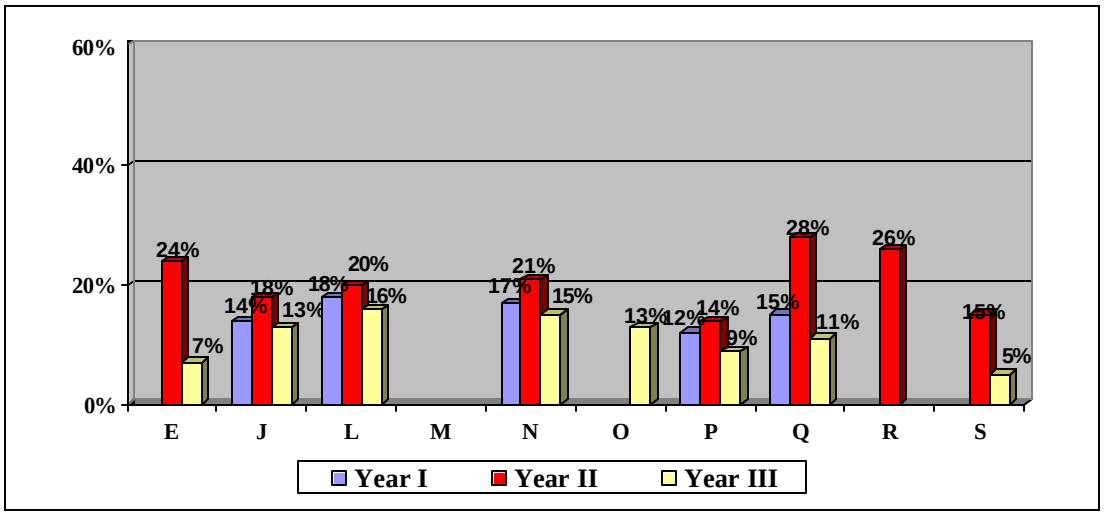


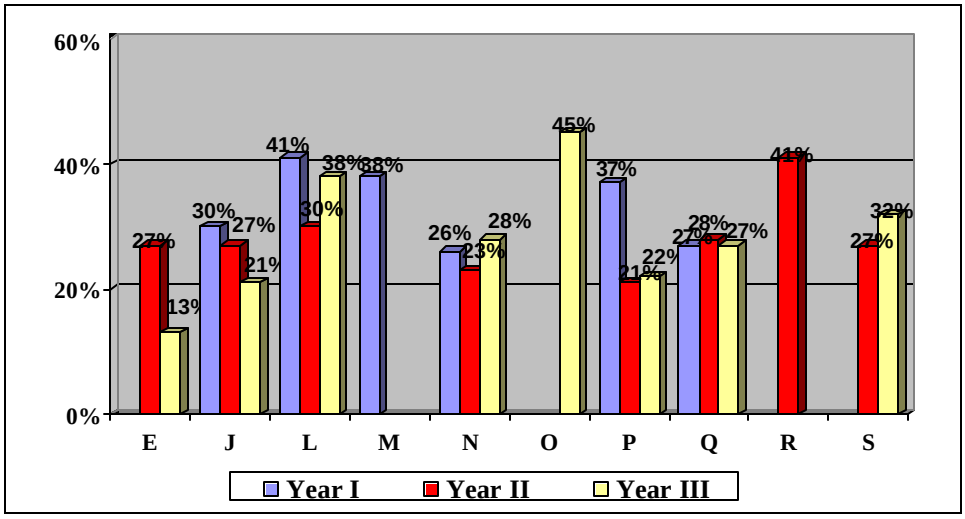
Figure 38 shows that overall, between 10% and 20% of high school students report being harassed at school. In Year I and II, the target question on the CHKS was specific to being bullied due to race, ethnicity, gender, sexual orientation, or disability. In Year III, however, students were asked a more general question, about whether they had been hit or pushed by other students during the past year.

Figure 38. High Schools: Harassed in the Past Year



While between 10% and 20% of high school students reported being harassed within the past year, substantial numbers of students reported that their personal belongings had been stolen or damaged by others at school within the same time period. Although this is clearly a form of harassment, the specific nature of the question in Years I and II elicited reports of harassment focused only on that due to race, ethnicity, gender, sexual orientation, or disability. As seen in **Figure 39**, across schools, reports of stolen or damaged property range from 13% (Year III at School E) to 45% (Year III at School O).

Figure 39. High School: Had Property Deliberately Stolen or Damaged at School in Past Year



Physical fighting, however, involved about half of all middle school students each year during the grant period. While there is some variability across schools in the numbers of students reporting involvement on physical fighting on school property, **Figure 40** below shows that over one-third of students at each school each year reported such behavior.

Figure 40: Middle Schools: Involved in Physical Fight at School in Past Year

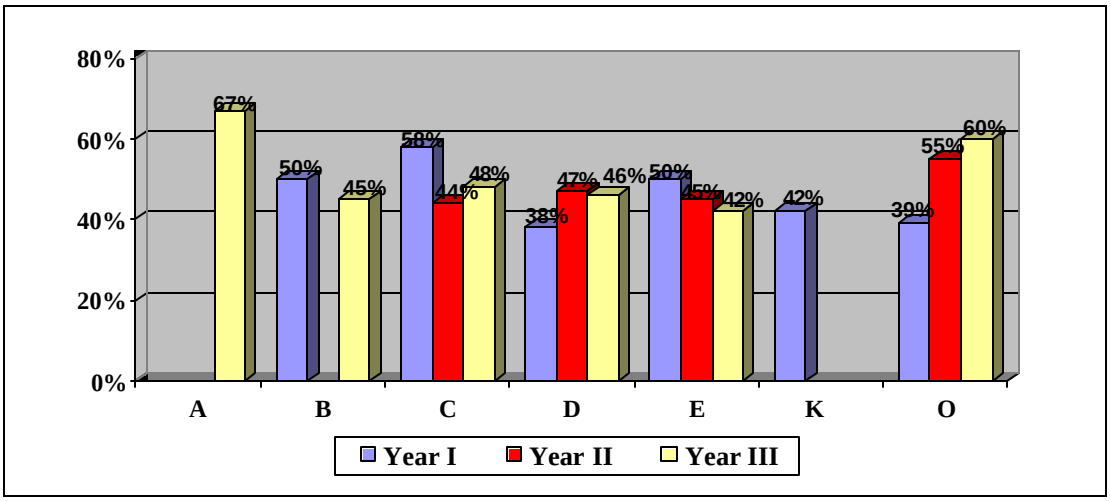
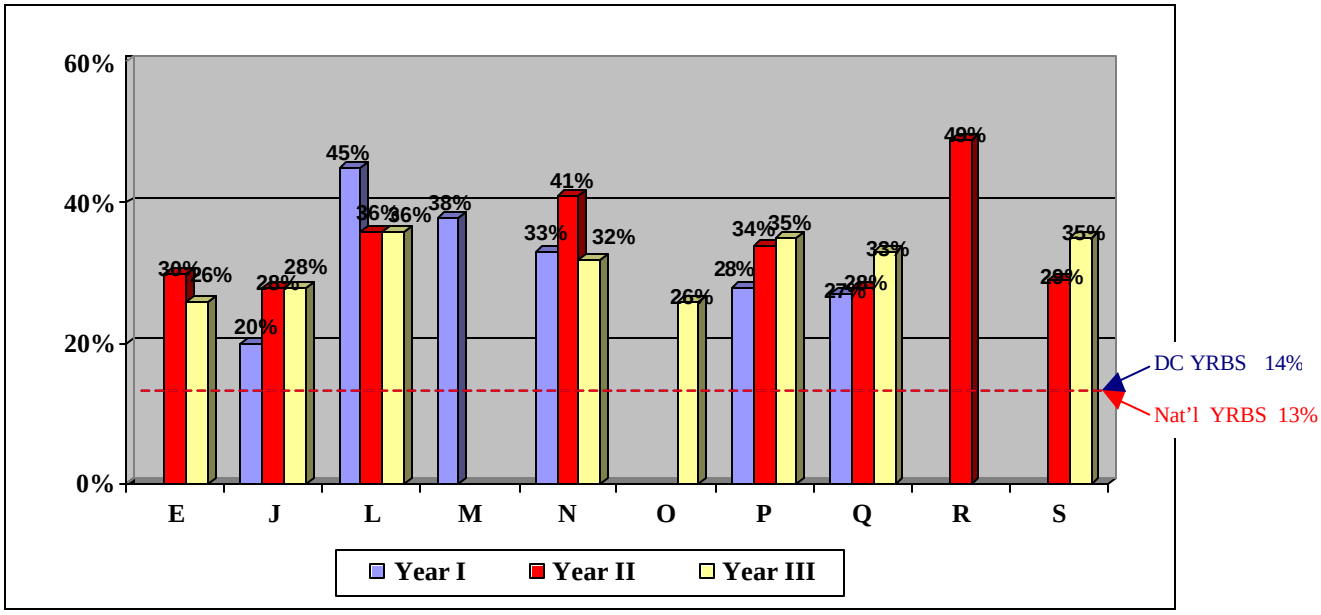


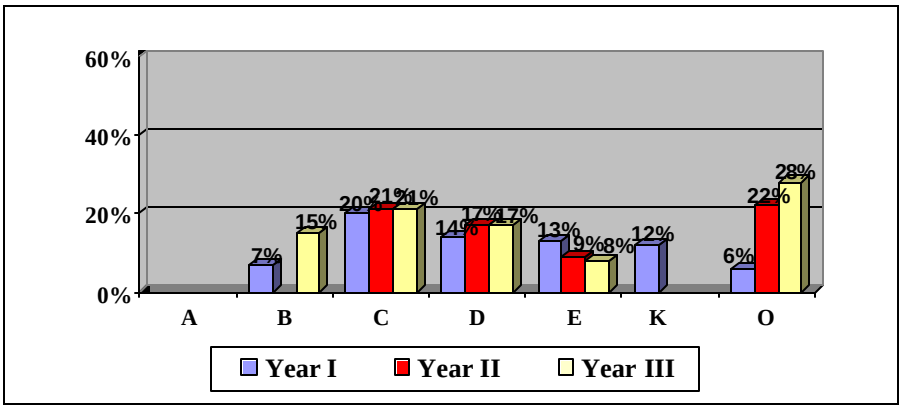
Figure 41 below shows that fighting occurred at all schools each year at rates exceeding both DC and national YRBS means. While rates are generally lower than those reported by middle school students, no less than 20% of high school students at any datapoint during the initiative report being involved in fights on school property.

Figure 41. High Schools: Involved in Physical Fight at School in Past Year



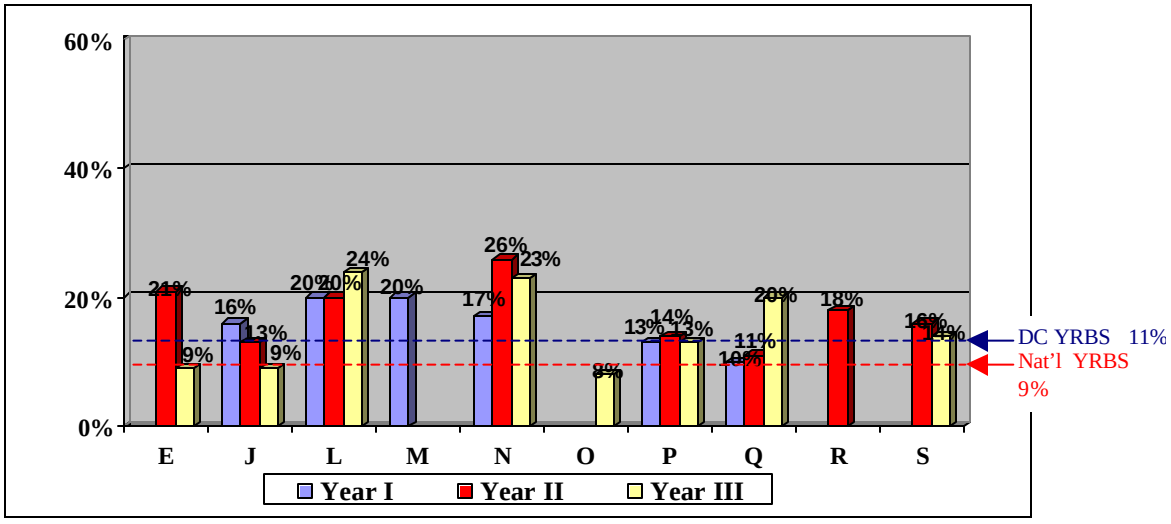
Although the incidence of bullying appears relatively low as compared to elementary students, the percentages of students who report being threatened with weapons (specifically guns or knives) in the year prior to survey completion is a concern. **Figure 42** shows that over the three-year grant period, between 7% and 28% of SS/HS students reported that they had been threatened at school with weapons by their peers. The high rate of reported threatening behavior, coupled with high rates of physical fighting and weapon possession, increase the likelihood of violence with serious consequences.

Figure 42: Middle School Threatened with a Weapon (Gun or Knife) at School -Past Year



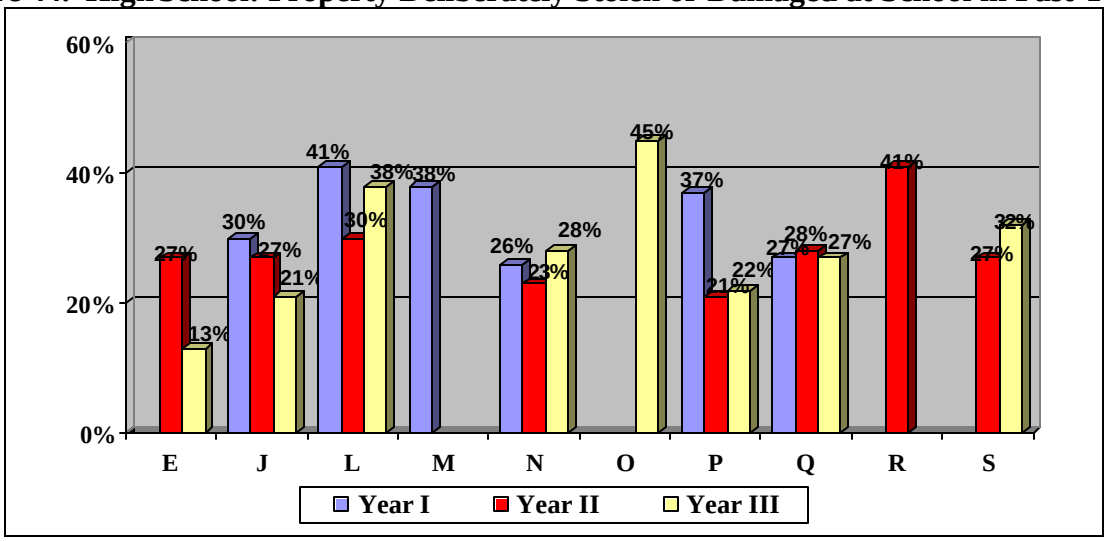
In addition to the abovementioned reports of property theft and vandalism, significant numbers of students across schools also report being threatened with weapons (guns or knives) at school. 2001 YRBS data reveal that nationally, 9% and locally, 11% of students report victimization of such behavior. **Figure 43** shows that over the three-year grant period, most schools equaled or exceeded both of these statistics, with some schools reporting over 20% of students being threatened. The only school that reported a lower percentage (8%) was School O. This finding correlates with that presented previously in **Table 9**, which showed that School O was among the lowest in reported weapon possession at school. In contrast as seen above, this school, which overall shows very low risk behavior, has the highest rate of theft and vandalism.

Figure 43: High Schools: Threatened with a Weapon (Gun or Knife) at School -Past Year



While between 10% and 20% of high school students reported being harassed within the past year, substantial numbers of students reported that their personal belongings had been stolen or damaged by others at school within the same time period. Although this is clearly a form of harassment, the specific nature of the question in Years I and II elicited reports of harassment focused only on that due to race, ethnicity, gender, sexual orientation, or disability. As seen in **Figure 44**, across schools, reports of stolen or damaged property range from 13% to 45%.

Figure 44. High School: Property Deliberately Stolen or Damaged at School in Past Year



The extent of the violent behavior exhibited by middle school students was captured in findings associated with responses to the question, "Have you ever been forced to have sexual intercourse when you did not want to?" Overall, many students left this question blank; only 75% of students surveyed (n=572/764) marked a response. Of these, 8% (n=46) reported being forced to have sex. As seen below in **Figure 45**, most schools had rates of 4%-15% of students who reported being forced to have sex. However, School O percentages were the highest, ranging from 6% to 33%.

Figure 45. Middle School Students Forced into Having Unwanted Sexual Intercourse

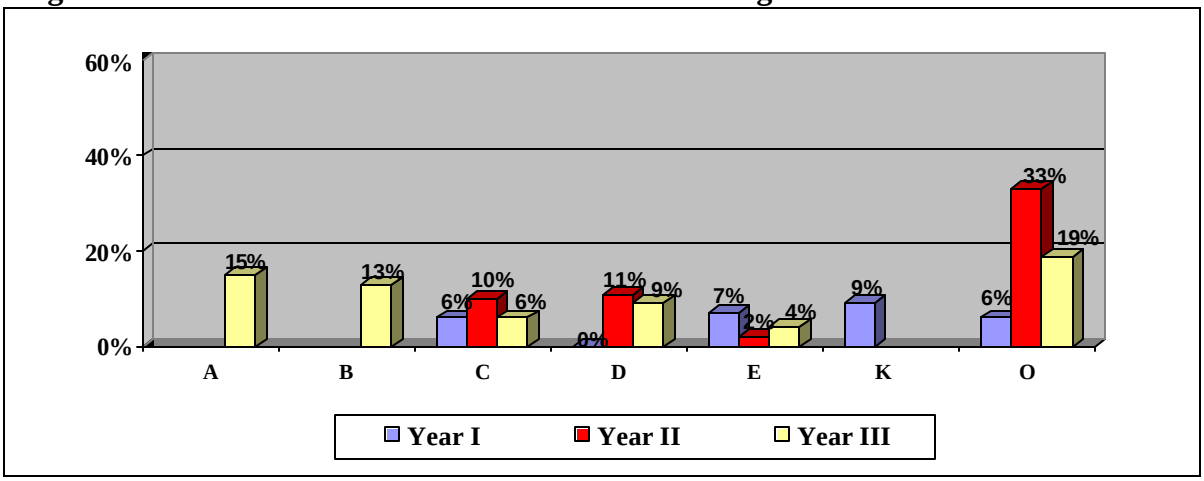
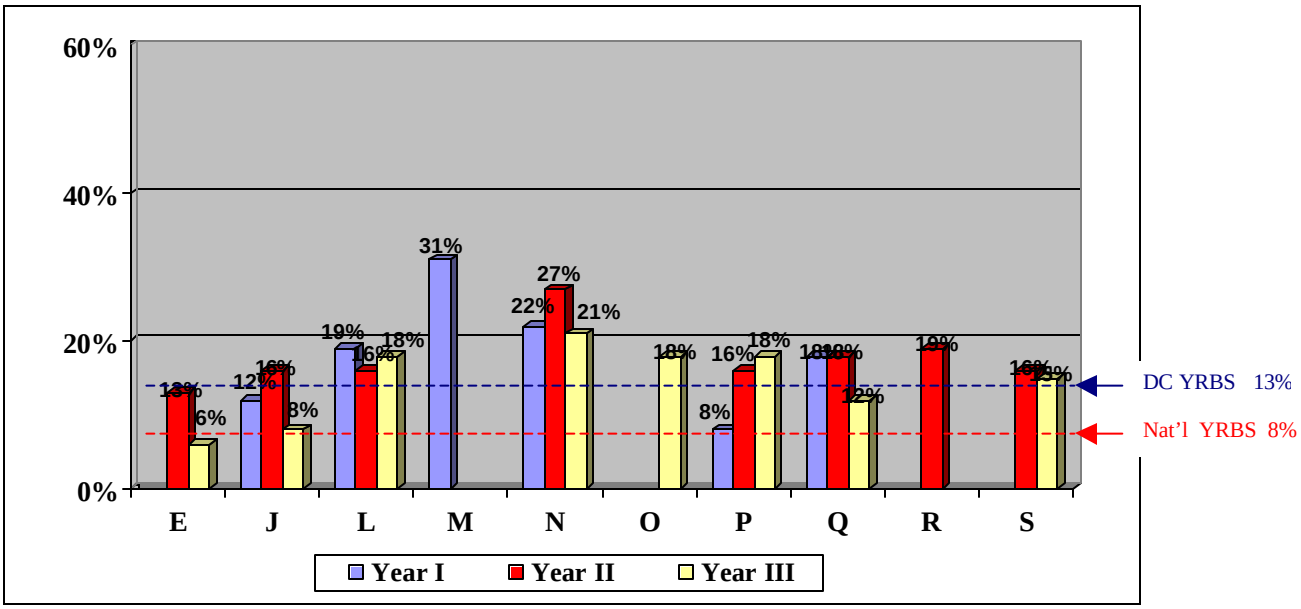


Figure 46 below shows that across high schools, percentages of students that report being forced to have sexual intercourse range from 6% at School E in Year III to 31% at School M in Year I. Rates at most schools surpass those reported on the DC and National YRBS survey.

Figure 46: High School Students Forced into Having Unwanted Sexual Intercourse



Sexual Behavior

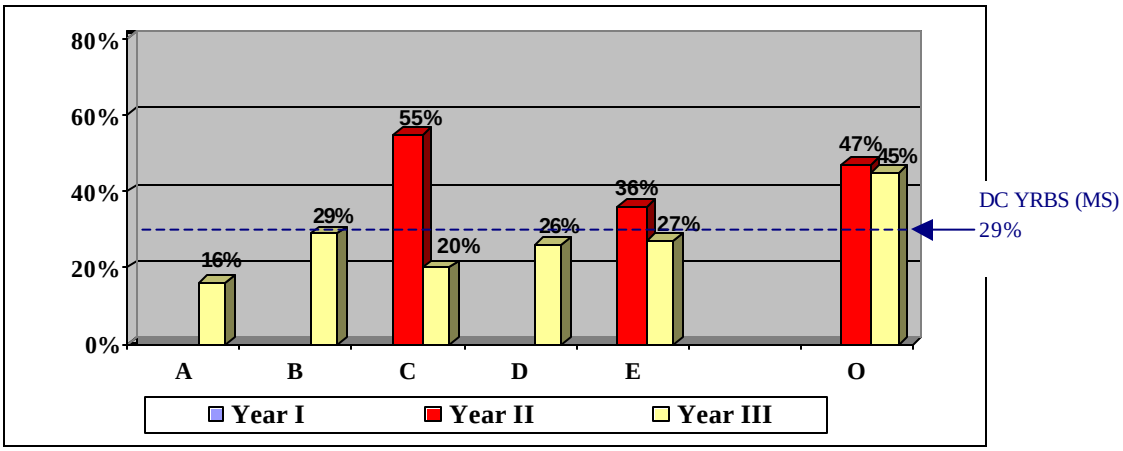
According to a report released in February 2002 by the Henry J. Kaiser Family Foundation based on results of their *Youth Knowledge and Attitudes on Sexual Health: A National Survey of Adolescents and Young Adults*, decisions involving ATOD use and sexual behavior frequently occur simultaneously. Additionally, current research documents the impact of alcohol usage on high-risk sexual behavior. The incidence of illicit substance usage across schools, as well as reported sexual activity as discussed below, highlights the need for education/prevention programs beginning in the elementary schools.

Questions related to sexual behavior were not asked to middle school students in Year I; therefore, School K, for which only Year I data is available, is excluded from the following discussion. While these questions were only asked at Middle Schools C, E, and O in Year II, sexual behavior data is available for six schools in Year III.

In Year II, a total of 194 out of 300 students (65%) answered a question related to sexual experience. The remaining 35% (n=106) left these questions blank. Out of the 194 Year I respondents, 43% (n=83) reported that they had had sexual intercourse, two thirds of whom were male. In Year III, 291 out of 398 students (73%) responded to this question, with the remaining 27% (n=107) left blank. Of these, 27% (n=80/291) have had intercourse and, again, two-thirds were male. **Figure 47** below shows the percentage of students at each school who reported that they have had sexual intercourse. Year II rates all exceeded the DC Middle School YRBS mean.

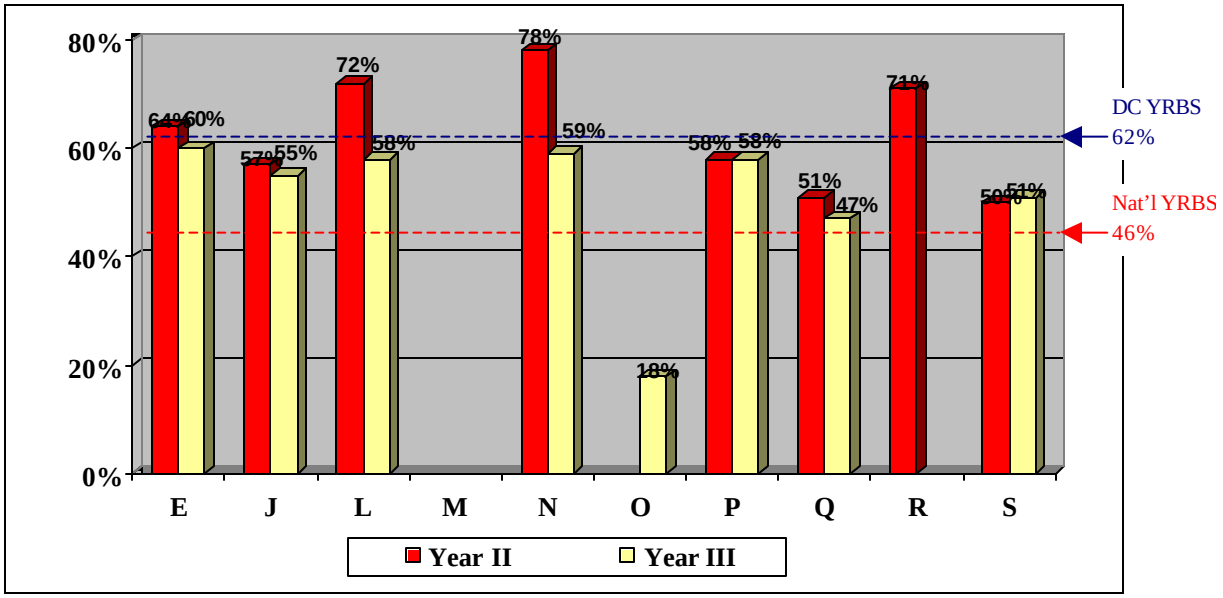
The most significant change occurred at School C, where the rate decreased from 55% in Year II to 20% in Year III. Results for School O show that almost half of the respondents each year (n=24/53 in Yr. II; n=15/32 in Yr. III) report having had sexual intercourse.

Figure 47. Middle School: Percentage of Students Who Have Had Sexual Intercourse



Questions related to sexual behavior were not asked in Year I; therefore, School M, for which only Year I data is available, is excluded from the following discussion. As seen below in **Figure 48**, rates of sexual activity at five schools decreased from Year II to Year III. While several schools exceeded the DC YRBS rate of 62% in Year II, no schools equaled this rate in Year III. However, with the exception of School O, all schools report Year III rates that exceed the national YRBS rate of 46%.

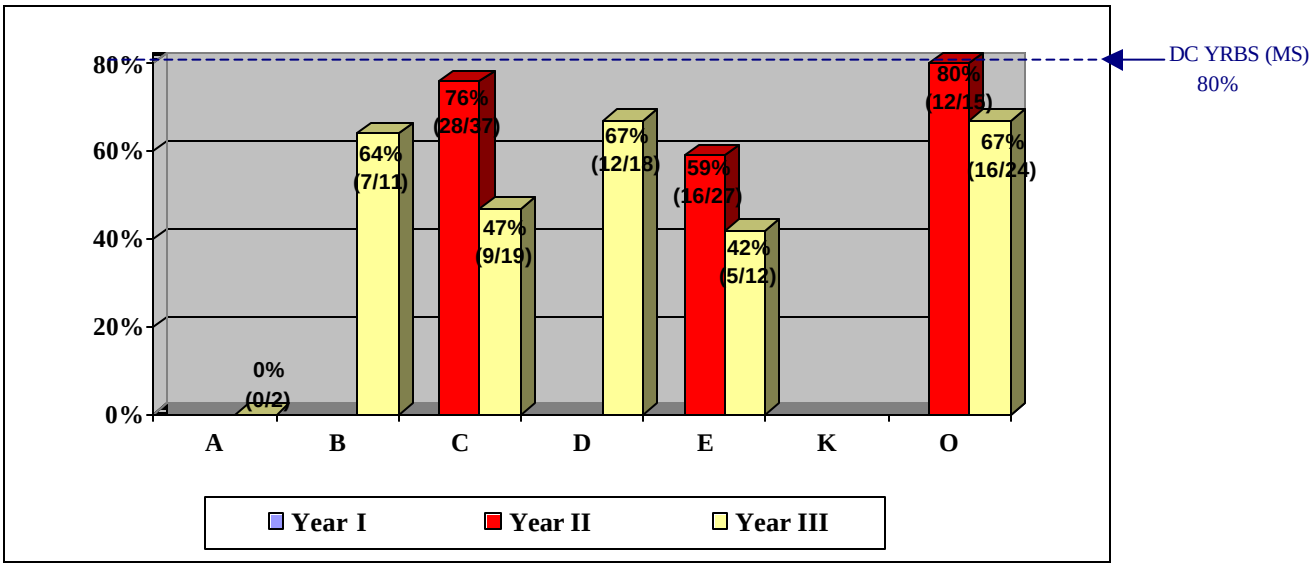
Figure 48. High School: Percentage of Students Who Have Had Sexual Intercourse



Unprotected sexual activity places young people at risk for contracting HIV and other sexually transmitted diseases. According to the Center for Disease Control, over 1600 cases of HIV in adolescents and young adults were reported in 2000. In teens, aged 13 – 19, a greater percentage of HIV infection was reported for females (61%) than for males (39%). In Washington DC alone, a total of 868 new adult/adolescent AIDS cases were reported in 2001.

Research has found that condom use among sexually active students increased from 46% in 1991 to 58% in 1999, and remained at this rate through 2001. The CHKS asked students if, when they last had sexual intercourse, they or their partner used a condom. As shown in **Figure 49**, only two students at School A responded to this question, both negatively, and therefore yielding a result of 0%. However, the percentages of students at all other schools range from 42% (5 out of 12) to 80% (12 out of 15). These rates are at or below comparable results collected on the DC Middle School YRBS.

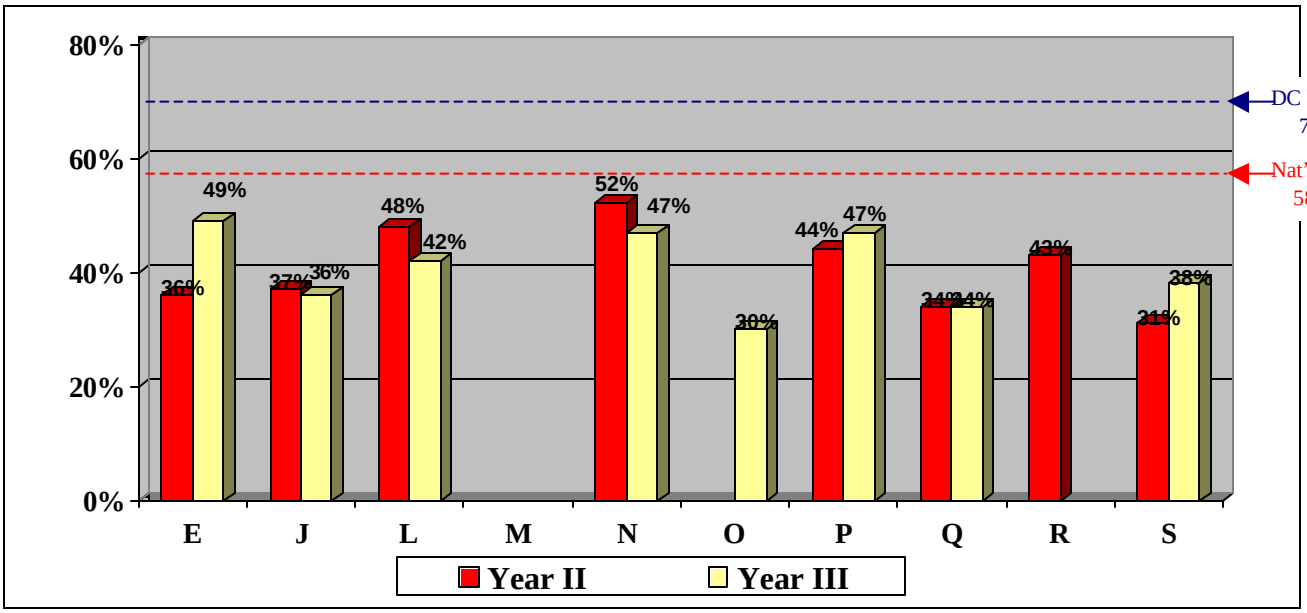
Figure 49. Middle School: Students Who Used a Condom During Last Sexual Encounter



As stated earlier, unprotected sexual activity places young people at risk for contracting HIV and other sexually transmitted diseases. As seen in **Figure 50**, among high school students who are currently sexually active, the prevalence of condom use varies somewhat across schools. Whereas rates of condom use for middle school students ranged from 42% to 80%, only between one-third to one half of high school students report practicing safe sex. Rates such as these are cause for concern, as they represent lower condom use among increased numbers of students. Additionally, these results are below national and local YRBS findings.

Findings such as these underscore the critical need for school-based programs that address the needs of youth in this health area before risk behaviors are established. According to the CDC, research shows that the most effective programs are comprehensive in nature, focusing not only on delaying sexual activity, but also providing sexually active adolescents with information on how to protect themselves.

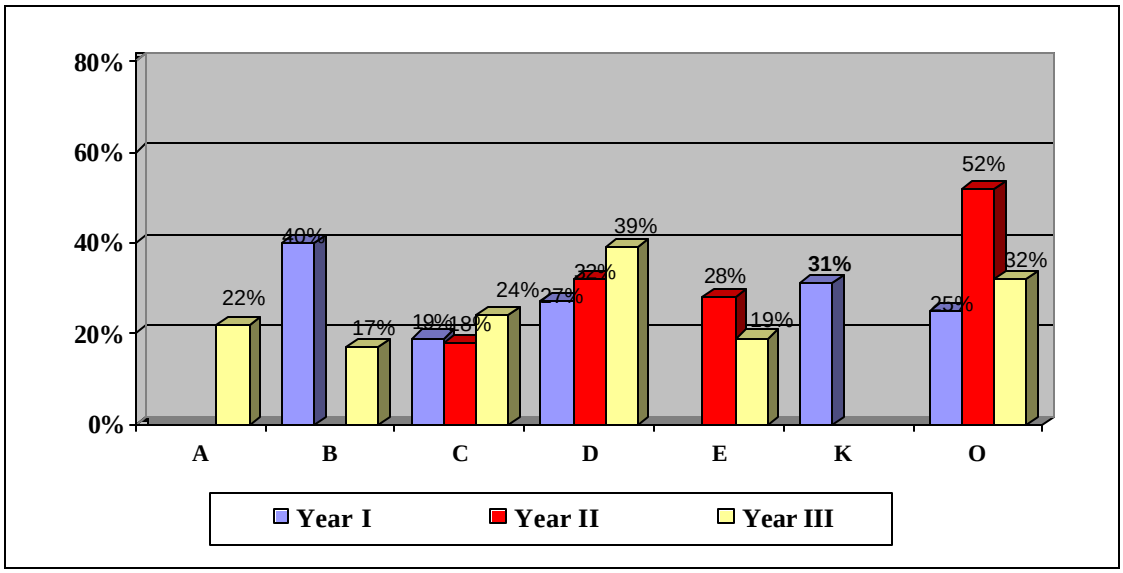
Figure 50. High School: Students Who Used a Condom During Last Sexual Encounter



Mental Health

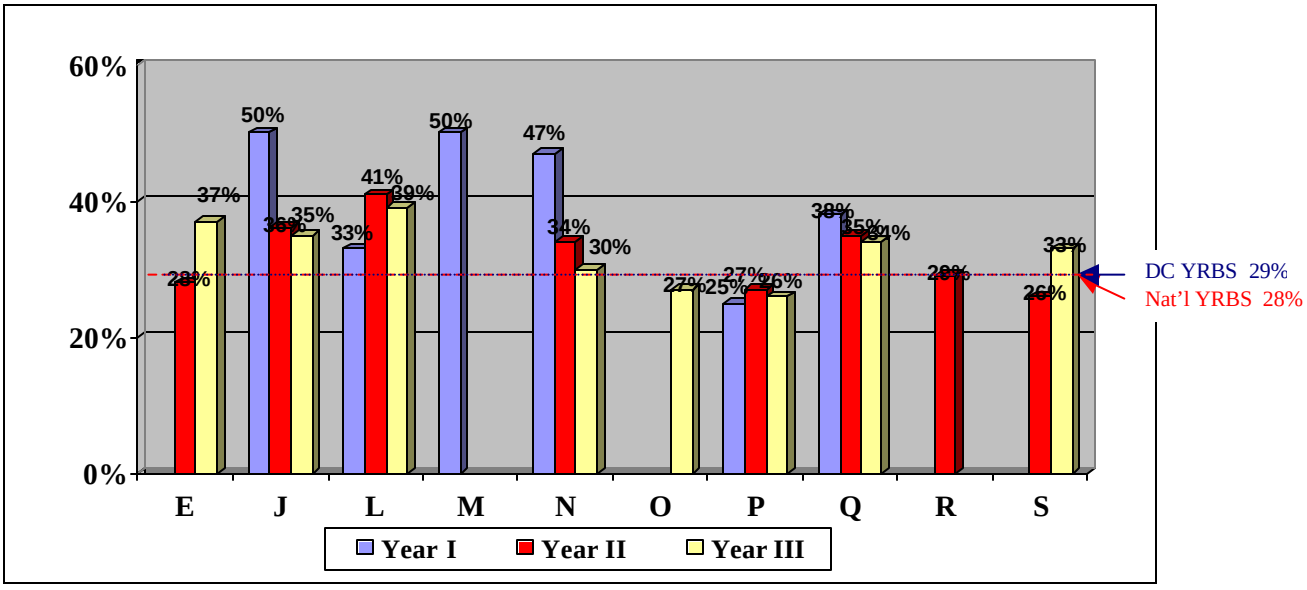
According to information published in April 2002 by the National Institute of Mental Health (NIMH), approximately 8.3% of adolescents in the United States suffer from depression. Moreover, research has established a strong link between child/adolescent depression and poor school performance, truancy, alcohol and drug abuse, and most tragically, increased risk of suicidal behaviors. Research also suggests that childhood and adolescent depression frequently persists, recurs, and continues into adulthood. Such findings underscore the critical need for mental health services that can facilitate early diagnosis and treatment. **Figure 51** shows the percentages of students across schools who reported that they had experienced feelings of depression in the year prior to survey completion. Although these reports do not reflect prevalence of clinical diagnosis, they do suggest that there are significant numbers of students who are self-aware enough to recognize personal depressive symptomology. Overall, between 17% and 52% of students at individual schools report such feelings.

Figure 51. Middle School: Feelings of Depression in Past 12 Months



National YRBS data indicates that, while they may not have been clinically diagnosed, 28% of high school students nationally report experiencing feelings of depression within the year prior to survey completion. DC YRBS data reveals comparable rates (29%). **Figure 52** below shows that several schools exceed both national and local trends.

Figure 52: High School: Feelings of Depression in Past 12 Months



According to 2002 NIMH research, the suicide rate in young people has increased dramatically over the last several decades. Whereas in 1996, suicide was the fourth leading cause of death among 10 – 14 year olds, recent National Center for Health Statistics data (2000)

reveal that suicide is now the third leading cause of death among this age group, after accidental injury and homicide. **Figures 53** and **54** display the percentages of students at each school who have ever seriously considered attempting suicide and those that have actually attempted suicide. DC Middle School YRBS data is also presented for comparison. For both questions, most schools report rates lower than those captured in YRBS data. Only percentages at School O exceed YRBS rates in Years I and II, then show sharp decreases in Year III (by 14% and 12%, respectively).

Figure 53. Middle School: Seriously Considered Attempting Suicide

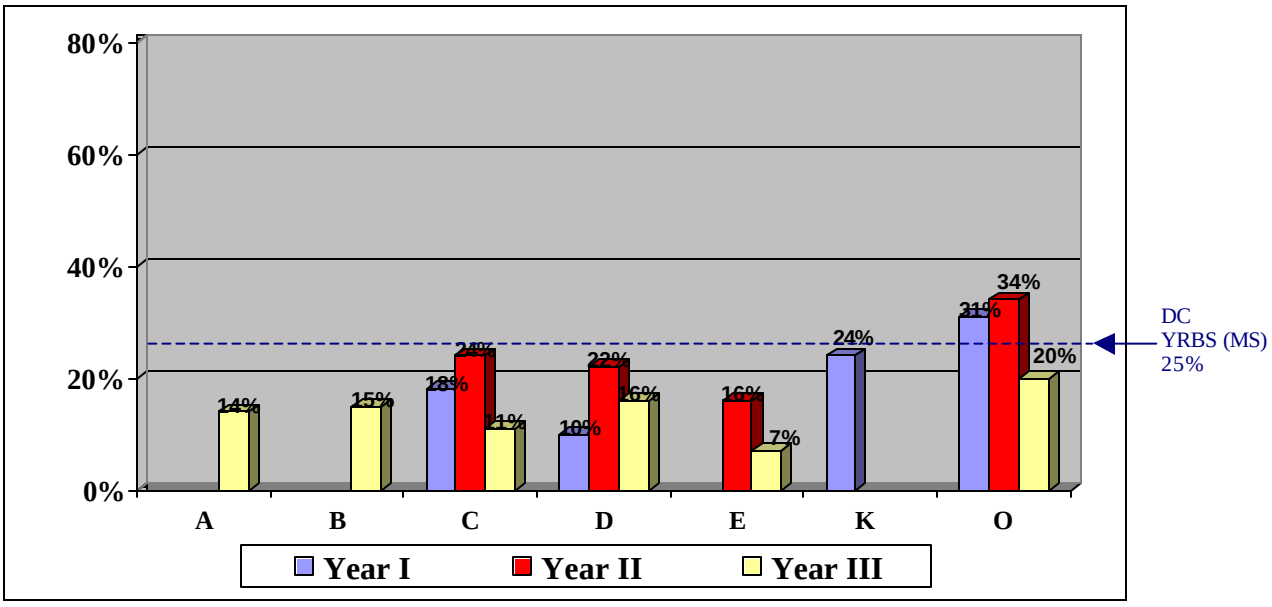
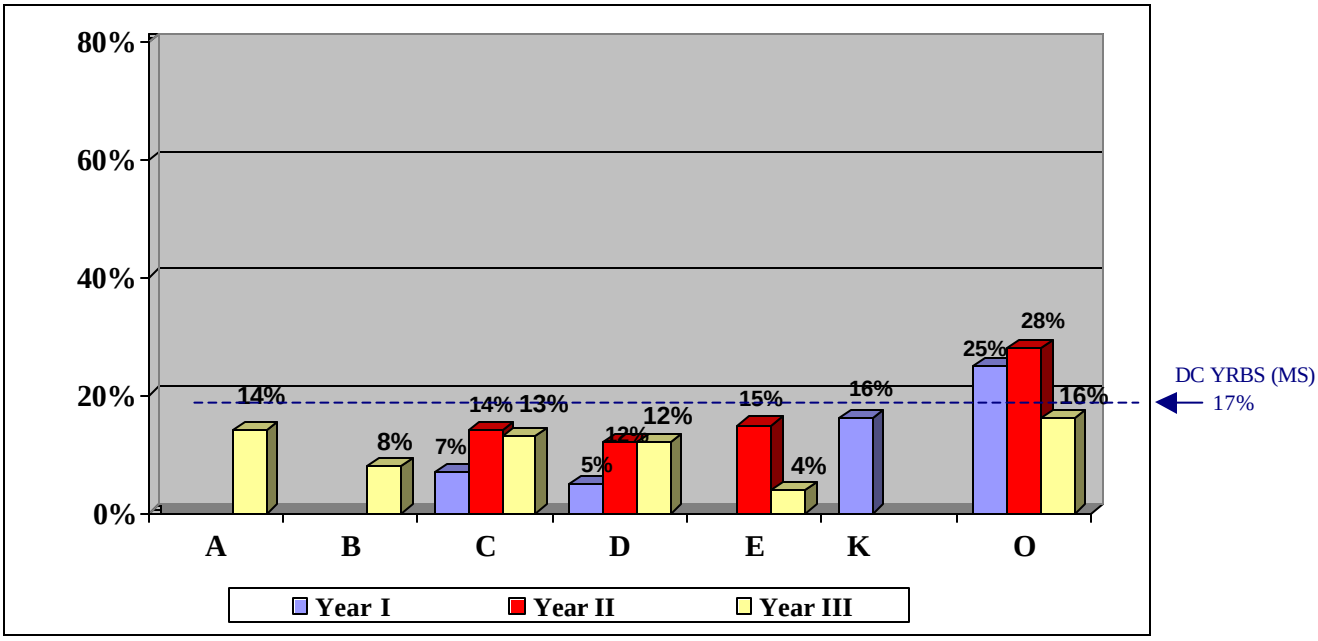
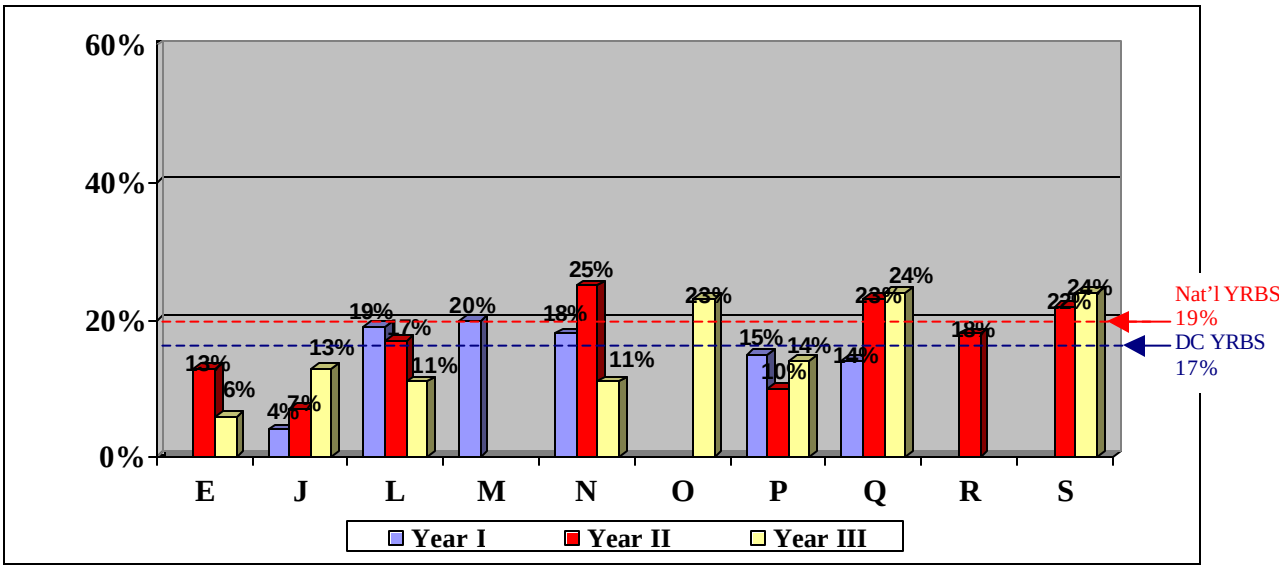


Figure 54. Middle School: Attempted Suicide



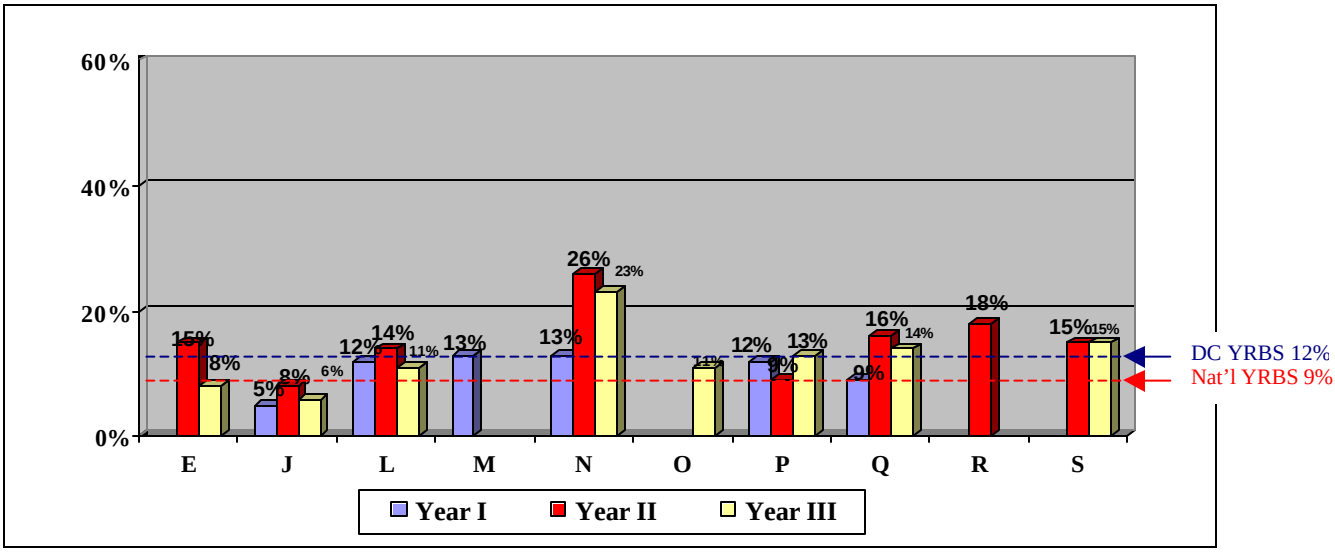
The National Center for Health Statistics reported in 2000 that suicide was the third leading cause of death not only among 10 – 14 year olds, as stated previously, but also among 15 – 19 year olds. **Figures 55** and **56** display the percentages of students at each school who have ever seriously considered attempting suicide and those that have actually attempted suicide. DC and National YRBS data is also presented for comparison. As shown in **Figure 55** the percentages of high school students across schools reporting that they have seriously considered attempting suicide range from 4% to 25%.

Figure 55. High School: Seriously Considered Attempting Suicide



The percentage of SS/HS high school students who report that they have actually attempted suicide is shown in **Figure 56**. For many schools, rates peaked in Year II, then fell in Year III. However, percentages at most schools surpass both national and local YRBS rates, highlighting the critical need for mental health services.

Figure 56. High School: Attempted Suicide



Yale School Climate Survey (YALE-SCS)

The Yale School Climate Survey (the Yale-SCS) is a standardized measure designed to assess multiple factors that contribute to overall school climate and function. The Survey is designed to help school administrators and systems develop comprehensive learning environments that nurture the physical, cognitive, social and emotional development of children. Specifically, the Yale-SCS targets perceptions about the physical conditions and safety of schools, as well as the relationships and motivations that guide students' experiences. Findings on the YSCS help inform schools about student opinion and can be used as the foundation upon which to build new programs and services.

There are two versions of the Yale-SCS for students; one for elementary/middle school students and one for high school students. Each version has a different coding scale. As outlined in the Scoring Manual for the YSCS, the elementary and middle school version consists of 53 descriptive statements about prevailing school conditions. Students respond on a three-point Likert scale ranging from *agree* to *disagree*, depending on how well they think the statement describes their school. The scale includes:

3: agree
2: not sure
1: disagree

In contrast, the high school version consists of 55 descriptive statements, for which students are asked to respond on a five-point Likert scale ranging from *strongly agree* to *strongly disagree*, depending on how well they think the statement describes their school. The high school version scale includes:

5: strongly agree
4: agree
3: not sure
2: disagree
1: strongly disagree

The means of students' responses to items in a given domain are computed to yield a domain score. For example, questions #1 (*My school is a safe place*) and #3 (*Many children/students at my school are put on suspension*) are items from the *Order and Discipline* domain. If an elementary or middle school student responds "Agree" to #1 and "Not Sure" to #3, the values (3 and 2) yield an average of 2.5. If a high school student responds "Strongly Agree" to #1 and "Not Sure" to #3, the values (5 and 3) yield an average of 4. To create an overall school rating for each domain, individual student rating scores are averaged together for each school. Findings on the Yale-SCS will be presented separately for Elementary/Middle and High School students for each domain because the ratings on each domain reflect a different scale. Each domain is scored in the positive direction so that higher scores reflect greater capacity and functioning for the school at any given time.

The Yale-SCS was administered during Years I and II of the Safe Schools/Healthy Students Initiative (SS/HS). During Year I, the Yale-SCS was administered to eight elementary and comprehensive elementary schools (i.e., schools that enroll students up to eighth grade).

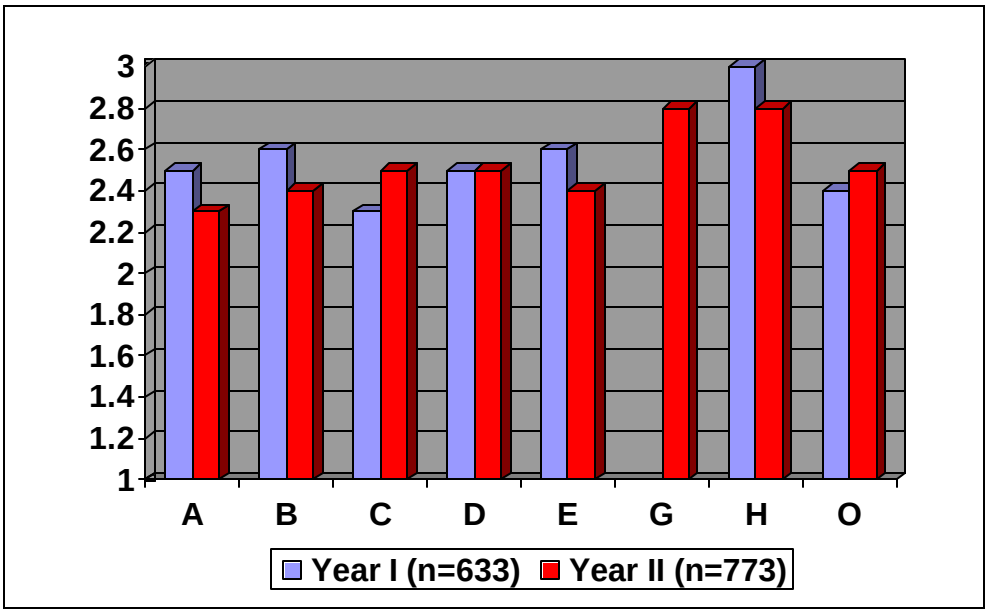
Students at Elsie Whitlow Stokes Community School were added to the sample population during Year II, increasing the total school sample to nine. Across all grades, a total of 643 and 774 students completed the elementary and middle school survey in Year I and II, respectively. At the high school level, the survey was administered to seven schools during Year I of the Initiative. The School for Educational Evolution and Development (SEED) and a second campus for the Richard Milburn Alternative High School were added during Year II of the Initiative, while the Village Learning Center and Maya Angelou Public Charter School were omitted, thus maintaining a sample size of seven schools. Across all grades, a total of 645 high school students were surveyed in Year I and 426 students in Year II.

Participation rates (i.e., the number of students who completed the survey) on the Yale-SCS varied greatly across schools, making it difficult to determine at first glance how representative students' responses would be of a school's general climate. So as to ensure and maintain quality of the data, inclusion criteria were developed for analyses. In order to include the maximum number of schools in analyses, however, inclusion criteria was purposely kept broad. To that end, schools 1) with a participation rate equaling at least 10% of the total student body *or* 2) having at least 10 students participating in the survey were included in analyses. Under these parameters, only one elementary school was omitted from analyses during Year I of the SS/HS Initiative, as it had a participation rate of 6% *and* only 5 students participating in the survey. Data presented here reflects the main findings from the survey. For the full report, see the Appendix section. (***Appendix D - Yale School Climate Survey Report***)

I. Relationships

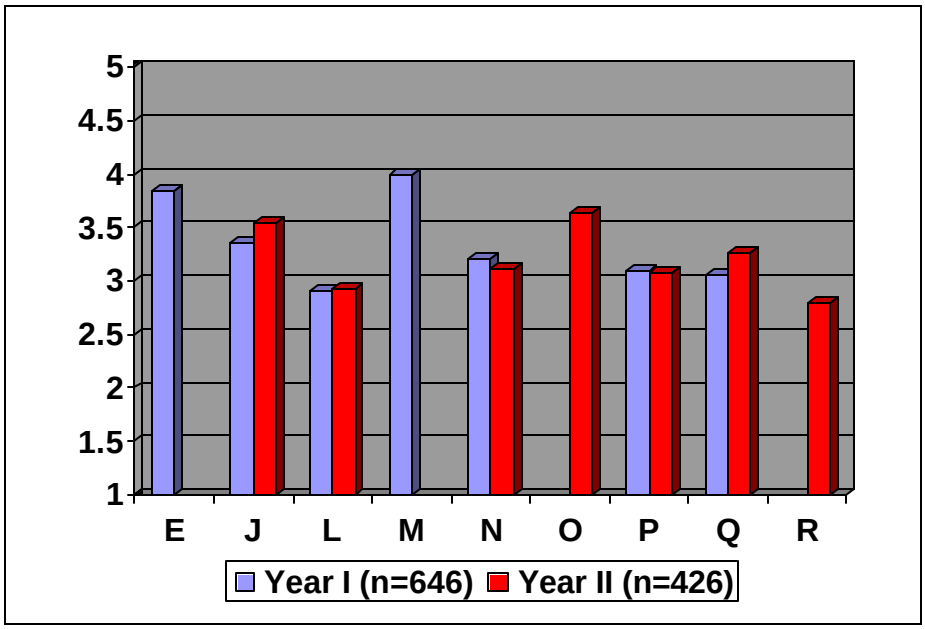
Teachers. The development of quality relationships while on campus is among the more critical factors impacting students' feelings about and performance at school. Under the *Student-Teacher Relations* domain, the Yale-SCS assesses students' beliefs that teachers care about them and their success in school and their perceptions that teachers are a safe and reliable source for help with a problem. Elementary and middle school students' attitudes toward relationships with teachers are captured in **Figure 57** below. While reports from a few schools reflect some uncertainty, the general perception of elementary and middle school students was that teachers are invested in students' academic progress, respect students, and make students feel good about themselves. Responses were uniformly more favorable during Year I of the Initiative, but statistically there was no significant difference between the two years.

Figure 57. Student-Teacher Relations: Elementary/Middle School Students



High school students' perceptions of relationships with teachers are shown in **Figure 58** below. In contrast to responses from younger students, the majority of high school students surveyed seem uncertain, if not in disagreement, about the degree to which teachers are supportive, respectful and trustworthy. While reports remained consistent or improved across Years I and II, degree of difference is minimal.

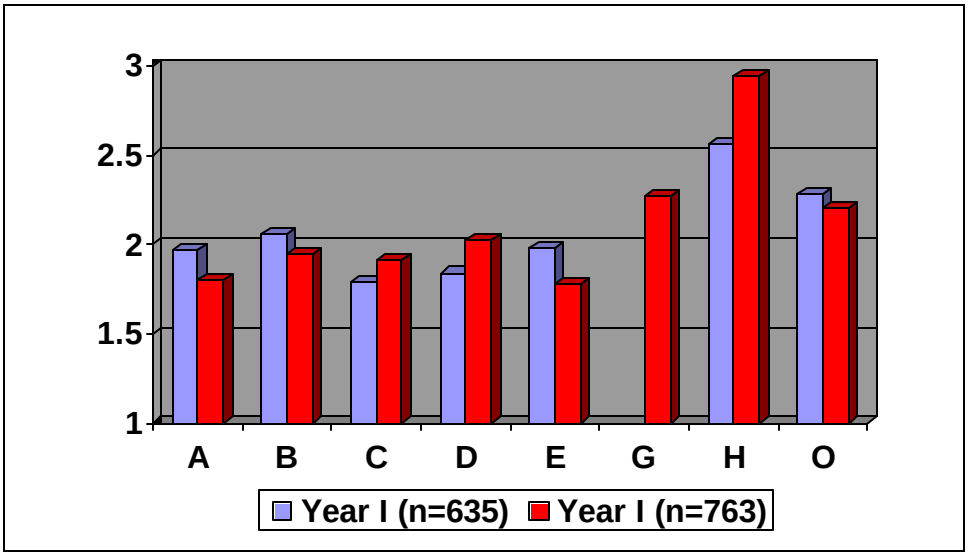
Figure 58. Student-Teacher Relations: High School Students



Item analysis provides additional clarification of student responses. Elementary and middle school students' perceived sense of care among teachers was particularly strong in the area of respect in Year I, where, interestingly enough, approximately 20% of students reported believing that teachers did *not* respect them. This percentage doubles to nearly 50% during Year II of the Initiative, suggesting a decline in student attitudes toward and perceptions of relationships with teachers. Item analysis of high school students' responses reveals a more proactive environment. Specifically, the data shows highest levels of agreement with statements concerning positive attention and encouragement, where almost 75% of students in Year I reported believing that that they were encouraged to do their best. Moreover, nearly 60% of students surveyed reported believing that teachers care about students and that teachers make them feel good about themselves (40% agreement). Still, almost 50% of students agreed that teachers do not respect students and that only 20-25% of students respect teachers. School-wide programming targeting issues of respect and recognition might alleviate the problem.

Peers. In addition to assessing the quality of student-teacher relationships, the Yale-SCS evaluates the relationships students develop with each other. The *Student Interpersonal Relations* domain targets student perceptions about the degree to which the student body is caring, well behaved, and respectful. The Yale-SCS also explores the quality of interracial relationships and the extent to which students perceive that members of all races get along well together. The quality of student interpersonal relationships among elementary and middle school students is captured in **Figure 59** below. With the exception of students at three schools (schools G, H and O), the majority of respondents' reports favor a more negative view of student relationships on campus. This data is discouraging, given that it reflects attitudes of such a young student population. Moreover, maladaptive student interpersonal relationships can be a sign of larger, more complex problems on campus.

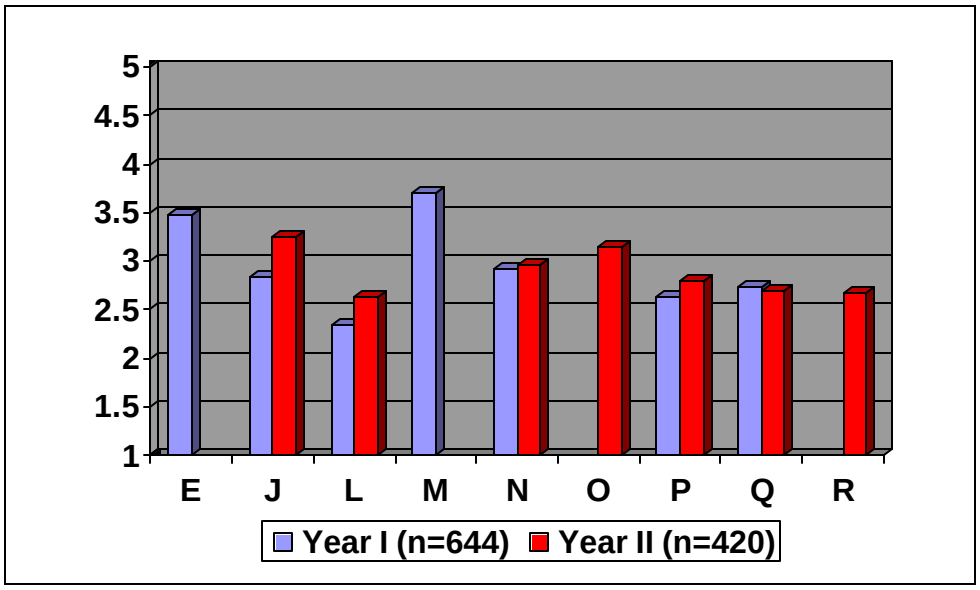
Figure 59. Student Interpersonal Relations: Elementary/Middle School Students



Student interpersonal relationships were also assessed among high school students (see **Figure 60**). Responses among high school students are similar to those identified for elementary

and middle school students. That is, high school students report general disagreement with the idea that the student body is caring and respectful of each other. In fact, only one school (School M) approached a positive score on this domain. It is worth noting, however, that high school students' responses fall in the range of 'Disagree' to 'Not Sure' (2-3) rather than 'Strongly Disagree' (1 – 2). Instituting programming like peer mediation could correct negative impressions of student relationships and foster a more cohesive student body.

Figure 60. Student Interpersonal Relations: High School Students



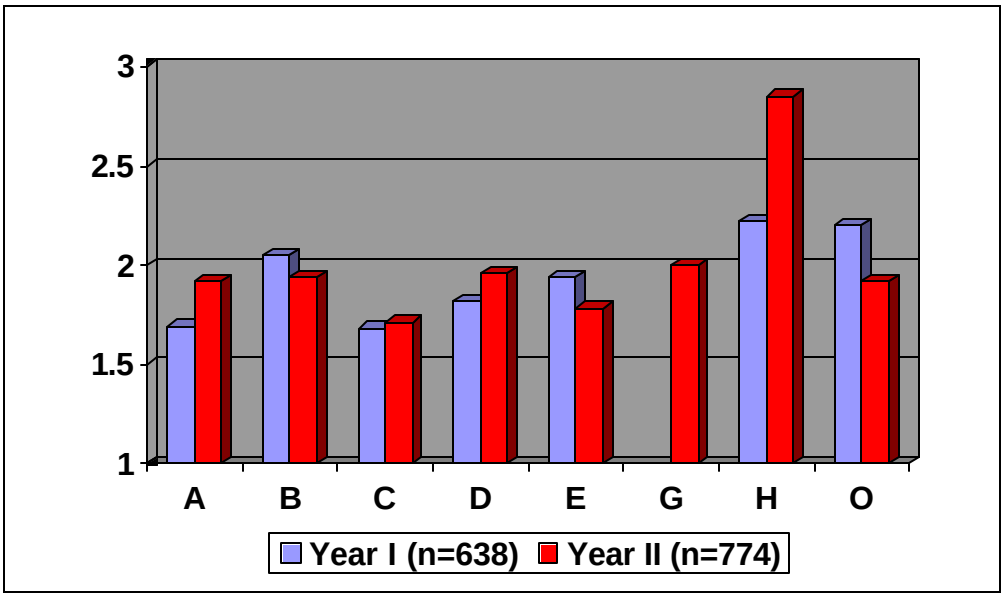
Item analysis of the *Student Interpersonal Relations* domain reveals a difference in elementary and middle school students' definition of interpersonal relationships. The more global aspects of student relationships, including liking one another, helping one another, and being caring toward each other were fairly well supported, with 30-40% of students giving favorable support to such statements. The more intimate aspects of friendship, however, including trust and respect were less well supported, with only 15-30% of students giving favorable support. As with elementary and middle school students, item analysis for high school students also reflects low levels of agreement on statements targeting trust and respect among the student body. Only about 15% of students reported believing that other students trust each other and, as a slightly larger percentage, only 25% of students reported that students like each other. Such findings suggest that students may feel that issues like trust and respect are largely reserved for close relationships, where intimacy develops over time, and thus too important to be applied to a more generalized appraisal of student relationships at school.

II. Governance

Discipline. The manner in which school administration supports and enforces school rules and regulations is another important component of school climate that provides a sense of structure for students and helps foster an environment that feels safe and secure. Items on the Yale-SCS that fall under the *Order and Discipline* domain target perceptions of school safety, fighting and

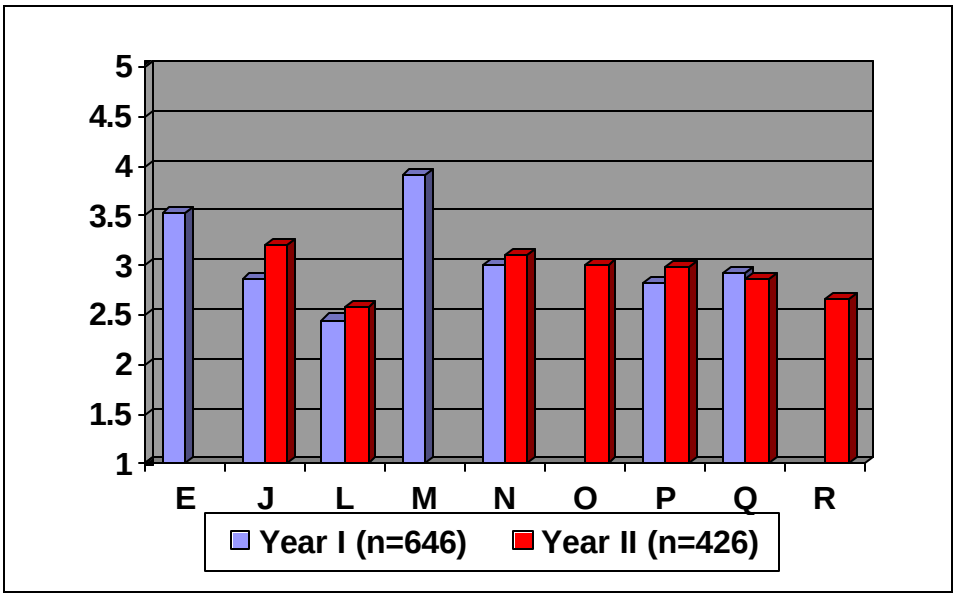
suspension rates, presence of weapons, and discipline codes. Elementary and middle school students' ratings of order and discipline are captured in **Figure 61**. As can be seen in the figure, student perceptions of order and discipline are low, the lowest of all domains included in the Yale-SCS. For all schools except School H, students seemingly disagree with statements that suggest their schools to be safe places where children don't get hurt and where students listen to teachers. Ratings don't appear to change much across Years I and II of the SS/HS Initiative.

Figure 61. Order and Discipline: Elementary/Middle School Students



Interestingly, responses to items targeting order and discipline among high school students suggest a potentially less risky environment in high school than in elementary or middle school (see **Figure 62**). Ratings by the majority of students surveyed gravitate toward uncertainty toward or disagreement with the idea that fellow students to carry weapons on campus. Moreover, student reports show improvement between Years I and II, a trend not established in the elementary and middle school ratings.

Figure 62. Order and Discipline: High School Students



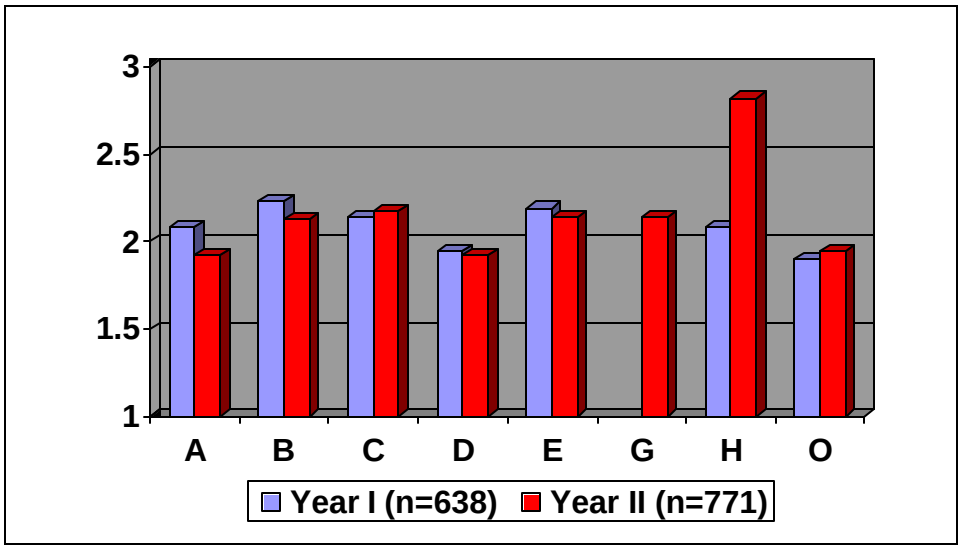
Item analysis provides additional clarification of students' perceptions of safety. Specifically, 50-60% of elementary and middle students in Year I reported their schools be very noisy and to be a place where children often fight and are put on suspension. As the same time, the number of students believing that their peers carry guns or knives to school increased dramatically from roughly 15% in Year I to over 50% in Year II. The extreme difference noted between years could be inflated, however, and reflect second-hand rather than direct knowledge of weapons on school grounds. Perceptions of overall safety of schools decreased slightly during Year II, with 50% of students believing their school to be a safe place, compared to 60% in Year I. Interestingly, item analysis of high school students' responses suggests an increasingly more resilient environment. Specifically, the percentage of students who agreed that students fight a lot remained fairly constant across program years (58% in Year I and 54% in Year II), while the reported number of students who often get hurt in school dropped from 54% to 48% across years. Although these percentages are high, this downward trend could reflect efforts on the part of school staff to engage more routinely in discipline practices. Indeed, the reported suspension rates increased from 10% to 15% across program years, while reports of students obeying school rules increased slightly from 18% to 20%. Belief that students carry weapons to school was fairly low at 25% for both years, a percentage much lower than those reported by elementary and middle school students, but still a cause of concern.

Resources. The *Sharing of Resources* domain assesses student perceptions regarding access to school materials and engagement in school activities and targets equality of participation. Specifically, the Yale-SCS examines equality of participation in after-school activities, leadership in games, helping the teacher, and use of school property (e.g., computers, musical and gym equipment). This domain is included only on the elementary and middle school version of the Yale-SCS.

Overall school ratings on the *Sharing of Resources* domain is shown in **Figure 63** below. Student reports are similar to, if not slightly lower than, those reported on the *Fairness* domain,

which targets perceived equality of treatment along gender and racial lines. This is not altogether surprising, as students are likely to be more aware of preferential treatment in specific situations (e.g., gym class) than they may be of more global indices of equality (e.g., race). Reports were fairly constant across program years. An item analysis of *Sharing of Resources* items reveals the degree to which students recognize preferential treatment on the part of teachers. Approximately 40% of students surveyed reported feeling that the same children are consistently chosen to take part in after-school or special activities. This percentage drops to approximately 35% in Year II. However, reports that the same children are consistently put in charge of games increased from approximately 30% to 40% across program years, while perceived preferential treatment for use of school equipment jumped from 30% to 45% by Year II. Reports on teacher assistance held steady at approximately 38%.

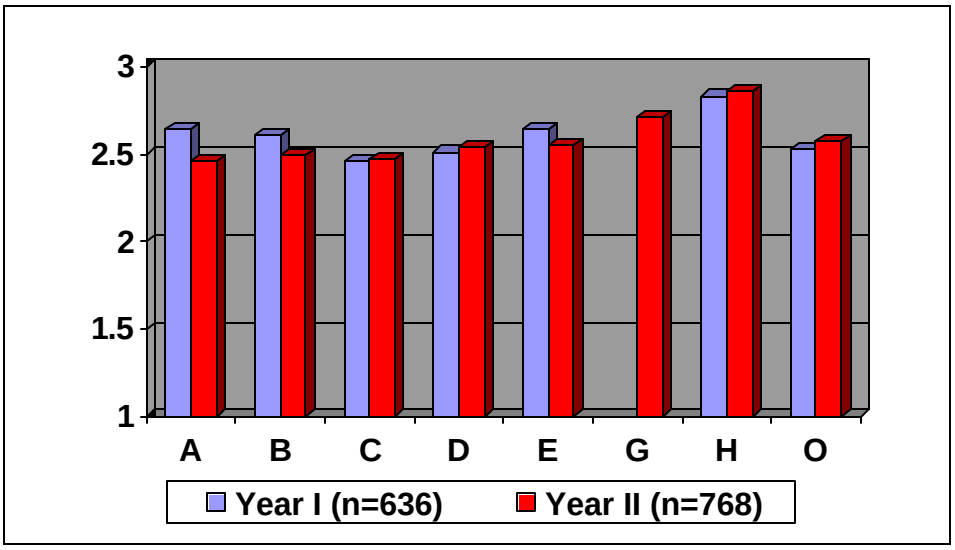
Figure 63. Sharing of Resources: Elementary/Middle School Students



III. Goals

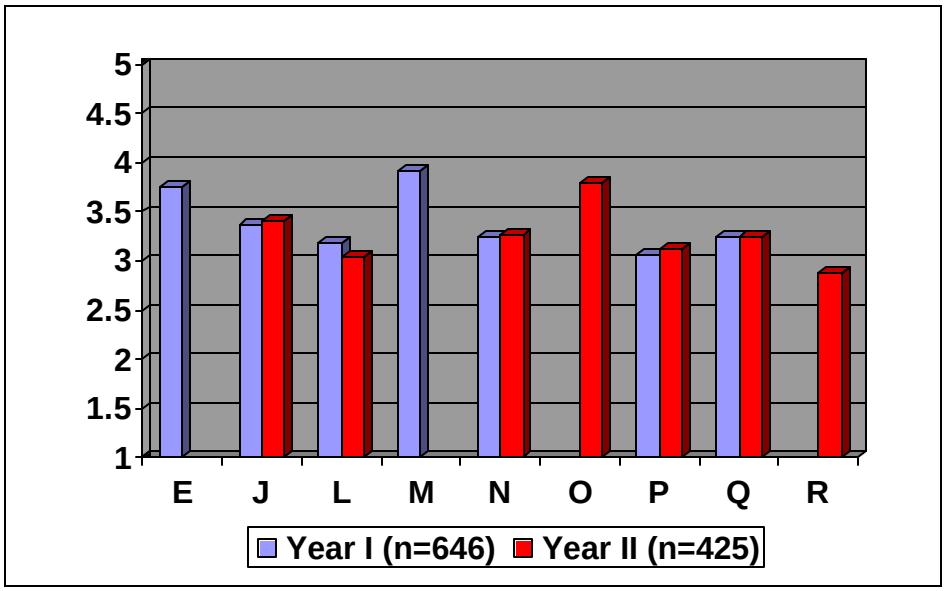
Achievement. The ability to do good work, feel supported by teachers, and foster healthy relationships with fellow students all contribute to positive self-worth and the desire to do well at school. This, in turn, can produce successful experiences at school and a productive school climate. Reports on achievement motivation among elementary and middle school students are represented in **Figure 64** below. With an average rating of 2.5 or higher, the *Achievement Motivation* domain reflects the highest overall rating of any domain on the Yale-SCS. This suggests that, more than anything, students believe in themselves and their ability to succeed in school. That ratings held constant or improved across program years is a good indication of students' attitudes about self-competency.

Figure 64. Achievement Motivation: Elementary/Middle School Students



Ratings on achievement motivation for high school students were also among the highest recorded on the YSCS (see **Figure 65**). Ratings on this domain still reflect a general sense of uncertainty about personal ability to succeed, but ratings are largely constant across Years I and II. Ratings for Schools M and O approach a positive score, but without comparative data, conclusions are difficult to draw.

Figure 65. Achievement Motivation: High School Students



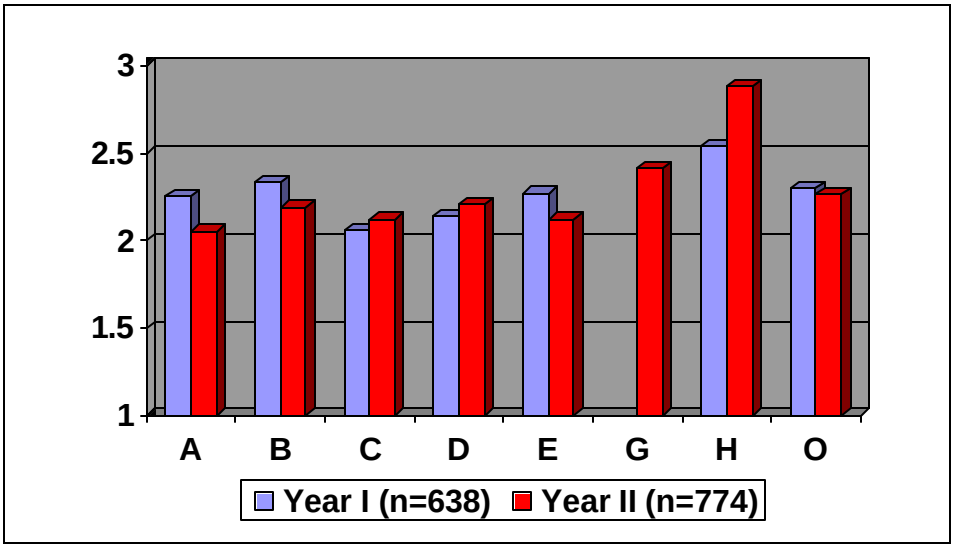
Item analysis further supports these profiles on achievement motivation. Specifically, 60% to 70% of students across Years I and II of the SS/HS Initiative reported believing that they can do well in school and that they enjoy learning. At least 50% of students surveyed reported that they like coming to school and that they do all their work. In looking at these same issues

for high school students, it is obvious that the levels of student agreement are high on statements that reflect personal support and achievement. Specifically, almost 70% of the students agreed in Year I that they are made to feel that they can learn, a percentage that dropped only about 5% in Year II. A sizeable number of students (40%) also reported enjoyment in coming to school across both program years and great confidence in their contribution to success, with over 65% confirming that they usually complete their homework.

IX. General School Climate

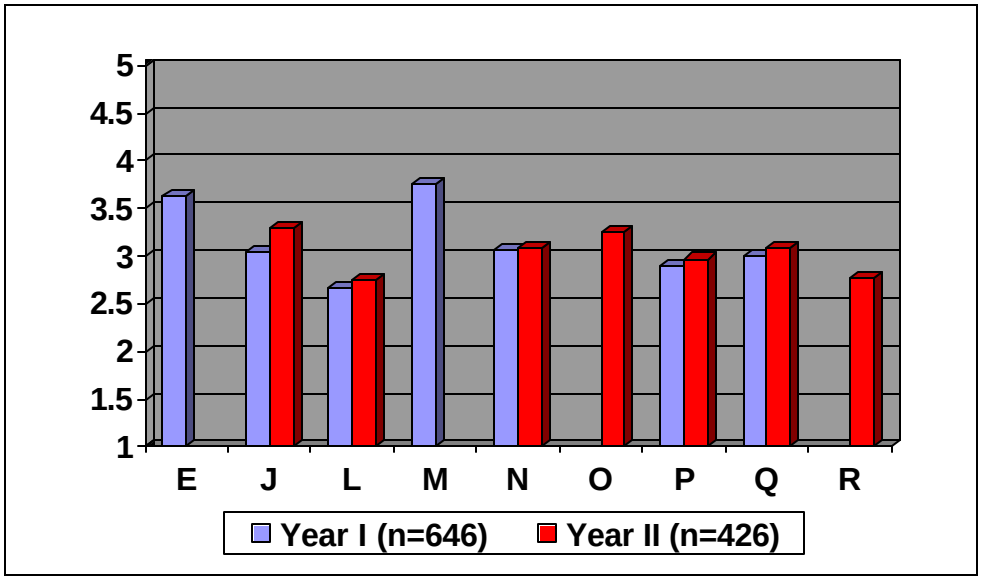
As stated earlier, the *General School Climate* domain provides a global index of school functioning. It is a composite score of the eight individual domains. General climate ratings for elementary and middle schools are presented below in **Figure 66**. In line with findings on the individual domains, ratings largely reflect students' uncertainty about or indifference to issues relating to preferential treatment, discipline, and development of peer and teacher relationships. Data on School H suggests that students find their school a satisfying and worthwhile environment, while data on other schools indicates improvement in perceptions of school climate over time. Only three schools noted a decline in school climate across program years.

Figure 66. General School Climate: Elementary/Middle School Students



Reports for high schools are not strikingly different from those for elementary and middle schools. Overall, students seem unsure or critical of efforts to build a safe and prosperous school campus. As seen in **Figure 67**, School M is the only school surveyed that shows evidence of student endorsement of school climate. However, all schools on which data was collected for both program years show slight improvement in ratings. As schools further develop discipline plans, build on student-teacher relationships and encourage parent involvement, these profiles could steadily improve.

Figure 67. General School Climate: High School Students



Summary

According to James Comer, founder of the School Development Program at the Yale Child Study Center, schools function as ecological systems in which behavior, attitude and achievement levels of students reflect school climate (Haynes, Emmons and Ben-Avie, 2001)[2]. As behavior, attitude and achievement levels improve, so do ratings of school climate, which serves as a critical index that the overall function of the school is stronger. Indeed, research has linked elements of school climate to self-concept (Cairns, 1987)[3], student absenteeism (deJung and Duckworth, 1986)[4] and, perhaps most importantly, achievement (Gottfredson and Gottfredson, 1989)[5]. This research supports Dr. Comer's belief that student outcomes, both academically and socially are inextricably tied to their experiences at school. The data presented

[2] Haynes, N.M., Emmons, C.L, & Ben-Avie, M. (2001). *The School Development Program: Student, Staff and Parent School Climate Surveys.* Unpublished Manuscript.
[3] Cairns, L.G. (1987). Behavior problems. In M.J. Dunkin (Ed.), *International encyclopedia of teaching and teacher education* (pp. 446-452). New York: Pergamon Press.
[4] deJung, J. & Duckworth, K. (1986). *High school teachers and their students' attendance.* Final Report (ERIC Document Reproduction Service No. ED 266 557).
[5] Gottfredson, G.D. & Gottfredson, D.C. (1989). *School climate, academic performance, attendance, and dropout.* (ERIC Document Reproduction Service No. ED 308 225).

here supports the idea of a symbiotic relationship between student and school climate and makes a strong case for specific programming efforts on the part of school administrators.

Findings from the Yale School Climate Survey reveal that student perceptions of school climate were fairly ambivalent and did not change significantly across Years I and II of the Safe Schools/Healthy Students Initiative. The relative uniformity of response across all students reflects a potential lack of engagement in school goings-on, even from a young age. If the theoretical approach to understanding school climate outlined above is true, this finding is as much a function of school programming as it is student interest. That is, low levels of student engagement identified in this data are likely linked to efforts (or lack thereof) to foster student cohesiveness and school spirit. Programs like peer mediation target collaboration and partnership among students and help build productive, successful academic experiences. If programming initiatives like these are developed and endorsed by school administrators as a means to foster better student relationships and academic experiences, the likelihood that students will become and remain engaged with school happenings will likely improve, as will perceived school climate.

While response patterns among elementary, middle and high school students were mostly the same across program years, reports were generally better for elementary and middle schools than for high schools. This is not surprising, given the fact that younger students can be more idealistic about school conditions than older students. What is surprising, however, is that elementary and middle school reports were never significantly better than high school reports, particularly for the *Student-Teacher Relations* and *Student-Interpersonal Relations* domains. What this finding reveals about the student body is telling. Across all age groups, items on the YSCS targeting the more intimate aspects of relationships, namely respect and trust, received the strongest ratings. Specifically, reports among elementary and middle school students saw a 30% decline in student-teacher relationships over the course of the two years, a decline driven by perceptions that teachers did not respect students. Rates were worse among high school students, where almost 50% reported believing that teachers do not respect students. Rates for trust among students was also low, with only 20% of elementary and middle school students and 15% of high school students supporting this finding. Impressions of respect between teachers and students were likely fueled, as least among elementary and middle school students, by perceived inequality among students in using school equipment and participating in school programming. Indeed, reports on the *Sharing of Resources* domain revealed a 10% to 15% increase over time in perceived preferential treatment on the part of teachers to let select students access school materials and participate in school activities on a regular basis. Such beliefs could easily widen the gap between students and teachers and the development of healthy, quality school relationships.

As sobering as these findings are, analyses did also reveal considerable improvements in order and discipline and promising findings in achievement motivation. For elementary and middle school students, Year II of the Initiative saw dramatic improvements in school noise, school fighting and school suspensions. Elementary and middle school students also noted significant decline in the number of children who disobeying the rules and getting hurt. Likewise, high school students noted improvements in noise, fighting and injury, albeit to a much lesser degree. These changes, coupled with general improvements in the physical condition of the schools, lends credible support to the belief that school climate is slowly but

surely improving. At the same time, students reported fairly high ratings on achievement and their ability to be academically successful. Nearly half of all students surveyed reported that they like coming to school and that they complete their work, and that they feel encouraged to learn. These trends are themselves very encouraging.

Yale School Climate data was collected for two years and highlights important trends among charter school students. Clearly, issues of respect and trust are critical to the population surveyed and as such provides fertile ground for implementing new school-wide programming that encourages healthy social interaction within the classroom and between peers. At the same time, programming linked to findings that reveal this student body to be invested in their academic achievement and success could greatly improve perceived school climate. In reviewing this data, however, there are two issues to consider: 1) the majority of charter schools participating in the SS/HS Initiative were newly formed at the start of the Initiative. As such, findings presented here may reflect on administrative and organizational kinks that are common to any new program development; 2) factors of school climate presented here inform the nature of students' academic experiences, but they do not necessarily speak uniquely to charter school environments. To a certain degree, students across all schools perceive some mistrust, both of each other and of the school administration. And students across all schools are also more likely than not to be critical of the level of respect teachers afford them. And while the increased presence of weapons at school is a serious concern here, it is no longer just an inner-city problem. As such, findings presented here should be considered within the larger context.

School climate variables have been found to be important factors in understanding children's' school adjustment and learning because they reflect student academic life in a variety of ways, including close relationships with teachers and peers and perceived safety, security, and acceptance. Moreover, assessment of school climate variables provides an opportunity for all voices to be heard and perspectives to be identified, providing for a thorough and comprehensive profile of school functioning. The Yale School Climate Survey remains a powerful diagnostic tool, providing administrators with a multidimensional assessment of their campus that can inform programming decisions and provide a basis for assessing school growth and development over time.

Advanced Analyses

Advanced statistical analysis of responses on the Yale-SCS support descriptive analyses described above. Specifically, analyses revealed no significant changes in mean scores from Year I to Year II among student responses. For all subscales, confidence intervals overlapped across the two years, suggesting no significant change in perceptions of school climate over time. As seen in **Table 11**, the range of scores on the Yale-SCS is smaller, with most means falling in the middle range of the 3-point and 5-point Likert Scales for elementary/middle school and high school students, respectively.

Table 11. Yale School Climate Survey, Student Report – 95% Confidence Intervals

	General School Climate					
	Elementary		Middle		High	
Year I	2.20	2.25	2.15	2.21	2.92	3.00
Year II	2.18	2.25	2.12	2.19	2.99	3.09

Figures 68 below represent the 95% Confidence Interval (95% CI) around the mean for the Internal and External resiliency domains of the CHKS[6] and General School Climate domain of the Yale-SCS. Based on the mean and variability in responses, the 95% CI measure represents the expected range in which future participants' responses would fall given a repeated sampling/survey. Thus, the 95% CIs in these graphs can be viewed as the response ranges of the participants for each scale within each school sample. This measure is a better representation of a school's functioning than the mean, or average, because it depicts the variability in response ranges as well as the measure of central tendency (midpoint). While it displays the variability, extremely unusual points (outliers) are not included i.e., (the most extreme 5%).

We present graphs for individual schools, along with a corresponding graph of the 95% CIs for the combination of all schools participating in the program. Also, scale scores for Years I-III for the CHKS and Years I-II for the Yale are included in each graph. In this way, each school can compare its scores to overall school functioning, as well as compare changes across the program years.

In interpreting the 95% CIs, higher scores on each scale represent more positive outcomes. Data were only included if a minimum of 20 respondents completed the questionnaire. Where 95% CIs are missing for certain measures on individual school charts, there were not enough respondents to reliably calculate the 95% CI.

---

[6] ***External assets*** refer to environmental or external supports and opportunities that are linked to the development of innate resilience in youth. Three principles are essential in healthy youth development: *Caring Relationships, High Expectations,* and *Opportunities for Meaningful Participation*.
Internal assets are associated with resiliency and include *Empathy, Problem Solving,* and *Goals and Aspirations*. These traits are considered outcomes of the developmental process and can be seen as indicators as to whether critical environmental supports and opportunities are in place. They are, therefore, the individual qualities associated with environments rich in the external assets.

Figure 68. Aggregated CHKS and Yale SCS Outcomes Years I to III

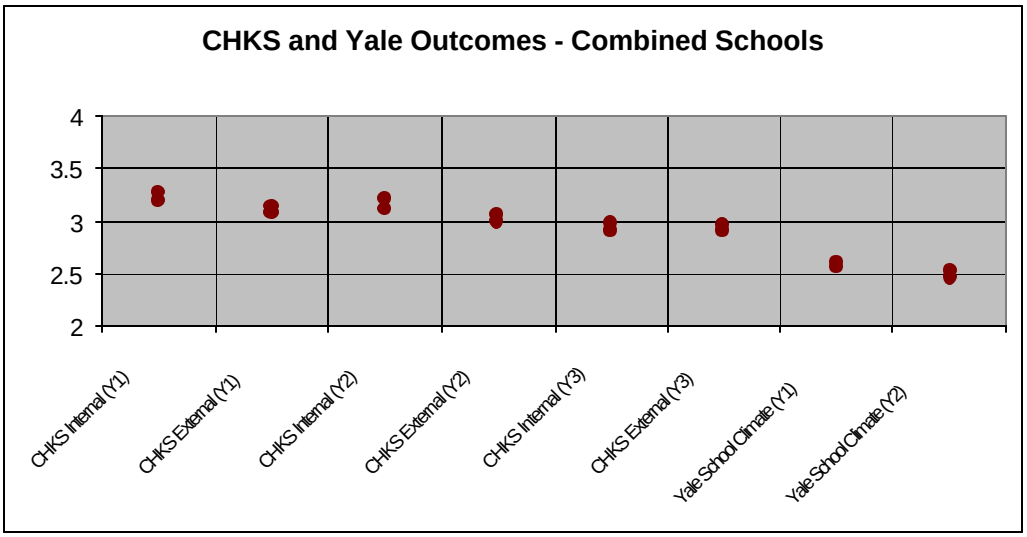


Figure 69. General School Climate by Individual School

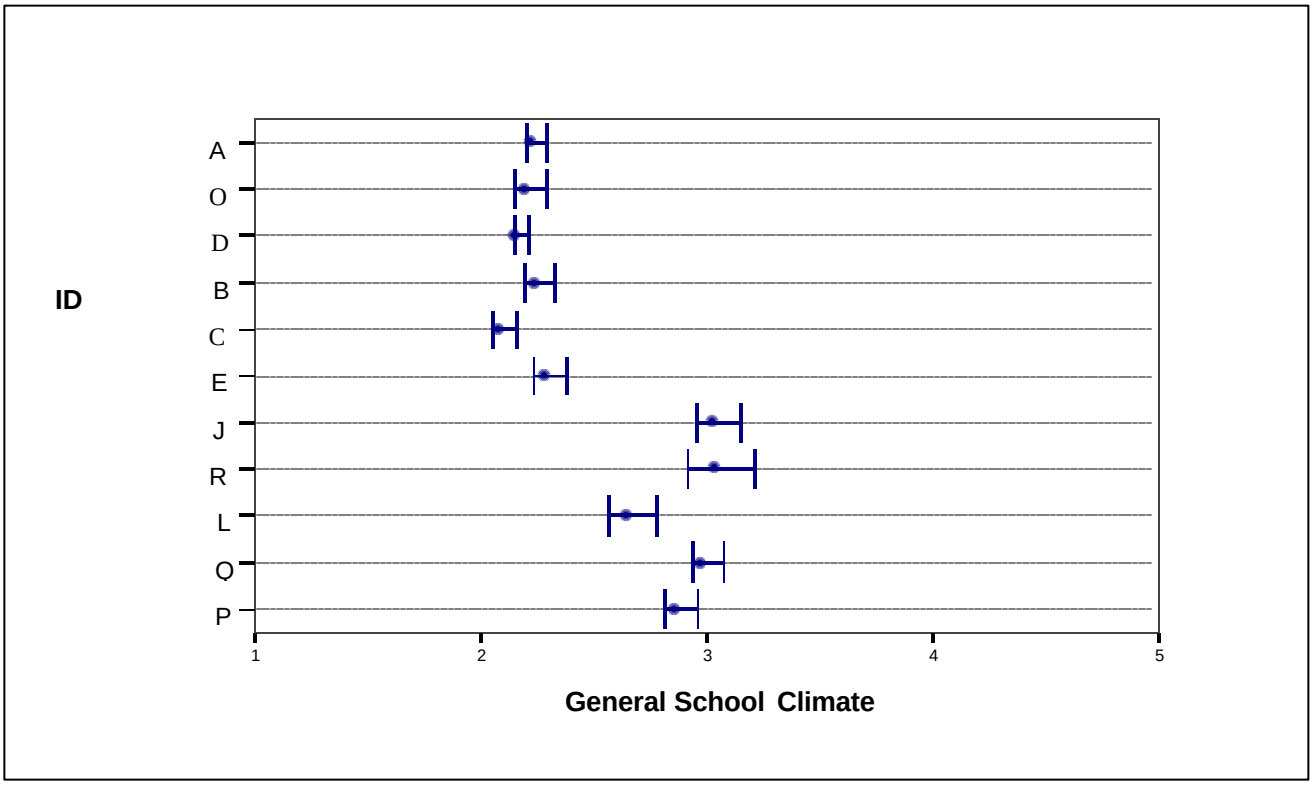
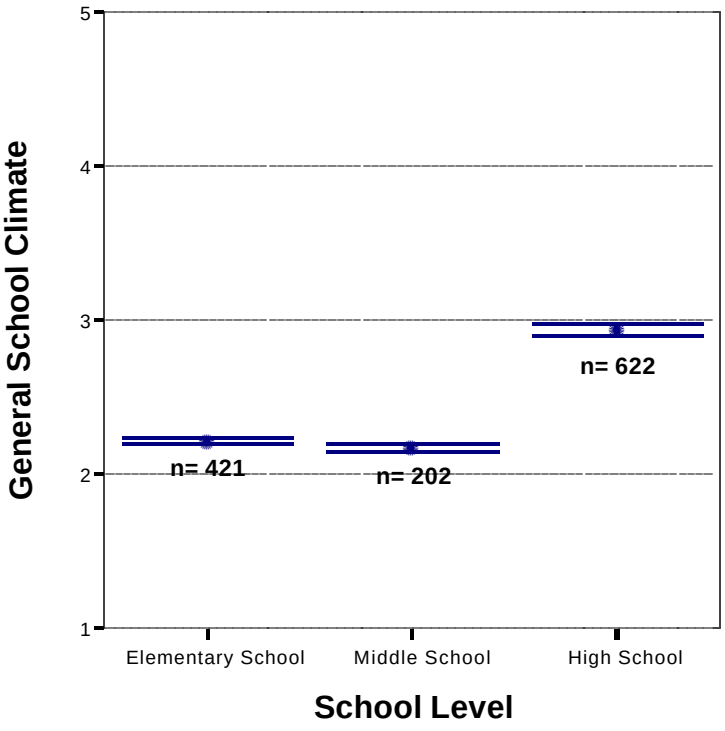


Figure 70. General School Climate by Elementary, Middle, and High School



Goal 3. To develop infrastructure that sustains the comprehensive, integrated service system beyond the term of the grant.

The SS/HS Initiative sought to exert a lasting effect on student well-being by institutionalizing social and emotional support as an essential, integrated component of the overall school program. The Safe Schools/Health Students grant presented an opportunity for these new charter schools to develop sustainable infrastructures and programs that would help build resiliency and reduce risk- taking among students for years to come. Sustainability of efforts implemented under the Initiative depends on three factors:

1. Continued funding for services and staff supported by the grant.
2. Continued existence of an intermediary structure to concentrate multi-school support.
3. Commitment by school leadership to continue efforts begun under the grant.

A. Funding for Services and Staff

1. Sustaining Mental Health Services

The DC Department of Mental Health, a major Initiative partner, has committed to continuation and expansion of the program in both public charter and DCPS schools through funding from the DC budget. Now the Department's leading effort in prevention and early intervention for children, the program has grown to serve 25 schools (including 11 charter schools and 15 DCPS schools). CSSS has also begun to provide direct mental health services to five public charter schools not previously served by the Initiative, through combined funding from the Department of Education and the Substance Abuse and Mental Health Services, and contributions from individual schools.

The Initiative has successfully created the conditions to sustain school-based mental health services in 16 public charter schools and a similar number of DCPS schools.

Efforts by the Initiative to sustain mental health services through Medicaid have proven problematic. School districts nationwide can secure Medicaid funding to pay for "medically related" services, as required in the Individualized Education Plans (IEPs) of their students with special education needs. Under the provisions of Early and Periodic Screening Diagnosis and Treatment (EPSDT), Medicaid can also provide support for school-based health care, including mental health for both special education and non-special education students. With an estimated 85% of the student population eligible for Medicaid, and with the Federal government providing a 70% match to the District, the Initiative undertook a concerted effort to secure partial support for school-based mental health through that source. Indeed, in the initial proposal, the DC Department of Mental Health had committed to leading the effort. During the three-year period of SS/HS funding, these efforts were thwarted by systemic failures in city administration. Specifically, SS/HS efforts to secure funding through Medicaid confronted the following obstacles:

?? The lack of Medicaid reimbursement available for prevention and early intervention services as opposed to clinical intervention.

?? The lack of a system by which charter schools can bill Medicaid for essential medical services to special education students, as required by Federal law and available to DCPS.

?? The failure of the City mental health agency during Years 1 and 2 to develop a mechanism for billing mental health services delivered in the community.

?? The complexities and restrictions of the Medicaid Rehabilitation Option as the framework adopted by the City in 2002.

In 2000-1 the Initiative contracted with Triad Associates to develop a Medicaid billing plan for special education services provided in the charter schools, and secure city and Federal approval for its implementation. In collaboration with the Charter School Special Education Collaborative, the Initiative submitted a plan to the DC Department of Health in early 2001. In the summer of 2003 – a full two years after submission of the plan – the City finally agreed to provide Medicaid reimbursement for charter schools for SY 2003-4.

Finally, in the no-cost extension year, schools have begun to achieve eligibility to bill Medicaid for services to special education students. Thus in the coming year, CSSS will continue to pursue this option in order to sustain direct services to the five schools the organization serves directly.

2. Securing and Sustaining Nursing Services

In spring 2000, the Initiative financed a research paper by the Catholic University School of Nursing that documented the critical need for health care services in DC public charter schools. Based on that research, and with continued collaboration from Catholic University, the Initiative successfully moved the City Council to recognized the right of charters, as public schools, to equal access to services provided by DC law to DCPS. Beginning in late 2000, the city included charter schools in the school nurse program, providing any public school with sufficient facilities (private space and running water) an on-site nurse for 20 hours per week.

As a result of the Initiative's research and advocacy on their behalf, 2/3 of the public charter schools now have nursing services on site, for which the city budget allocates $1.2 million per year.

3. Sustaining Morning and After-school Programs

Charter schools continue to sustain after-school programs begun under the Initiative through a combination of resources including school funds, parent fees, childcare vouchers, and grant support from local funding sources and the 21st Century Learning Center program. While they do so, some of the funding streams which would add to the long term vitality have not become available to the charter schools.

Efforts by the Initiative to sustain after-school services have been only partially successful. Support from SS/HS was critical in securing a 21st Century Learning Center grant of $865,000, which now serves ten schools (8 of which participated in SS/HS) through 2004. However, the Initiative's efforts to advocate for equal access to city funds for after-school programs proved less successful, despite the fact that this effort coincided with an expansion of city funding for after-school services in DCPS schools. In 2001-2, the Department of Human

Services transferred $12 million in TANF funds DCPS for the development of after-school services in every school building. The Initiative sought to require the city to extend similar funding to charter schools in the budget for the next year. Unfortunately, by the time that budget was created, these funds were eliminated altogether.

The Initiative also encountered similar difficulties and discriminatory practices in efforts to secure City approval for charter school buildings to claim childcare voucher funds as day care centers. Yet the city continued to provide preferential treatment to DCPS buildings, which were "grandfathered," and thus required no separate licensure. Some charter schools successfully negotiated the process did themselves. Others had little interest in going through the process.

4. Sustaining Services for Children and Youth at High Risk

In 2002, as an outgrowth of the work with the High Risk Task Force, the Initiative began developing a series of services for high-risk youth, described on pages 43-45. CSSS won a grant of $35,000 from the Freddie Mac Foundation, renewed in 2003, to support the Intensive Case Management component of these services. With the close of SS/HS, one school (IDEA) continues to support the case manager assigned to their school (who had proven particularly effective in deescalating behaviors and engaging parents of adjudicated youth) by providing additional funding from their own budget.

Unfortunately, efforts to secure Medicaid support for these services, have not, to date, been successful. Two of the three case managers positions established under the Initiative have been closed.

5. Sustaining and Expanding Substance Abuse Prevention and Treatment

The Center has secured funding from the DC Department of Health, Addiction Prevention Recovery Administration to implement two evidence-based model programs: the Towards No Drug Abuse curriculum (now reaching 300 students) and the Leadership and Resiliency program (now reaching 50 students).

CSSS has applied for funds to run an ongoing coalition on school-based substance abuse prevention and treatment, in order to continue encouraging schools to implement evidence-based practices.

The Village Learning Center PCS secured city funds to implement the evidence-based FASST program and also secured a Middle School Coordinators grant to continue work begun under SS/HS.

CSSS has secured support to implement Botvin's *Life Skills* in 6 middle schools (under a grant from the Colorado Center for Prevention of School Violence, an initiative of the Office of Juvenile Justice and Delinquency Prevention), and 2 elementary schools (under a Building Mentally Healthy Community's grant from the Substance Abuse and Mental Health Services Administration).

B. CSSS as an Intermediary Structure

Without a central office to administer multi-school efforts, sustainability of Initiative activities depends heavily on the continuation of the Center for Student Support Services as an intermediary organization. In a recent working paper entitled "Cross-Sectoral Alliances in Education: A New Approach to Enhancing School Capacity," the US Department of Education's National Charter Schools Program the important role such agencies play in creating alliances between social services agencies and educational institutions to meet the complexity of broad-scale school reform.[7] Charter schools, in particular, depend on such alliances to amass essential resources.

In addition to CSSS, the DC charter school movement has generated a number of multi-school alliances. Friends of Choice in Urban Schools (FOCUS) advocates on behalf of charters on issues related to funding and facilities, and supports funding for new school development from foundations. A small Special Education Cooperative maintains a part-time staff member supported by dues. The charter schools have recently formed an Association, to be funded by the Walton Foundation. The schools have yet to define the specific relationships between the Association and the existing support organizations.

CSSS continues to pursue the goals and programmatic initiatives undertaken through the SS/HS Initiative, working to build a base of continuing funding to support and build upon the comprehensive program envisioned by the proposal. In October 2003, with all grant funds expended, CSSS was able to project a budget in excess of $1million for 2003-4, with many projects that continue efforts initiated under SS/HS.

However, the multi-school planning, training, and coordination of activities that characterized the Initiative appears all but lost, as funding for such general support is no longer available. Instead, CSSS has become dependent on special purpose grants, which limit staff efforts to specific goals and projects. In most instances these new grants target mental health and peaceful school services to specific schools, thus increasing the Center's role as a direct service provider. At the same time, the lack of support for the Center's coordinating functions reduces the capacity to provide multi-school forums, trainings, communications, and collaboration with City agencies. Recognizing the danger, the CSSS Board of Directors initiated an effort to test the viability of a dues structure. This effort raised $40,000 in the first year – far less than would be needed to sustain basic functions.

A survey of charter schools, performed by the Safe Schools/Healthy Students Action Center, provided clear evidence that the public charter schools support the work of CSSS, and highlighted their continued priorities for service. As indicated in the survey, the schools seek both the intermediary functions and the direct service provision that CSSS can provide.

---

[7] A New Approach to Enhancing School Capacity, WORKING PAPER, by Wohlstetter, Malloy, Smith and Hentschke the US Department of Education's National Charter Schools Program by researcher from the University of Southern California Rossier School of Education (June 2003)

Charter leaders ranked CSSS services in terms of their own priorities and needs. The CSSS services listed below are ranked in order of priority along with the role (in parenthesis) schools want CSSS to play:

?? Mental health and intensive school-based support services (provider).
?? Support for schools to meet Highly Qualified Teacher standards of No Child Left Behind (intermediary).
?? Coordinate of more inter-school discussion and training aimed at the school staff – including teachers, counselors, and administrators (intermediary).

The survey also highlights the schools' desire for more intensive hands-on support, and improved communication from CSSS.

CSSS continues to seek funds to support work with multiple schools. Pending grant applications will provide support for CSSS to assume a coordinating role emergency planning and crisis management for all charter schools; parent involvement support for 20 schools; and substance abuse prevention, planning and training to interested charter schools.

C. Commitment from School Leadership

Ultimately, the school leaders themselves will play the key role in sustaining the reforms and practices of undertaken by the Initiative. Efforts begun under the no-cost extension demonstrate a desire on the part of many school leaders to do so. Schools that embraced the Peaceful Schools Program continue work with the Mentor Teacher program; those with after-school programs initiated under the grant continue to sustain that commitment; all schools retained their early intervention teams, and most retained their SCRCs. Mental health programs remained, and, with them, a strong philosophy and capacity for prevention and early intervention.

Yet, as this evaluation has demonstrated, major changes in school leadership have a powerful impact on program implementation. In order to sustain the accomplishments and efforts of the SS/HS Initiative, school leadership must remain stable, effective, and committed.

V. SUMMARY AND CONCLUSIONS

Introduction

The Safe School/Healthy Students (SS/HS) Initiative utilizes a comprehensive, integrated community-wide approach to promote healthy child development and address the problems of school violence and substance abuse. Firmly grounded in research, this approach attempts to address the complex constellation of risk factors associated with poor development, academic failure and anti-social behavior in children and adolescents. In 1996, the persistence of these risk factors in the District of Columbia was of critical concern to local and national constituencies. According to research conducted by the DC Coalition for Public Charter Schools, the predominately low-income, African-American student population ranked above the national average on virtually every measure of risk factors (substance abuse, violence, suicide, etc). Furthermore, healthy development was hindered by environmental and social realities such as poverty, drugs, gangs, and child abuse. In response to widespread frustration with the inability of the District's public school system to address these social, economic, and behavioral challenges facing DC youth, the DC Public Charter Schools were created. In 1997, a coalition of these charter schools applied for and received funding to implement the SS/HS initiative in 17 of the District's Public Charter Schools. The net effect of the creation of a charter school alternative in the District coupled with the infusion of resources and infrastructure through the SS/HS grant has been to produce significant community and educational systems reform in one of the nation's highest risk communities.

Method

Research methodology for the SS/HS Initiative was grounded in the theoretical framework of community-based prevention, which incorporates models from multiple theoretical domains including public health, social development, and evaluation. Particular emphases were placed on identifying the risk and resiliency factors that characterized the students attending the newly created DC Public Charter Schools and identifying the extent to which the SS/HS Initiative succeeded in establishing a sustainable community-based prevention infrastructure. The California Healthy Kids Survey and the Yale School Climate Survey were used to assess youth health risk and resilience, providing a student profile of ATOD use, violent behavior, sexual behavior, and mental health, as well as internal and external resiliency across schools. Qualitative approaches were used to determine the effectiveness and sustainability of the Initiative.

History

In 1995, with the District of Columbia bankrupt and four agencies in receivership as a result of court order, including Mental Health and Child and Family Services, House Leader Newt Gingrich charged Congressional Committees with reviewing DC concerns and developing proposals for congressional action. The result was the creation of a Control Board, and removal of budget authority from the elected representatives. House Democrats then approved charter school legislation as a rider to the 1995 DC Appropriations bill. The result was one of the strongest charter school laws in the country, mandating development of two official chartering bodies, each with the authority to charter up to ten schools per year. The DC Council quickly passed the School Reform Act of 1995, which revolutionized the funding of public education in

DC by establishing a Uniform Per Pupil Funding Formula. Based on this formula, educational funding is earmarked to individual students rather than to a school system. In 1996, the DC Charter School Law authorized public charter schools to commence operations.

Despite the rapid legislative action, acceptance of the public charter schools came at a more measured pace. City agencies, including the DC Public School System were slow to come to terms with the evolving educational reality, excluding charters in interagency decision-making groups and City government policy dialogues. As such, the charter schools submitted their own application for the SS/HS Initiative and received one of the largest awards nationally and the only one granted to charter schools. Further, the charter schools recognized the need for a central body to lead advocacy efforts, to build the integrated support services sorely needed by students and families, and to meet grant requirements. In the fall of 1998, the Public Charter School Coalition developed a Student Support Services Committee (later to become the Center for Student Support Services), representing half of the 21 charter schools, to examine common risk factors hindering the ability of their students to learn, and to develop innovative programs using evidence-based practices to address these issues.

The SS/HS Initiative

The community-wide prevention strategy promoted by the Safe Schools/Healthy Students Initiative ensured comprehensiveness by requiring activities within six program elements: 1) a safe school environment; 2) substance abuse and violence prevention programs; 3) school and community mental health prevention and intervention services; 4) early childhood psychosocial and emotional development programs; 5) educational reform; and 6) safe school policies that use nationally evaluated exemplary models and practices. The ultimate goal of the Initiative was to establish a sustainable network of effective comprehensive services within communities that promoted healthy youth development and school and community safety. The DC Coalition of Public Charter Schools planned to accomplish this through strong, effective partnerships and collaborations, including, at a minimum, the local education agency, the local public health authority, and the local law enforcement agency. It was also vital to include family members, students, and the juvenile justice system in the process.

These partnerships and collaborations were essential to the design and implementation of the Initiative's broad range of program components. As such, the activities and membership of the collaborative structures evolved over time as the Initiative moved through the planning, implementation, and refinement phases. Initially, the partnerships with the city-wide agencies and the resulting High Risk Task Force played a major role in prioritizing the services needed and resource sharing/allocation. Once these were established, the collaborations necessary for school-level implementation became the focus. Project management staff, school staff, and school-based project staff worked together to form school level committees and partnerships that would operationalize the planned program components and ensure that the extensive and wide-ranging services were integrated into a comprehensive framework. The Center for Student Support Services (CSSS) and consultants from Educators for Social Responsibility played a critical role in conceptualizing the inter-dependence of SS/HS program components, as well as provided training and technical assistance on the collaborative framework, advocated for resources to support these, and coordinated a comprehensive formative and outcome evaluation.

The formidable task of implementing the wide-ranging service components in 17 distinctly different charter schools was facilitated by a common vision among the stakeholders, by the collaborative infrastructure established with some agencies in the early phases, and by the strength of the evidence-based programs used in the Initiative. In particular, the combined expertise of staff at the participating schools and at CSSS coupled with an ability to adapt and consider alternative strategies and approaches helped the Initiative respond to multiple challenges. For example, the Initiative strove to balance fidelity to the selected models with the need for flexibility in light of each school's individual strengths and needs. CSSS staff, as administrators of the grant, had no power to compel schools to remain faithful to the Initiative's plans. Instead, they employed consultation, education, and persuasion to encourage schools to participate. Inevitably, this resulted in varying degrees of implementation.

There were also multiple programmatic challenges that required leadership to alter course and try new approaches. For example, the initial approach to substance abuse and violence prevention was to use a combination of mental health programming based on resiliency theory coupled with the Peaceful Schools Program, each of which would be tailored to individual school characteristics and input. Preliminary evaluation results indicated that a more systematic and evidence-based program and curricula may be more effective. In response, CSSS initiated training and implementation of programs such as Botvin's Life Skills. In the area of mental health services, the DC Department of Mental Health had agreed to work to secure Medicaid payments for professional services. Unfortunately, DMH later decided to decline service to special education students, thus limiting the number of services eligible for third-party billing. However, instead of relying on Medicaid for sustainability, the City determined to fully fund the program directly. These program refinements, while ultimately strengthening individual components and the Initiative as a whole, significantly impacted the length of time it took to establish program infrastructure.

Furthermore, the development of the collaborative and program infrastructure was hindered by several mediating factors, including ongoing resistance from city agencies, an overall lack of experience in dealing with charter schools, and staff turnover at the school level. Staff attrition was most significant if it was the principal or School Community Resource Coordinator (SCRC), each of whom played a central role in the school's buy-in; but attrition of direct service staff after the intensive trainings on SS/HS program components also undermined the fidelity and sustainability of implementation. Bureaucratic and political complexities made the establishment of partnerships with some District public agencies problematic. As such, the interagency planning so vital to the establishment of the community-wide prevention infrastructure was difficult to establish and maintain. This was, in part, attributable to the novelty of charter schools in the District, the uncertainty among City agencies regarding collaboration with them, and the independence of charter schools from a common school district with the authority to establish binding policies. Since the Charter School Coalition had little clout or voice in citywide, interagency discussions, the process of building a sustainable collaborative infrastructure to effect systems reform required a strong and persistent charter school leadership. This leadership was assumed to a large extent by CSSS, whose unrelenting and broad-based efforts resulted in sustainable partnerships with, for example, the Department of Mental Health for the implementation of the school-based mental health services; the Catholic University-School of Nursing and the DC Department of Human Health to assess health needs and place a nurse at each school; and the Addiction, Prevention and Recovery Administration (APRA) to

assist with the development and implementation of a systematic ATOD prevention program. Most of the partnerships were forged in the context of the High Risk Youth Task Force, whose membership also included the Social Services Division, Superior Court of DC; the Child and Family Services Agency; the Child and Youth Services Administration of the Department of Mental Health; Youth and Preventive Services; the Metropolitan Police Department-Court and Community Services; and the Youth Services Administration. The groundwork in needs assessment, identification of evidence-based programming, and resource sharing accomplished through this collaborative provided a foundation for resource development and program refinements that enhanced the potential for sustainability.

Despite the collaborative and programmatic challenges faced, implementation of the SS/HS Initiative was accomplished with a high degree of integrity. Overall, 11 of the 17 participating charter schools were rated as "Successful" in program implementation over the course of the three-year program. All of these schools had successful Mental Health (MH), Early Intervention Team (EIT), and After-School (AS) components. It is also interesting to note that most of the 'unsuccessful' schools (3 or less components implemented) had high turnover in either the principal or SCRC position over the three years. This confirms the importance of staff retention and continuity in leadership as mediating factors in successful implementation. Aligned with findings from the successful schools, the program components that were successfully implemented in most of the 17 schools were the Mental Health, After-School, and the Early Intervention Team. This is not surprising given the strong leadership and effective research-based model used for the Mental Health component. Also evident is the strong connection between the Mental Health component and the EIT, which provided the referrals to mental health services. For the After-School programs, each site received substantial funding and technical assistance from the grant to establish or enhance their programs, clearly facilitating the school's ability to implement this component. It is important to note the critical role played by the SCRC in each of these components, underscoring the value of this position at each school in promoting the initiation and maintenance of these services. Other factors associated with ease and success of implementation were schools' needs and readiness for the component, the clarity and concrete nature of the component model, and the presence of a staff person at the school to facilitate implementation of the component. These findings indicate that there may be a developmental sequence to implementation of the comprehensive services. Learning which components would be more easily implemented in schools, when and in what sequence, is valuable information for funders, grant recipients, and program staff to have when making funding and/or programming decisions.

Outcome Results

While the 17 schools participating in the DC SS/HS Initiative vary somewhat in academic focus, mission, and target student population, all are dedicated to providing strong academic programs that nurture the whole child. While some schools primarily serve learning disabled students or adjudicated youth, others offer programs focusing on foreign language, technology, or public policy. One school, a residential facility, was the first urban boarding school in the country. Despite these differences, all are committed to creating environments that promote the development of youth who not only are academically successful, but who also have strong leadership skills and are productive members of their communities. The schools recognize the link between healthy behaviors and academic success, and, therefore, are committed to developing students' ability to avoid negative behaviors.

In an effort to assess the level of risk behavior in which SS/HS students engaged during the grant period, as well as youth resiliency traits and school climate, two standardized measures were administered: 1) The *California Healthy Kids Survey* (CHKS), based on the CDC's *Youth Risk Behavior Survey*, is a comprehensive self-report youth survey designed to assess youth health risk and resilience; and 2) The *Yale School Climate Survey* (Yale-SCS), developed by the Research and Evaluation Unit of Yale University's School Development Program measures concepts such as achievement motivation and academic focus as well as factors that tap into the social climate of the school.

CHKS results yielded a profile of all participating schools in the areas of alcohol, tobacco and other drug usage, violence and safety, and, for middle and high school students, sexual behavior and mental health. Additional information on resiliency factors was also captured in CHKS results, as well as by the Yale SCS. Closely aligned with the CHKS is the Youth Risk Behavior Surveillance System (YRBS), a national survey conducted every two years by the Center for Disease Control to assess the health risk behaviors of young people, and from which selected questions on the CHKS were derived. Where available, 2001 DCPS and national YRBS data is cited for comparison.

ATOD

According to the 2002 National Survey on Drug Use and Health, sponsored by the Substance Abuse and Mental Health Administration (SAMHSA), illicit drug use among youth tends to increase with age, with 12% of youth ages 12-17 reporting current drug use, peaking at 23% among 18-20 year-olds. Further, in examining the correlation between substances used, results indicate that illicit drug use in 12-17 year-olds is approximately eight times higher among those who smoke cigarettes and 12 times higher in those who drink alcohol. These findings underscore the critical need for the implementation of effective prevention programs in our nation's elementary schools. CHKS results revealed that ATOD use among SS/HS students surpasses rates captured on comparable measures administered locally (DCPS) and nationally. Additionally, as was found in SAMHSA research, substance use among charter school students increased with age, with the greatest usage reported at the high school level. Of importance to note is that a higher percentage of elementary and middle school SS/HS students consider ATOD usage harmful in comparison to the SAMHSA data, indicating that charter schools have a good foundation on which to implement early prevention programs.

Violence

A report released on September 4, 2003, by Fight Crime: Invest in Kids[8] stated that 60% of boys identified as "bullies" in grades 6 through 9 were later convicted of at least one crime by the age of 24. Research has also shown that bullying not only foreshadows crime and violence in the perpetrator, but can produce depression, loneliness, and suicidal ideation, as well as aggression and violence, in its victims. The prevalence of violent behavior reported by SS/HS students, even at the elementary level, is of concern. While such behavior at the elementary level is manifested primarily through bullying, incidents of physical fighting at the middle and

[8] Fox, J., Elliott, D., Kerlikowske, R., Newman, S., & Christeson, W. (2003) *Bullying Prevention Is Crime Prevention: A Report by Fight Crime: Invest in Kids.*

high school level are reported by one-third to one-half of students. Additionally, over one-third of students at several high schools reported carrying weapons, particularly knives, to school.

Although bullying decreased with age, more serious violence such as physical fighting and threats with weapons increased. The extent of the violent behavior exhibited by middle and high school students was also revealed in reported rates of forced sex, where percentages ran as high as 31% to 33% at some schools, surpassing both local and national averages.

Sexual Behavior

In addition to the relationship between alcohol and cigarette use and illicit drug use, current research documents the impact of alcohol usage on high-risk sexual behavior and adolescent depression. According to a report released in February 2002 by the Henry J. Kaiser Family Foundation based on results of their *Youth Knowledge and Attitudes on Sexual Health: A National Survey of Adolescents and Young Adults*, decisions involving ATOD use and sexual behavior frequently occur simultaneously. Whereas CHKS results indicate that sexual activity among middle school students ranges from 16% to 55%, such activity is reported by over 70% of students at some high schools. Although rates of condom use for middle school students ranged from 42% to 80%, only between one-third to one half of high school students report practicing safe sex. Rates such as these are cause for concern, as they represent lower condom use among increased numbers of sexually active students. Additionally, these results on condom use are below national and local YRBS findings.

Findings such as these underscore the critical need for school-based programs that address the needs of youth in this health area before risk behaviors are established. According to the CDC, research shows that the most effective programs are comprehensive in nature, focusing not only on delaying sexual activity, but also providing sexually active adolescents with information on how to protect themselves.

Mental Health

Research has established a strong link between child/adolescent depression and poor school performance, truancy, alcohol and drug abuse, and most tragically, increased risk of suicidal behaviors. Research also suggests that childhood and adolescent depression frequently persists, recurs, and continues into adulthood. Such findings underscore the critical need for mental health services that can facilitate early diagnosis and treatment. CHKS results reveal relatively high percentages of students across schools who had experienced feelings of depression in the year prior to survey completion. Although these reports do not reflect prevalence of clinical diagnosis, they do suggest that there are significant numbers of students who are self-aware enough to recognize personal depressive symptomology. Rates of depression are highest among high school students. Whereas an average of about 25% of middle school students report such feelings, rates for high schoolers range from 25% to 50%, with most schools exceeding local and national rates (29% and 28%, respectively). Of even more concern is the large number of students who report contemplating or attempting suicide. The National Center for Health Statistics reported in 2000 that suicide was the third leading cause of death among 10-19 year olds. Percentages of SS/HS high school students across schools reporting that they have seriously considered attempting suicide range from 4% to 25%, while those who report that they have actually attempted suicide (4% to 26%) peaked in Year II, then fell in Year III. However,

percentages at most schools surpass both national and local YRBS rates, highlighting the critical need for mental health services.

Resiliency

Findings reflected in program implementation and outcomes data for the Safe Schools/Healthy Students Initiative provide insight into lessons learned and inform strategies that could be used to strengthen resiliency in at-risk student populations. Resilience was examined in the context of External Assets (*Caring Relationships with Adults, High Expectations from Adults,* and *Meaningful Participation*) within both the school and home environments, and of Internal Assets, such as *Empathy, Problem Solving*, and *Goals and Aspirations*. Despite the frequency with which many SS/HS students engage in risky behaviors, CHKS and Yale SCS results reveal the presence of several protective factors in the students' school and home environments that have been found to prevent such involvement and promote success. In general, resiliency ratings are higher among elementary and middle school students than those reported at the high school level. Additionally, at all levels, external assets in the home environment are generally stronger than those at school, suggesting that students recognize the support of a primary caregiver and acknowledge a connection to family.

Perceptions about relationships with and expectations from adults at school were relatively strong at the elementary and middle school levels, while high school scores in these areas were lower and showed greater variability among schools. Like positive student-teacher relationships, high expectations on the part of school staff have a direct impact on the quality of students' academic performance. Elementary and middle school resiliency scores in these areas are especially encouraging since research by WestEd, developer of the CHKS, has found that schools that establish and support high expectations for students have higher rates of academic success, as well as lower rates of behavioral problems. Implementation of school-based intervention programs at the elementary and middle school levels enable schools to capitalize on the students' readiness as these critical resiliency traits are at their strongest.

Meaningful participation in the school environment is one area that presents a formidable challenge for schools, as they must constantly offer opportunities for students to assume responsibility for their own learning and become contributing members of the school community. This sense of empowerment is critical in building resilience as it involves students in the decision-making processes that shape their futures and help achieve their goals. Interestingly, perceptions regarding the opportunity to participate at school in meaningful ways are consistently stronger for middle school students than for elementary or high school students. These findings suggest that students, particularly those in high school, may be feeling somewhat disconnected from their schools.

Generally, Internal Assets at all levels appear relatively strong, with Empathy and Problem Solving highest among elementary and middle school students. The one area where middle and high school students scored high in comparison to elementary students was in Goals and Aspirations. The ability to look to the future and work toward achieving personal goals is associated with innate resilience. Research has found that children who express goals and aspirations not only have high expectations of themselves, but also develop a sense of connectedness to the world around them. The high scores in this area are encouraging in that

such results indicate that by the time students reach adolescence, many are beginning to look to the future and make plans to continue their education after high school.

School Climate

On the Yale School Climate Survey, student responses at all levels were consistent across program years, with ratings generally better for elementary and middle schools than for high schools. Specifically, reports among elementary and middle school students saw a 30% decline in Student-Teacher Relationships over the course of the two years, a decline driven by perceptions that teachers did not respect students. Ratings were lower among high school students, where almost 50% reported believing that teachers do not respect students. Rates for trust among students was low, with only 20% of elementary and middle school students and 15% of high school students supporting this finding. Programs like peer mediation target collaboration and partnership among students and help build productive, successful academic experiences. If programming initiatives like these are developed and endorsed by school administrators as a means to foster better student relationships and academic experiences, the likelihood that students will become and remain engaged with school happenings will likely improve, as will perceived school climate.

Despite these findings, analyses did also reveal considerable improvements in order and discipline and promising findings in achievement motivation. For elementary and middle school students, Year II of the Initiative saw dramatic improvements in school noise, school fighting and school suspensions. Likewise, high school students noted improvements in noise, fighting and injury, albeit to a much lesser degree. These changes, coupled with general improvements in the physical condition of the schools, lends credible support to the belief that school climate was slowly but surely improving. At the same time, students reported fairly high ratings on achievement and their ability to be academically successful. Nearly half of all students surveyed reported that they like coming to school and that they complete their work, and that they feel encouraged to learn. These trends are themselves very encouraging.

Overall, Yale SCS results underscore the importance of establishing discipline codes, which require greater enforcement of rules by administration in order to create a safer school environment as perceived by students. It is clear that students want to achieve, as the highest rated domain on the Yale was students' belief in their ability to achieve and their perception that they are supported by their teachers to work hard and succeed.

Stanford Achievement Test-9th Edition (SAT-9)

The SAT-9 was administered to SS/HS students three times during the grant period from Spring 2000 to Spring 2002. Spring 2003 scores were attained one year after the grant period ended. For each level, elementary, middle, and high school, April 2000 Normal Curve Equivalent (NCE) scores are used as a baseline from which to measure gains realized over the three-year grant period. NCEs are similar to percentile scores, but unlike percentiles, they can be averaged. The NCE scores are equal interval scores ranging from 1 to 99, with a mean of 50, the national average. Examination of a school's NCE scores reveals how the school's performance compares with the national average. If students make exactly one year of progress after one academic year, NCE scores remain the same. However, if students make more than a year's progress, a net gain will be realized, indicating that they learned more, or made more progress in

the areas tested, than the general population. Generally, a net gain of 3 or more points between years indicates significant growth.

The NCE mean gain scores at each level in both reading and math were at their highest between 2002 and 2003, after the Initiative ended. With the exception of High Schools' math, the most recent gain scores can be considered significant, as they are greater than 3 points. This is especially encouraging in that it can be seen as an early indicator of overall school program effectiveness as a result of the Initiative.

Sustainability

Considering results on student risk and resiliency, in conjunction with findings surrounding successful program implementation, it is not surprising that sustainability is best demonstrated in the areas of Mental Health services, the Early Intervention Team, and After-School programs. Not only are these the components that were most frequently implemented with success and fidelity, but the ones best matched to schools' and students' needs. As such, the SS/HS Initiative sought to exert a lasting effect on student well-being by institutionalizing the social/emotional supports as an essential, integrated component of the overall school program. For example, the DC Department of Mental Health, a major Initiative partner, has committed to continuation and expansion of the school-based mental health program, staffed by clinicians trained and supervised by the department, in both public charter and DCPS schools through funding from the DC budget. School-based mental health is now the Department's leading effort in prevention and early intervention for children; the program has grown to serve 25 schools (including 11 charter schools and 15 DCPS schools). CSSS has also begun to provide direct mental health services to five public charter schools not previously served by the Initiative, through combined funding from the Department of Education and the Substance Abuse and Mental Health Services, and contributions from individual schools. The leveraging of additional resources was made possible by the demonstrated need evident on CHKS results as well as the replicability of the model in both charter and DCPS schools.

Efforts by the Initiative to sustain mental health services through Medicaid, although initially thwarted by systemic failures in city administration, were successful in the summer of 2003, when the City finally agreed to provide Medicaid reimbursement for charter schools for SY 2003-4. Thus in the coming year, CSSS will continue to pursue this option in order to sustain direct services to the five schools the organization currently serves directly. Additionally, with continued collaboration from Catholic University, the Initiative successfully moved the City Council to recognize the right of charters, as public schools, to equal access to services provided by DC law to DCPS. Beginning in late 2000, the city included charter schools in the school nurse program, providing any public school with sufficient facilities (private space and running water) and an on-site nurse for 20 hours per week.

The ability of the Initiative to secure additional resources to sustain specific program components, the access to and redirection of city resources to both the health and mental health components, and the successful efforts to receive Medicaid reimbursement each provide a foundation for sustainability of the Initiative and its most valued and successful program components. Further refinements to these efforts can be more precise as they are informed by evaluation results.

Conclusions

Ultimately, the success of the DC Public Charter Schools' Safe Schools/Healthy Students Initiative will be determined not only by the maintenance of the collaborative and program infrastructure at the schools and across city agencies, but also by the expansion of its most successful elements to other charter schools and through the long-term success of the charter school students on measures of risk, resiliency, and academic success. Evidence on these long term indicators will necessarily take longer to manifest as effecting community-wide change and building stable educational infrastructure take time.

In the interim, several key factors that are common to effecting community-wide systems change have emerged as contributing to the success and sustainability of the SS/HS Initiative, including:

- ***A common vision/mission among partners***

The work accomplished in the early phases of the Initiative by the collaborative partners in identifying the needs of the DC's youth and families laid the groundwork for prioritizing services and identifying potential city resources to support these services. The consensus-building around the major issues enabled the partners to develop a common vision and mission. Although securing active participation and/or resources from some partners in the service implementation proved challenging, the Initiative moved forward as a result of the shared values reflected in the overlapping of each organization's goals.

- ***Collaborative infrastructure for service delivery***

It was critical to establish a collaborative infrastructure that could support implementation of the extensive range of services essential to the Initiative. By integrating the program components with existing city agencies, services, and staff, the Initiative was able to offer a broad array of comprehensive services without duplicating efforts and begin to effect systems change within partnering organizations. For several city agencies, their experiences in the Initiative led to expansion of services in other venues. For example, the Department of Mental Health's expansion of the school-based mental health program through funding from the DC budget to serve 25 DCPS and charter schools resulted in systems change in the DMH, DCPS, and the City budget. As such, the collaborative infrastructure served as the 'root structure' for the integration of program components and for the extension of these to additional services, supports, or organizations.

- ***Use of Evidence-Based Programs and Best Practices***

The Initiative and its partners were committed to the use of research-based effective practices in each of its program components. Where possible, evidence-based programs and curricula were selected and supplemented with input from experts in the field, such as Dr. Olga Acosta for the Mental Health component, and Elly Greene and ESR for the Peaceful Schools component. In refining the ATOD prevention component, the Initiative turned to an evidence-based curriculum with consultation from their local city expert, APRA. Ultimately, the reliance on effective practice and established curricula enabled the Initiative to implement a larger number of components successfully across vastly different schools and resulted in the establishment of high standards around program implementation.

- ***Charter Schools as laboratory for innovation***

The placement of the Initiative within a charter school context proved to be a tremendous advantage for investigating the viability of the SS/HS model, the replicability of the evidence-based programs, and the refinement of effective practices. Free of many of the restrictions of a large school system, charter schools have the ability to move rapidly, adjusting policies and funds to meet the needs of high-risk students and families, as well as to effect program refinements based on formative evaluation results. However, each charter school has a highly individualized mission and approach, which, while challenging for implementation, also provided a rigorous trial for the Initiative. What became very clear was that one size does not fit all, and that even when using research-based models, qualitative adjustments were necessary in order to implement program components successfully. In the end, the program components that were most successful have proven to be replicable across a variety of diverse charter school environments, while also containing features that can adapt to individual schools' missions, students, and risks and resiliencies. Additionally, the role of the charter schools as a laboratory to pilot approaches has been validated by the extension of the school-based mental health model into the District's public schools. Revolutionary in their community school model, which is well matched to the Initiative's approach, the charter schools brought significant educational reform to the District.

- ***Evaluation***

To their credit, the collaborative embraced a comprehensive outside evaluation from the beginning of the Initiative. The evaluation was designed to provide sufficient implementation data for replicability, as well as outcome data on student risks and resiliency, school climate, and academic performance and impact data on sustainability. The data and evaluation infrastructure developed under this Initiative played a dramatic formative role and provided credible information and guidance for strategic program planning. CHKS data in particular, helped schools identify and describe their student population, including strengths and outstanding needs. This critical data established a baseline early in the development of the charter schools and on the implementation of the grant. The evaluation infrastructure is now in place to serve as an ongoing tracking system, as well as to measure long-term impact of the Initiative.

- ***Advocacy***

As the charter schools confronted the political and bureaucratic complexities of the District, they recognized the critical need for a central body to lead advocacy efforts. CSSS ultimately played a vital role in both building school-based and inter-school infrastructures and also in establishing the interagency partnerships. Through persistent and broad-based efforts, CSSS extended the reach of the Initiative to all stakeholders in the community, incorporating diverse perspectives and building consensus, increasing the likelihood of success as well as sustainability. CSSS advocated for strong evaluation and evidence-based programming, and has continued on that course by building upon the successful SS/HS components and applying for funding to pursue those.

- ***Leverage resources***

The award of the SS/HS grant, the ensuing visibility, and the Initiative's accomplishments enabled CSSS and the charter schools to build credibility. As such, they were able to leverage these successes for additional funding and secured a 21st Century grant, a Building Mentally Healthy Communities grant, and a Counseling grant. Additionally, a no-cost extension in the

last year of the grant provided a great opportunity to reflect on accomplishments and outstanding needs, as well as to make adjustments to the overall model. Evaluation results informed leadership about the program components that were most readily accepted by the schools, those that were most successfully implemented, and those that had the greatest potential for sustainability. This enabled CSSS to more clearly refine and articulate the services that charter schools needed and wanted most, and leverage that information for more support.

- ***Emphasis on prevention/early intervention***

The focus of the SS/HS Initiative was to promote healthy youth development through prevention and early intervention of school violence, substance abuse, and academic failure. This is best accomplished using a community-wide prevention approach. The ultimate goal of the Initiative was to establish a sustainable network of effective comprehensive prevention services within communities that promoted healthy youth development and school and community safety. This approach was validated by the DC Public Charter Schools' outcome data, which paralleled the most current research in the field of prevention. Not surprisingly, the data indicates that elementary students are the most susceptible to change as a result of prevention activities. Indeed, CHKS results from the SS/HS Initiative reflect national trends, which indicate increased risk behavior with increased age. At the same time, perceived relationships with parents and caregivers and feelings of empathy are stronger among younger students, creating a layer of protection that, if fostered, could buffer against increased social and physical risk as they mature. By assessing youth resiliency at the elementary level, schools are equipped with the tools to enable them to understand the barriers that prevent some students from succumbing to negative behaviors. Evidence-based prevention programs and efforts need to target elementary schools so as to effect change at a time that is developmentally ideal for intervention. Establishing quality prevention practices in elementary students increases the likelihood that such practices will be maintained, if not nurtured, across the lifespan. The long-term value to the community and the cost benefit of the community-wide prevention approach was well recognized by the Initiative partners.