

PROGRAM SUMMARY AND SECOND-YEAR OUTCOMES
FOR THE ACCESS INITIATIVE, 2008–2009

ACCESS

Austin Community Collaboration
to Enhance Student Success

Austin Independent School District
Department of Program Evaluation

October 2009
Publication Number 08.71

EXECUTIVE SUMMARY

In its second year of federal funding, the Austin Community Collaboration to Enhance Student Success (ACCESS) is a community collaboration between the Austin Independent School District (AISD) and public and nonprofit agencies, working together to address the emotional, behavioral, and social needs of students. With the receipt of 4 years of federal funding through the Safe Schools/Healthy Students' (SS/HS) grant, ACCESS has increased the level of resources available to students and their families. By implementing a number of innovative prevention and treatment programs, the ACCESS initiative seeks to promote and encourage safe and positive learning environments. Additionally, ACCESS aims to enhance the way social services are delivered on campuses by creating a youth mapping program with geographic information to locate, target, and serve the students experiencing the greatest needs.

In 2008–2009, services and curricula were implemented in alignment with the following five SS/HS program elements:

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

Generally, the ACCESS initiative's programs and curricula are meeting expectations for implementation and service delivery in year 2 of the SS/HS 4-year grant. The ACCESS staff has been an important agent for effective service coordination, both within the scope of the initiative and by enhancing district- and community-level service implementation of projects. Much has been learned; new systems were put in place; and most importantly, AISD is better positioned to meet the complex needs of students as a result of the programs and processes brought about through the ACCESS initiative.

For each service or curriculum that receives funding, ACCESS staff and the evaluation team set expectations for implementation and goals for improvement in student outcomes. In most cases, implementation was well underway during the second year of the initiative. Results were mixed, however, for student outcome indicators. Throughout this report, Department of Program Evaluation (DPE) staff offer suggestions about how program staff might be better positioned, moving forward, to meet targets. For those already achieving positive outcomes, insight about how the staff might further optimize these programs/curricula is provided.

Highlights of the ACCESS initiative include the following:

- Improved communication between ACCESS initiative partners and an enhanced referral system, leading to better service provision for students

- Expansion and deepening of the Positive Behavior Support (PBS) implementation in AISD, resulting in improved student outcomes
- Improved service for students as they transition from an Alternative Learning Center to their home campus
- Success, in varying degrees, for campus-based programs, resulting in best practice improvements that serve students
- New curricula tried and tested, with many lessons learned about best practices for implementation
- Increased availability of assistance for students in need of mental health services
- Enhanced ability to use technology to address the needs of students and inform AISD staff about gaps in service

Program recommendations include the following:

- Effective practices for each program should be documented and archived to assist incoming staff and provide further insight into the collaboration process.
- ACCESS staff should consider documenting a model school for various initiatives (e.g., PBS and the transition School Community Liaisons) so that best practices can be clearly defined in an AISD school context. A model school would be available to inform the practice of other schools in the district and serve as a showcase for exemplary AISD practices.
- Programs that are not yet fully implemented should be carefully monitored. These programs should be given more direct attention through regular communication between ACCESS and program staffs.
- Communication between all partners and the community should continue to be enhanced, including the possible addition of messaging systems to be used by the initiative to inform partners, the district, and the community about ACCESS progress and opportunities.
- ACCESS staff should consider how to leverage new processes (e.g., centralized referrals) and communication streams (e.g., Core Management Team) for future sustainability. Staff should examine how the ACCESS support team can position staff to be prepared and ready to engage in future grant writing. These processes have begun and should be continued in 2009–2010.

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INTRODUCTION

THE ACCESS INITIATIVE

The Austin Community Collaboration to Enhance Student Success (ACCESS) is a collaboration between the Austin Independent School District (AISD) and several public and nonprofit agencies in the Austin community, working together to address the emotional, behavioral, and social needs of students.¹ In the second of 4 years of federal funding through the Safe Schools/Healthy Students' grant (SS/HS), during 2008–2009, ACCESS increased the level of resources available to students and their families by continuing and expanding programs and services in AISD and the community.

Nearly \$2.1 million dollars was spent as part of the ACCESS initiative during 2008–2009. With this funding, the ACCESS initiative was able to greatly increase its ability to provide services to students. Activities took place at a total of 88 schools,² including 12 high schools, 18 middle schools, 54 elementary schools, and 4 special campuses. In addition to increasing services through the implementation of numerous programs, the ACCESS administrative team increased its resources for program coordination. A staff of five was instrumental in overseeing the coordination and delivery of the program's services. The staff developed new district processes (e.g., a centralized referral process) and maintains communication within the district and with key community stakeholders. Biweekly meetings between the ACCESS staff and evaluation team have enhanced their ability to examine the progress of the initiative's programs/curricula on a formative basis.

ACCESS programming is aligned with the SS/HS's five key elements:

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

Providing programming germane to each element was required by the SS/HS funders. Although the elements are not mutually exclusive, they are used as a general organizational structure. ACCESS activities that align with each element are inventoried below; some activities align with multiple elements. The alignment of activities and elements is described in detail in the ACCESS program logic model (Appendix A). Additionally, each program/curriculum discussion in the body of the document has a text box that identifies the corresponding elements, along with the overarching ACCESS initiative goal for the program.

¹ More information on ACCESS can be found at www.austinisd.org/community/access/.

² An inventory of activities at each campus can be found at http://www.austinisd.org/community/access/docs/ACCESS_Services_Inventory.pdf.

Safe school environments and violence prevention activities. Four primary activities were undertaken by the ACCESS staff and partners³ to create and sustain a safe, civil, and productive learning environment. Activities that took place in year 2 included Positive Behavior Support (PBS) at 62 AISD campuses, work by a gang specialist police officer on various district-wide prevention strategies, SafePlace Expect Respect group counseling sessions for middle schools boys, and transition School to Community Liaisons' (SCL) work with youth as they moved back to their home campus after disciplinary removal.

Alcohol, tobacco, and other drug prevention activities. Programs and services that were used to promote a culture that encourages a healthy lifestyle included an initial pilot of substance abuse curriculum (i.e., Project Towards No Drug Abuse [TND]) and the continued use of Lifeskills. TND was implemented by ACCESS staff in two settings. PBS staff received training in LifeSkills and worked with campus staff to provide campus-level training sessions.

Student behavior, social, and emotional supports. A number of activities were undertaken by ACCESS staff to enhance social and emotional support for students. These activities included the implementation of PBS at 62 schools, provision of training in Framework for Understanding Poverty (Framework), beginning implementation of Responding in Peaceful and Positive Ways (RiPP) at Garcia Middle School, and continued work by a dropout intervention specialist at Mendez Middle School.

Mental health services. To support and sustain a culture that promotes the mental wellness of all children and youth, a number of activities were undertaken. These included the refinement of a service referral system developed in 2007–2008, expansion of Parenting with Love and Limits (PLL) by Austin Child Guidance Center (ACGC), the work of two therapists and two case management positions at Austin Travis County Mental Health and Mental Retardation (MHMR), continued development of the Youth Service Mapping prototype, and scoping of the processes by which the district can use increased Geographic Information Systems (GIS) resources.

Early childhood social and emotional learning program. The final element of the ACCESS initiative focused on programs that enhance early childhood (prekindergarten [pre-K]) social and emotional learning. At Lucy Read Demonstration Pre-Kindergarten (Lucy Read), the counselor continued to support children directly through counseling and group work and indirectly by providing training and support to teachers for the Incredible Years and Devereux curriculum and with regard to the social and emotional development of pre-K children. Staff at Any Baby Can fully developed and implemented the Nurse-Family Partnership (NFP) model to support pregnant teenagers in middle schools.

³ A list of all partners can be found in Appendix B.

PURPOSE OF THIS REPORT

The purpose of this report is to provide stakeholders with program updates and progress reports about outcomes for each of the ACCESS components. DPE staff report about each ACCESS-funded activity (beginning on page 7) through program-specific data briefs that provide (a) a program overview, (b) the current implementation status, (c) findings for student outcomes, and (d) recommendations for 2009–2010. It is our hope that ACCESS staff and program-specific stakeholders will use the briefs as a stepping off point to discuss process improvements in 2009–2010.

METHODOLOGY

OVERVIEW

A priority of the SS/HS funding agencies is that all sites have extensive evaluation, as reflected in the requirement that 7% of funds be spent on evaluation. Both internal and contracted external evaluators⁴ collaborated on the evaluation of the ACCESS initiative. Internal evaluators had primary responsibility for the overall evaluation of the ACCESS initiative, with a focus on partners within AISD working on the grant. The external evaluator worked with ACCESS's four contracted partners. The sustainability coordinator, in conjunction with ACCESS's strategic and financial analyst, was responsible for using evaluation findings to plan for sustaining and expanding ACCESS programs and services. In addition, local funds supported a full-time equivalent (FTE) position focused on the evaluation of PBS (Basu, LaTurner, & Christian, in press).

With this evaluation framework, all aspects of the ACCESS grant were assessed through a multifaceted approach. In 2007–2008, the primary efforts of the team were directed toward development and validation of evaluation tools and toward determining which district data sources would be most informative. Although the research team continued to modify tools and data sources during 2008–2009, the primary goal of the team was to produce analytical reports to be used for program improvement.

DATA TOOLS

To examine outcomes at the campus and district levels, the following data sources were used: the AISD Student Climate Survey, the AISD Student Substance Use and Safety Survey (SSUSS), district attendance and discipline data, documentation of service provider activities, and surveys of and interviews with a variety of stakeholders. Program-specific tools also were developed (see Table C1 in Appendix C).

AISD Student Climate Survey

The AISD Student Climate Survey has been administered to students in grades 3 through 11 across the district since the 2003–2004 academic year. The survey was designed to measure student perceptions in a number of areas: the behavioral environment, adult fairness and respect, teacher support and engagement, and academic self-confidence. Our analysis used 11 of the 41 items as indicators of school climate that PBS implementation is expected to influence, such as knowledge of school rules and feeling safe on campus (see Appendix C, Table C2). Information from the student survey was used to examine how the implementation of PBS was related to students' perceptions of their school climate.

⁴ A total of 1.5 FTEs were allocated for internal AISD evaluators, and an approximately .75 FTE was allocated for the two external evaluators, with each contracted for roughly .375 FTEs.

Student Substance Use and Safety Survey

The SSUSS is a self-report student survey of substance use and school safety that has been administered to students in a random, representative sample of AISD middle and high school classrooms annually. The survey is used to monitor student knowledge, attitudes, and self-reported behavior. Six items were used from the SSUSS for assessment of the ACCESS initiative (see Appendix C, Table C3).

AISD Discipline and Attendance Records

AISD maintains records of disciplinary events and attendance. Discipline records include each behavior or code of conduct offense that occurred and the disciplinary result for the individual student. These data were examined to determine, for example, if some groups of students (e.g., defined by race or gender) were disciplined more than were others, and to ascertain if PBS schools had fewer disciplinary incidents than did other schools. Student daily attendance records were used to examine the effectiveness of the dropout intervention specialist at Mendez.

Other Data Sources

Informal conversations and communications with various stakeholders were conducted to examine the successes and challenges of implementation. In particular, data were examined from communications with the following individuals: the ACCESS director, the program facilitator, and the budget coordinator, the external evaluator, and the community sustainability coordinator.

Program-specific surveys were developed for the RiPP and TND curricula. These surveys, along with contracted partners' data tools, are detailed in the program summaries in this report. Two new tools were developed for use in the 2008–2009 data collection from all partners. The tracking tool, a modified time/effort document, was used to ensure adequate documentation for federal reporting requirements. The second tool, ACCESS Status⁵, was designed as a twice yearly survey to examine participants' opinions about program implementation and fidelity, collaborative efforts among grant partners, continuous improvement processes, and efforts for resource building and sustainability.

⁵ See www.austinisd.org/community/access/docs/ACCESS_Status_Survey.pdf.

PROGRAM SUMMARIES

POSITIVE BEHAVIOR SUPPORT

Program Overview

Positive Behavior Support (PBS) is a philosophical framework in which all educational decisions are made in order to produce a safe, civil, and productive learning environment for students. The goal of PBS is to improve school climate through the development of systems and strategies that address individual student needs. The implementation of PBS aligns⁶ with SS/HS elements 1 and 3, with an overall expected outcome of improving student climate and decreasing the rate of student discipline referrals.

Positive Behavior Support

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: improve school climate and decrease student discipline referrals

PBS has become a fundamental component of both the ACCESS initiative and larger district student behavior support as the core process by which the district addresses student behavior support (see Basu et al., in press, for a full description of PBS). In essence, PBS indirectly enhances numerous programs by providing a foundational process for delivery of other ACCESS services. Additionally, two curricula that were integrated into PBS have been part of the ACCESS initiative since its inception: Framework and LifeSkills. Framework is a program that addresses the gaps in understanding that often exist between teachers and their low-income students and that provides strategies teachers can use to work more effectively with their students. LifeSkills is a curriculum that helps youth with healthy social development, drug resistance strategies, and the development of a community service orientation.

Implementation Summary

An in-depth evaluation of PBS was conducted throughout the year by the Department of Program Evaluation. The level of implementation varied widely across campuses, but progress was made toward increasing the level of fidelity. A more extensive evaluation is reported separately (Basu et al., in press).

PBS staff were trained in Framework and LifeSkills. Thus far only process measures for implementation were tracked. During 2007–2008, a general overview of Framework was presented for all PBS schools during district-wide training. In 2008–2009, 4 PBS coaches

⁶ The corresponding elements are denoted by dark font in each textbox throughout the report

received training, and staff at 6 campuses received detailed training by one of the PBS coaches. Austin Voices for Education and Youth originally trained 10 PBS coaches in a train-the-trainer approach on LifeSkills. In turn, staff at 11 campuses received LifeSkills training by PBS staff. Students at 6 of those campuses were taught LifeSkills lessons. PBS staff, leadership from Austin Voices (who provided the LifeSkills training to PBS staff), and the ACCESS evaluation team continue to examine ways to best examine both process and outcome measures for LifeSkills implementation.

Analysis of Outcomes

At the broadest level, promising results were found for outcomes related to PBS implementation. Schools implementing PBS showed a greater magnitude of improvement for scores on the PBS Student Climate Survey scale (Appendix C), compared with the scores at non-PBS schools. As shown in Table 1, mean campus climate scores have improved and then remained stable at schools where PBS had been implemented, but first improved and then declined at non-PBS schools.

Table 1. Mean Positive Behavior Student Climate Scores at PBS and Non-PBS Schools, 2006 through 2009

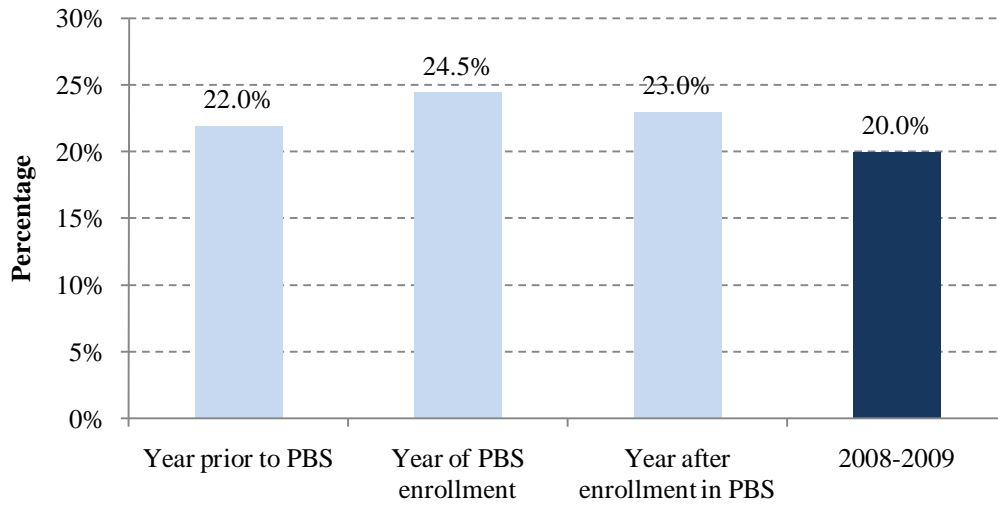
	2006–2007	2007–2008	2008–2009
PBS schools	3.09	3.19	3.20
Non-PBS schools	3.09	3.16	3.11

Source. 2006–2007, 2007–2008, 2008–2009 Student Climate Surveys, Department of Program Evaluation

Note. Scores represent means for all students on the PBS climate scale and range from 1 to 4, with 4 indicating a higher positive school climate. Mean scores were significantly different ($p < .05$ level) between years, both for PBS and non-PBS schools. Mean scores also were significantly different ($p < .05$ level) between PBS and non-PBS schools in 2008–2009.

Rates of student discipline were examined prior to, during, and after the first year of PBS implementation (Figure 1). PBS schools ultimately showed a decline in the rate of discipline referrals. However, it is interesting to note that referrals increased during the initial year of implementation, likely as a result of school staff entering discipline data with greater diligence that more accurately represents student behavior. Research examining fidelity of PBS in AISD also found that higher levels of PBS implementation were associated with improved student academic outcomes (Basu et al., in press).

Figure 1. Percentage of Students with a Discipline Referral at PBS Schools



Source: AISD student discipline records (ADIS, 2004–2009) and PBS campus participation records, Department of Program Evaluation

Note. Data are for schools starting PBS between Fall 2004 and Fall 2008. The *n* for the light bars is 57 and for the dark bar is 62 because the dark bar includes schools that began implementation in 2008–2009.

Conclusion and Recommendations

In general, PBS implementation was carried out effectively, with numerous positive outcomes. PBS implementation was found to positively influence both student climate and rates of student discipline. However, implementation and evaluation of LifeSkills and Framework should be given more attention in 2009–2010. This should include the development of a logic model and an evaluation plan to monitor outcomes.

EXPECT RESPECT SUPPORT GROUPS

Program Overview

As a component of both elements 1 and 3 of the ACCESS initiative, SafePlace provides school-based, psycho-educational support groups called Expect Respect Support Groups (ERSG). These support groups are for boys who have experienced domestic violence or who are involved in abusive dating or peer relationships. ERSG provides peer support and assists boys in developing relationship skills, with a goal of decreasing violent and abusive behaviors. SafePlace contributed to the ACCESS goal of increasing its resources to provide mental health services and was contracted to serve 164 students over the course of the 2008–2009 school year at the Alternative Learning Center (ALC) and 12 other AISD middle schools.⁷

Expect Respect Support Groups

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: increase capacity to serve boys through counseling and help them learn about healthy relationships

Implementation Summary

SafePlace has a long-standing relationship with AISD, having partnered with the district to provide mental and emotional health services related to decreasing the incidence of abuse and to teaching students strategies for positive, caring relationships. Through ACCESS, however, SafePlace was able to provide ERSG at additional middle schools, thereby increasing the numbers of boys served. During the 2008–2009 school year, SafePlace staff concentrated on educating staff at the additional campuses regarding the SafePlace ERSG services available and the referral process. Staff received 171 referrals for services from a variety of sources, 131 (76%) of which were appropriate for services. Although a high percentage of boys were appropriately referred, SafePlace did not garner enough referrals to meet its service target of 164 boys. Based on the rate of appropriate referrals, SafePlace needed to receive between 200 and 225 referrals to hit this mark. ERSG groups were implemented in 12 of the 19 AISD middle schools (Table 2).

⁷ To learn more about SafePlace services provided through the ACCESS grant, see <http://www.austinisd.org/community/access/>.

Table 2. Boys Served by SafePlace, by Campus, 2008–2009

Campus	Number served
Alternative Learning Center	14
Bedichek	7
Burnett	12
Covington	9
Dobie	11
Fulmore	12
Garcia	10
Kealing	10
Lamar	7
Martin	9
Mendez	13
O. Henry	14
Webb	10
Total	138*

Source. SafePlace program attendance records.

Note. Two boys attended groups at two different campuses.

Analysis of Outcomes

Students attending ERSG completed surveys (see Appendix C) at the end of the year to determine if they had benefitted from attending. With respect to the ACCESS initiative goal of improving healthy relationships for participants, nearly 90% of the 59 boys who completed the survey indicated they had an improved understanding of healthy relationships. These results are encouraging and show the value of ERSG services to the boys who attend. Caveats to the findings include the posttest-only design and the limited sample. The design could be improved by incorporating findings from pre- and posttests and by working with AISD evaluation staff to determine how to attain a more complete sample. In 2009–2010, SafePlace and AISD will have a data-sharing agreement, making it possible for SafePlace to examine the influence of ERSG attendance on boys' in-school performance and behaviors.

Conclusion and Recommendations

Generally, SafePlace's implementation of ERSG did increase the ability of ACCESS to serve students through counseling; however, full capacity was not reached. Methodological limitations made it difficult to ascertain how much benefit the students received by participating in the groups. Recommendations include the following:

- SafePlace staff should work with the ACCESS facilitator and management staff to develop a calendar for presenting services to campuses early in the year and on an ongoing basis.
- SafePlace staff should create easily digested communications in several forms to provide potential referrers with information they can access quickly when needed.
- SafePlace staff and the external evaluator should develop systems for collecting AISD data on an ongoing basis to provide insight into program services and outcomes more frequently than during 2008–2009.
- Staff should consider improving the design of the outcome study by including a pretest and by developing strategies to gather posttest data from a greater percentage of participants than during 2008–2009.
- As SafePlace develops effective and sustainable processes, it is suggested that these practices be documented and archived to assist incoming staff and to provide further insight into the collaboration process.

SCHOOL RESOURCE OFFICER: GANG SPECIALIST

Program Overview

The gang specialist school resource officer joined ACCESS in Fall 2007 as part of the Joint Juvenile Gang Intervention Unit (JJGIU). The work of the specialist aligns with SS/HS elements 1 and 3, with an overall expected outcome of decreasing the rate of gang activity on campus. An additional goal of funding the gang specialist is to provide additional resources to the JJGIU to present to the community and to work directly with students.

The JJGIU and the AISD Police Department increased awareness of gang-related issues through educational presentations and training sessions as part of their gang prevention efforts. These presentations were targeted toward AISD students, parents, staff, and administrators, as well as toward officers, agency professionals, and other community members. The presentations were geared toward preventing youth from becoming involved with gang members and illegal activity and toward assisting youth in locating alternative positive activities.⁸

Implementation Summary

The evaluation team inventoried the gang specialist's time working with students, presenting at campuses and in the community, and performing law enforcement through a modified time/effort sheet that was completed monthly. The role of the specialist was mapped⁹ to examine fidelity to the Comprehensive Gang Model, a nationally recognized approach to dealing with gangs in schools and communities.

During 2008–2009, the gang specialist performed 114 presentations about gangs before more than 1,400 youth, 780 parents, and 990 AISD staff. He conducted 107 gang assessments, including focused campus surveillance, and provided 80 campus consultations, which consisted of extensive observations of a campus to determine if (or what type of) gang activity was occurring. Following a gang assessment or focused patrol, the specialist reported findings to campus administration and helped develop strategies to address the findings. Generally, he

School Resource Officer: Gang Specialist

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: decrease gang activity on campus

⁸More information about this and all ACCESS programs can be found at www.austinisd.org/community/access/.

⁹The mapping process was conducted with the grant manager of JJGIU. Although still incomplete, it is available for further development if ACCESS staff think that would be beneficial.

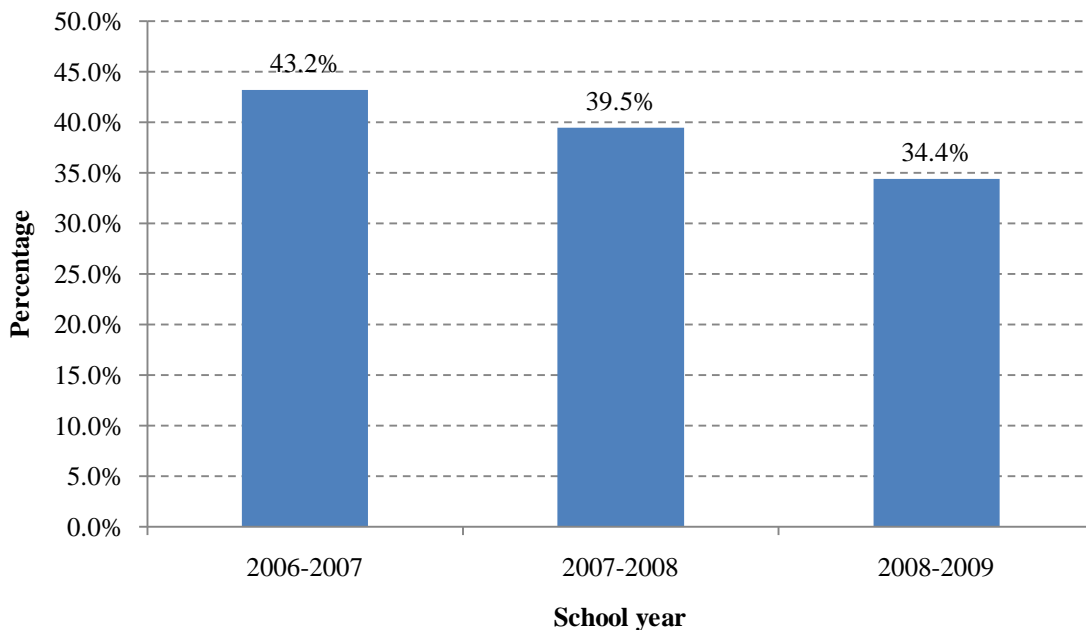
spent 70% of his time on prevention activities, with the remaining time used to assist both community and district police with law enforcement activities that involved juvenile gang activity.

Analysis of Outcomes

A universal measure of perceptions of gang activity was used to assess improvement in campus-level gang activity. Students were asked on the SSUSS to respond to the following item: “To the best of your knowledge, how often does gang activity happen at your school?” The response “more than once a month” was used as the measure of regular activity.

Student reports of gang activity have decreased over time (Figure 2). In light of the difficulty of directly linking the gang specialist’s work with district-level decreases in gang activity, DPE staff recommend a more detailed examination of which campuses receive services and how that directly or indirectly influences gang activity on campus.

Figure 2. Percentage of Students Reporting of On-Campus Gang Activity at Least Once per Month



Source: Student Substance Use and Safety Survey, 2008–2009, Department of Program Evaluation

Conclusion and Recommendations

The gang specialist had a busy and productive year expanding the resources for the JJGIU to serve the district and community. Student outcomes also improved, as shown by a decrease of reported gang activity. Recommendations include the following:

- The ACCESS team and the specialist should examine campus-level gang activity data to determine which campuses have a high need for services and focus appropriate services based on those data.
- With an eye to sustainability, ACCESS staff should follow up by aligning activities with the comprehensive gang model for use in future grant writing.

TRANSITION SCHOOL TO COMMUNITY LIAISONS

Program Overview

As part of ACCESS, three new School Community Liaison (SCL) positions were established to link students and their families to both internal AISD services and external community supports. The transition SCLs work specifically with students transitioning back to their home campus after a disciplinary removal. In addition to directly supporting the student as they return to their home campus, the SCLs work with home-campus staff to provide the latest information about students through a transition meeting that occurs prior to each student's return to his or her home campus. The SCLs are assigned at the following locations: (a) the ALC, (b) the Day Treatment program and Detention at the Gardner-Betts Juvenile Justice facility, and (c) the Alternative Center for Elementary Education (ACES). The efforts of the transition SCLs align with SS/HS element 1 as they work to decrease the rate of student recidivism to the ALC. During the second year of implementation, the SCLs refined their service delivery and transition processes.

Transition School to Community Liaisons

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS Goal: Decrease recidivism rates to Alternative Learning Centers

Implementation Summary

In an effort to inform program implementation, staff examined a variety of process measures (e.g., the number of students served; the number of transitions performed; and the amount of time spent on core responsibilities, as compared with time for other administrative tasks). In order to better understand the opportunities and challenges of implementing with fidelity, DPE staff administered the Status Survey to the transition SCLs (in fall and spring) and used observations made by the evaluator from regular attendance at SCL team meetings

During the 2008–2009 school year, the three SCLs worked with a total of 217 students and assisted with 144 transitions for students as they returned to home campuses from the ALCs. On average, the SCLs spent 72% of their time working with students.

All students removed to ACES were assigned to the SCL's caseload, and she began working with them as soon as the students were enrolled. DPE staff found this SCL spent nearly all (97%) of her time doing functions related to her role in assisting student transitions back to home campuses. She worked with 85 students and assisted in the transition process

back to home campuses for 74 of them. At ALC, the SCL selectively worked with students who had previously been removed for discipline. At the ALC, the SCL spent approximately 45% of his time working with students, preparing them for and assisting them with transitions. The majority (55%) of his time was spent on other tasks, such as administrative work (e.g., case staffing) and regularly attending to crisis situations at the school. The SCL at ALC worked a 45-student caseload during the year. The SCL at Gardner-Betts worked with students who were enrolled in the Day Treatment program and/or Detention. The SCL at Gardner-Betts spent most (74%) of her time carrying out functions related to her role in assisting student transitions back to home campuses. She served an important, though informal, role at Gardner-Betts in providing a point of contact to AISD. Although she was on maternity leave for 3 months, she worked with 62 students and oversaw transitions back to home campuses for 32 of them. While the Gardner-Betts SCL was on maternity leave, a temporary replacement served an additional 25 students.

Much was learned about the best practices for the transition SCL position. Interviews with the staff revealed that many campuses were eager to have additional transition assistance from the SCLs regarding how to best serve students as they transition back to their home campus. One important function of the SCLs has been to help make connections for the students by providing access to support from various services and campus staff, who otherwise might not have worked together. A number of successful program activities emerged from the SCL surveys and interviews:

- Creating *out-of-the-box* solutions for students as part of their transition
- Providing *referrals to community resources* for students and families
- *Enhancing awareness* throughout the district about what leads to transition success
- Creating *action plans* for high-needs students
- Developing *systematic transition meetings*
- *Enhancing communication* between district staff and community agencies
- Providing *follow-up appointments* to help students maintain focus
- Serving as a *resource to parents*
- Working with campuses *before problems with a student escalate*

Unfortunately, a strong stigma remains for some students when returning to particular campuses. SCLs and ACCESS staff continue to work with campus staff to create environments in which school staff are willing to receive all students and accept the assistance offered by the SCLs. A number of programmatic challenges were described by the SCLs. The primary issues are as follows:

- Home campus staff resisting SCL support for returning students
- Matching available resources to student needs

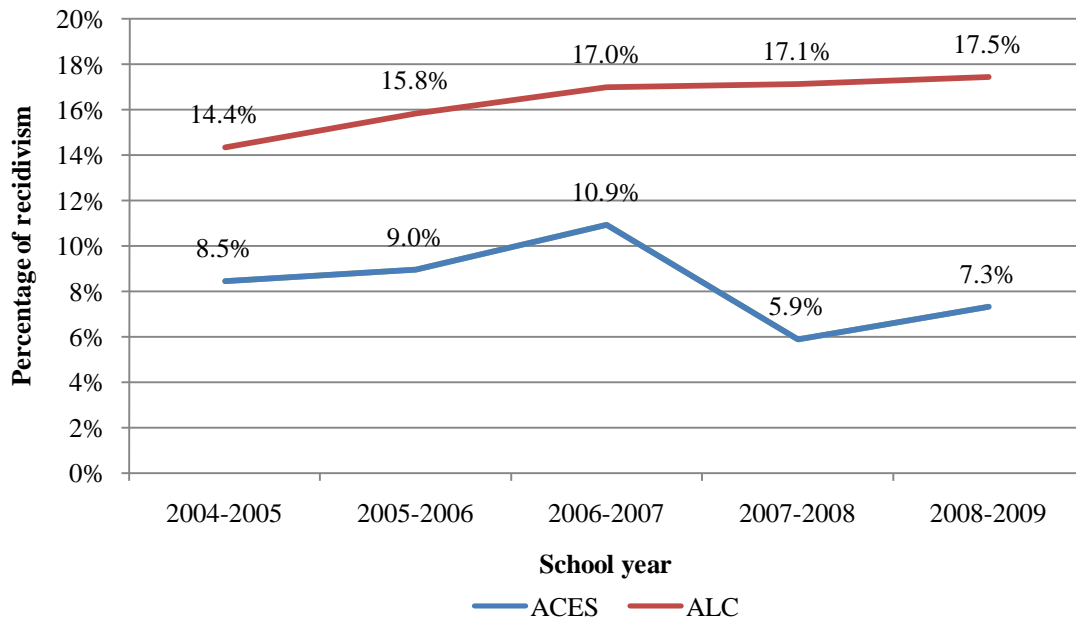
- Prioritizing SCL role responsibilities at ALC

Analysis of Outcomes

DPE staff examined intra-year recidivism to the ALC as the primary student outcome. Recidivism is defined as an individual being referred to the ALC or ACES more than once during a school year. Gardner-Betts' recidivism was calculated by staff at Gardner-Betts based on the rate of students who had a new offence while being served by the SCL. For all students in AISD, the intra-year recidivism increased from the previous year's rate of 16.2% to 17.1% for the current year.

ACES. The SCL at ACES worked with all 85 students assigned to her school. Six returned to ACES a second time during 2008–2009, yielding a recidivism rate of 7.3% (Figure 3). The recidivism rates for the 2 years that ACES had an SCL (she began in January, 2008) were lower than the rates for the previous years; however, the small sample made showing a statistically significant improvement problematic. It should be noted that the SCL worked with all students removed to ACES and that removals increased from a 4-year average of 74 students to 85 students for 2008–2009.

Figure 3. Rate of Intra-year Recidivism at ACES and ALC



Source. AISD discipline records (ADIS, 2004–2005 through 2008–2009), Department of Program Evaluation

Note. Emergency placements were not included in this analysis.

ALC. The recidivism rate for students at ALC who worked with the SCL was 40.0%, compared to the ALC campus average of 17.5%. However, a more detailed analysis found that

91.1% of the students assigned to the SCL had been to the ALC at least twice before he started to work with them. The repeat-removal students with whom the SCL worked had a 43.9% return rate, compared with a 37.7% rate for the entire school. These two populations looked similar with regard to their home schools and the types of referrals resulting in their removals; however, a more detailed analysis of the SCL caseload¹⁰ at the ALC is needed to investigate if more needy students were assigned to the SCL to ascertain the level of program success.

Gardner-Betts. Of the 85 student with whom the SCLs at Gardner-Betts worked, 13% had a new offence. Ninety-four percent of the youth served remained in AISD and/or at Gardner-Betts, with 6% dropping out of the school system. A closer examination of the SCL's work at Gardner-Betts in 2009–2010 by the evaluation team is needed to determine the full scope of benefits from the SCL position.

Conclusion and Recommendations

The transitions SCLs enhanced the district's ability to serve students as they made the difficult transition from an alternative center back to their home campus. Mixed results were found regarding the reduction of recidivism to alternative centers. Refined program implementation and evaluation methods should help clarify the link between service delivery and recidivism. Recommendations include the following:

- To increase the ability to provide in-depth services to students, the SCL role at the ALC should be focused both in scope and breadth by limiting the number of home campuses served.
- To examine best practices, ACCESS staff should consider documenting a school that has been a model for transition, one at which student were effectively transitioned back to campus.
- ACCESS central staff should interface directly with administrators on resistant campuses to better understand perceptions of and satisfaction with the SCLs' work.
- So that SCLs can easily communicate with ACCESS staff, communication lines should be kept open by holding regular informal meetings. This will enhance the ability of ACCESS staff to intervene for and support SCLs, as needed.

¹⁰Additional and specific data that characterized the ALC caseload have been shared with ACCESS central staff. This included characteristics (academic and social) of students who return and of their schools.

RESPONDING IN PEACEFUL AND POSITIVE WAYS AT GARCIA MIDDLE SCHOOL

Program Overview

Responding in Peaceful and Positive Ways (RiPP) is a school-based violence prevention program for middle school students.¹¹ Aligned with SS/HS elements 1 and 3, the primary goal of RiPP is to decrease discipline referrals by providing students with the knowledge and skills to promote peaceful and healthy alternatives to violence, and ultimately, to reduce the amount of violence they encounter over their lifetime. RiPP is an interactive, class-based curriculum that includes such activities as role playing, group work, and critical-thinking exercises, which allow students to experience and resolve violent scenarios in a controlled environment.

Responding in Peaceful and Positive Ways

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: decrease discipline referrals

Implementation Summary

A campus-based coordinator for Garcia was hired and trained in January, 2009, and the 6th-grade portion of the RiPP curriculum was implemented for students enrolled in world cultures courses at Garcia from February to May 2009. Based on attendance records for those courses, a total of 185 out of a possible 231 Garcia 6th-grade students participated. Due to time constraints arising from Texas Assessment of Knowledge and Skills (TAKS) administration, the coordinator only was able to complete 13 of the 16 lessons. In future years, as a result of planning around the testing calendar the coordinator will be better able to teach all 16 lessons and also will add the 7th- and 8th-grade curricula.

Beyond implementing RiPP, the coordinator built the resources Garcia's school community can use to deal with issues of violence, as time allowed. He produced anti-bullying video short stories and engaged students to consider cultural and media influences toward violent behavior. The coordinator's activities included helping staff to assist students in mediating disputes; working with community organizations (e.g., Communities in Schools and the Council on At-Risk Youth) through after-school programs; and teaching a 5-week supplemental course on cultural violence and media. DPE staff did not evaluate these activities for this report; however, their effectiveness should be examined more carefully in the future.

¹¹ See http://www.preventionopportunities.com/programs_ripp.html for more information.

After the method for RiPP implementation at Garcia had been determined, the newly hired coordinator was able to begin implementation of RiPP quickly, encountering few obstacles. Generally, the coordinator felt implementation went well at Garcia as he rotated through the 6th-grade world culture classrooms to teach RiPP. The primary exception was that, due to starting in February and finishing in late May, some sessions of the course conflicted with TAKS administration. As a result, only 13 of 16 sessions were taught. The coordinator reported that he was well received and supported by Garcia leadership and staff and that they contributed to enhancing his role. A key element in his ability to effectively work with students (outside of the RiPP courses) was collaboration with security and police to better understand the issues at the school and identify students who might have the most to gain through contact with the coordinator.

Analysis of Outcomes

To examine program fidelity and success, DPE staff used three data sources: pre- and posttests administered to students, AISD discipline records for all Garcia students, and a survey of the RiPP staff coordinator. The program coordinator administered pre- and posttests regarding knowledge of RiPP and attitudes toward violence to student participants at the beginning and end of curriculum implementation; the data were used to examine change based on RiPP participation. Seventy-nine students (42% of participants) took the pretest, and 64 also completed the posttest. For the test, DPE staff modified a version of the tool used by Prevention Opportunities. To examine differences in behavior change for RiPP participants compared with nonparticipants, staff examined rates of discipline referrals for all students at Garcia. To begin an examination of program challenges and successes, staff surveyed the program coordinator regarding implementation and had regular email contact with him during implementation and as questions arose during data analysis

Mixed results were found for students participating in RiPP. Interestingly, as evidenced from the pre- and posttest, students did not show substantial improvement in knowledge of RiPP nor did their attitudes change. However, student participants did show a decrease in the likelihood of receiving a discipline referral (Figure 4). Generally, it appeared students' actions changed before their attitudes did. Some developmental theorists (e.g., Piaget and Kohlberg) have suggested that a change in action can be expected to precede a change in attitude

More specifically, evidence from the pre- and posttests showed that student knowledge and attitudes improved in some areas but worsened in others. Although none of the changes were statistically significant, the three items with the greatest improvement were:

- “If I back down from a fight, everyone will think I’m a coward.”

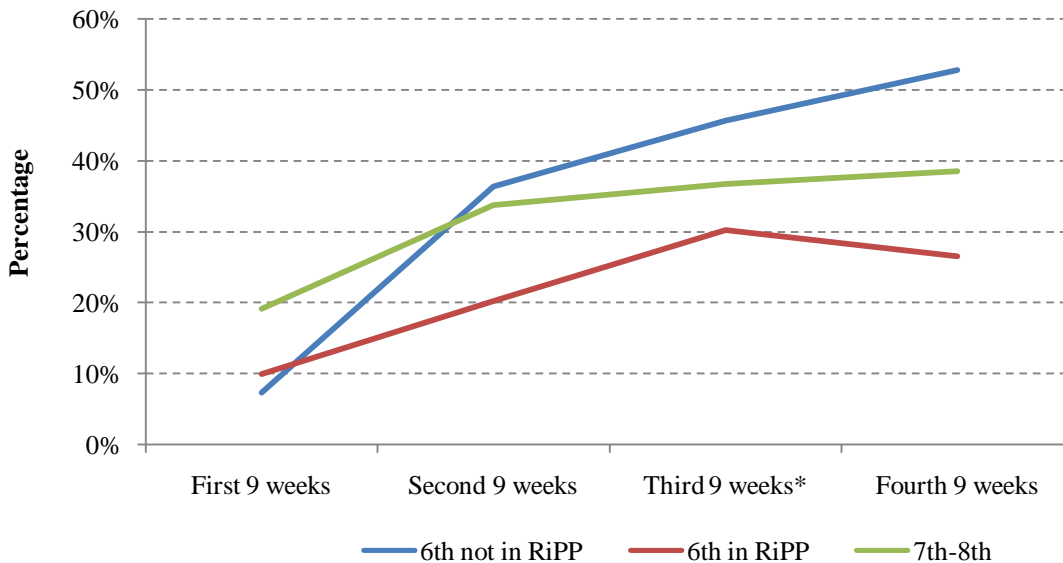
- “How confident are you that you would be able to do the following if you disagreed with another student? Apologize to the other student?”
- “When my friends fight I try to get them to stop.”

The items with the greatest decreases were:

- “How confident are you that you would be able to do the following if you disagreed with another student? Stay out of fights by choosing other solutions?”
- “There are better ways to solve problems than fighting.”
- “If I get crazy with anger it’s okay to hit someone.”

Although these mixed results may be cause for concern about the effectiveness of RiPP as an intervention, data for student referrals showed a different picture. DPE staff examined the percentage of Garcia students each quarter who had a discipline referral. RiPP implementation began at the beginning of the third quarter of the school year, and the percentage of students with referrals declined for RiPP participants in the last quarter of the year. This was juxtaposed with the finding that 6th graders not participating in RiPP and 7th and 8th graders at Garcia (who also were not exposed to RiPP) all showed a continued increase in the percentage with a discipline referral in the last quarter.

Figure 4. Percentage of Garcia Students With a Discipline Referral, by Quarter and RiPP Participation, 2008–2009



Source. AISD Discipline Data (ADIS, 2008–2009), Department of Program Evaluation

Note. Responding in Peaceful and Positive Ways intervention started at the beginning of the third 9 weeks

Conclusion and Recommendations

The RiPP coordinator had a productive semester implementing the curriculum and expanding the resources for the Garcia staff to deal with issues influencing violence on campus. Student outcomes were positive, as shown by the decrease in referrals for those who received the RiPP curriculum. Recommendations include the following:

- RiPP and ACCESS staff should work with Garcia leadership to ensure enough time in the calendar for all 16 lessons to be taught.
- The RiPP coordinator and evaluation staff should document the process of building resources at Garcia and examine the influence of those resources on the level of campus violence.

PROJECT TOWARDS NO DRUG ABUSE

Program Overview

Project Towards No Drug Abuse (TND) is a program that has the goal of decreasing student substance abuse¹² and is aligned with the second SS/HS element. The program is a classroom-based set of interactive lessons taught by a trained facilitator. The TND lessons focus on three factors contributing to youth substance use and other risky behaviors:

- Motivation factors (e.g., students' attitudes, beliefs, expectations, and desires regarding drug use)
- Skills (e.g., social, self-control, and coping skills)
- Decision making (e.g., how to make decisions that lead to health-promoting behaviors)

Project Towards No Drug Abuse

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: decrease student use of alcohol tobacco and other drugs

Implementation Summary

The original plan in the ACCESS grant proposal for implementing TND called for PBS coaches to receive training about TND and then use a train-the-trainers model to provide the curriculum to PBS teams on AISD's high school campuses. In turn, the PBS campus teams would work with their own high schools to implement TND with at least one student group per campus. Upon closer inspection, ACCESS and PBS staff found that TND does not effectively accommodate the train-the-trainer approach because TND instructors should be trained directly by a certified TND trainer. ACCESS staff changed their approach and instead used the ACCESS project facilitator as the key personnel to organize and oversee training (by the certified trainer) of campus staff who would implement the program.

Two of the staff implementing the curriculum participated in a survey regarding the opportunities and challenges of implementing TND. The evaluation team analyzed these survey responses to understand how TND might best be implemented in AISD. DPE staff also had follow-up communications with staff to discuss best practices for implementation.

The TND curriculum training was conducted on December 15 and 16 2008 by a certified TND trainer from the University of Southern California. A total of 17 attendees from five schools and AISD student support staff participated and were trained to implement the

¹²See tnd.usc.edu/overview.php.

program. The curriculum was implemented by two of the trained staff in two “peacemaker” sections (40 students) at Crockett High School, and with 10 students in a group counseling environment at Garza Middle School.

In summarizing the findings of the feedback from the instructors, DPE staff found a number of considerations regarding TND implementation. The two instructors thought the interactive lessons that were game- and/or participatory-based were most effective for students. However, both respondents reported that if the curriculum were implemented at full fidelity, not enough time would be available for positive but informal interactions between staff and students. They stated that “the curriculum does not allow for much discussion” and that the opportunity to discuss issues openly is hampered by the highly prescribed curriculum. One said, “Less is better so that students can have time to think deeper about the issue we are discussing.”

Instructors did think the interactive work on some topics was eye opening and was an effective way to learn; however, staff reported that the students’ reaction was that much of the curriculum was not different from what had been taught previously. The instructors thought older students might be less receptive to the curriculum because 10th and 11th graders have probably “heard much of it before.” Staff also commented about issues that might enhance implementation. One said,

“If we stick strictly to program fidelity, it should be taught by either a health or science teacher. The lesson are supposed to be taught in 50 minutes, so that doesn't work too well in a block schedule, but it can. The curriculum doesn't really allow for much discussion, so implementing it to fidelity in a small group counseling method would be hard to do.”

Analysis of Outcomes

The evaluation team modified¹³ and supervised administration of a pre- and post-survey given to 18 (out of 50) students who participated in the TND curriculum. The pretest was administered in January 2008 at the start of the TND classes, and the posttest was administered in March 2008 at the conclusion of the course. Unfortunately, due to the small number of completed surveys, it is not appropriate to discuss change in student attitudes or behaviors.

Conclusion and Recommendations

Based on the experiences of the two TND instructors, much was learned regarding the best method for implementation of TND. However, a lack of quality student data made it

¹³A survey was provided by TND program staff

inappropriate to examine the influence of the program on student outcomes. Recommendations are as follows:

- Currently planned for 2009–2010 with 9th graders at Ann Richards, the TND curriculum should be implemented with younger students to be more effective than it was with the older population served in 2008–2009.
- The original proposal called for 240 student enrollees. ACCESS staff should monitor implementation at Ann Richards to determine if this target is met, or consider changing the target.
- To determine if TND is a program worth sustaining, ACCESS staff should gather more detailed fidelity of implementation data at Ann Richards in 2009–2010 to assess the effectiveness of TND and to correlate fidelity with student outcomes. A modified student survey that is more concise and relevant to implementation in AISD should be used.

DROPOUT INTERVENTION AT MENDEZ MIDDLE SCHOOL

Program Overview

In the early stage of the ACCESS initiative, staff examined data and determined that Mendez had the highest dropout rate among AISD middle schools that did not have a dropout intervention specialist. The specialist began work in September 2007 and performed a variety of tasks, aligned with SS/HS element 3, aimed at decreasing the unexcused absence rate and curbing truancy and dropouts. Ideally, the specialist at Mendez would be an example of best practices for the district.

Implementation Summary

DPE staff inventoried the specialist's time spent interacting with students using a modified time/effort sheet that was completed monthly. Additionally, DPE staff administered the Status Survey to the specialist to collect information about the opportunities and challenges of performing the role of dropout prevention specialist at Mendez.

The dropout specialist at Mendez continued her work with students in multiple ways during 2008–2009. The specialist provided reinforcement for students with good attendance and needed support for youth with issues leading to poor attendance. She met with an average of 44 students per month and spent approximately 25% of her time counseling these students. She also led multiple support groups, with an average of 18 students per month. On average, she performed nearly 7 home visits per month and had an average of 26 parent contacts in which she informed parents their child was missing school, explained the law regarding truancy, and provided the family with a list of available supports. The specialist organized various good attendance recognitions for roughly 270 youth per month. She made 19 truancy court appearances per month, at which she served as a representative for the school to the court. Additionally, she made referrals to other ACCESS partners (e.g., Any Baby Can) and enhanced campus resources by co-facilitating group counseling, providing additional services for parents, and organizing new attendance awards celebrations.

Although the dropout intervention specialist position existed at other schools and guidelines existed for their job functions, it was determined by ACCESS staff that some of the activities typical of a specialist were not aimed at improving attendance and decreasing truancy

Dropout Intervention Specialist at Mendez Middle School

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: decrease rate of unexcused absences

and dropouts and changes to job expectations were made. The primary change was that the Mendez specialist would not assist in dropout recovery for their feeder high school beyond students for whom she was responsible (ninth graders coming from Mendez).

Analysis of Outcomes

To examine progress at Mendez, the primary student outcome measure used was unexcused absences. A rate of unexcused absences per student was calculated for the last 2 years, and this rate was used to examine change over time and to compare rates at Mendez both with rates for schools with comparable historical rates as well as with rates at all other middle schools. At Mendez, DPE staff found the rate of unexcused absence increased from 5.94 days per student in 2007–2008 to 6.00 days per student this year. Middle schools comparable¹⁴ to Mendez also showed an *increase* of .02 days/student. However when accounting for all middle schools, excluding Mendez, a *decrease* of .19 days/student was found.

The specialist was involved with students in a plethora of ways that DPE staff expected would produce the desired outcome of lower unexcused absences. The fact that the unexcused absence rate increased is troubling. Three findings shed some light on the situation at Mendez. First, Mendez had five students who were runaways and whose lack of attendance was credited in the data system to Mendez. Second, more than 100 8th graders who failed TAKS were placed in 9th grade. In that regard, the specialist stated that based on her observations, after students had failed TAKS and were aware they still would be promoted to 9th grade, large numbers skipped school. These first two issues should be examined more carefully in the future to compare Mendez with other schools and to ascertain the specific effect of these concerns on attendance. The third issue concerned the finding that the specialist's work in 2008–2009 included a large portion of time (i.e., 7 weeks at the beginning of the school year) on administrative work that supported high school dropout recovery, but did not assist students directly at Mendez. ACCESS staff have deemed these tasks inappropriate and thus they will not be part of the specialist's responsibility in the future, allowing for a greater concentration on current students.

Conclusion and Recommendations

The specialist at Mendez had a busy year in which she performed a wide variety of tasks in support of students. Surprisingly, her work did not result in a decrease in the student absence rate, leading to the following recommendations:

¹⁴ The comparable middle schools, based on previous attendance patterns, were Lamar, Burnet, Martin, Webb, and Covington

- In order to better understand why attendance rates did not improve, a closer examination of the complex nature of youth at Mendez is warranted. Specifically, why did the rich processes in place not yield the expected student outcomes?
- ACCESS staff should consider additional ways to interface with the specialist to ascertain if structural obstacles exist and what else could be done in addition to current services. More regular communications, including process and outcomes updates, may allow for a more precise approach to improving attendance.

AUSTIN TRAVIS COUNTY MENTAL HEALTH AND MENTAL RETARDATION

Program Overview

As part of the ACCESS initiative, Austin Travis County Mental Health and Mental Retardation (MHMR) makes fast-tracked individual counseling, psychiatric evaluations, and case management services available to 60 AISD students. Aligned with SS/HS element 4, these services are provided through two MHMR programs: Ready for Success and Coordinated Care Services. Ready for Success staff members include two licensed therapists and a case manager; Coordinated Care Services has one case manager. The primary goal of the MHMR services, as part of the ACCESS initiative, is to increase the community's resources to serve AISD students in need of mental health services.

Upon intake, students' psychological needs are assessed by Ready for Success staff, and the students then are assigned to one of the two MHMR programs offered. Students needing higher levels of care (LOC) are assigned to Coordinated Care Services and receive services through both Ready for Success and Coordinated Care Services. All students served through these programs are reassessed every 90 days to determine current level LOC and are reassigned, as needed. Program goals include moving students from higher to lower LOCs every 90 days and increasing the numbers of students served by MHMR each year.¹⁵

Implementation Summary

Because MHMR already had a service contract with AISD to provide similar mental health services, many collaborative relationships already existed prior to the inception of the ACCESS program. However, MHMR staff and the ACCESS facilitator worked together to educate potential referrers about the distinctions between students eligible for previously existing services and those eligible for the ACCESS programs' expedited processes. In addition, the facilitator and MHMR staff developed a filtering system whereby all potential ACCESS students were referred first to the facilitator, who then sent a prioritized list of clients to MHMR. In 2008–2009, MHMR staff hired and trained the additional staff necessary to provide fast-tracked services, developed systems for tracking and reporting the needed data to

Austin Travis County Mental Health and Mental Retardation

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: increase resources for youth in need of mental health services

¹⁵ See <http://www.austinisd.org/community/access/>

AISD, and established the data-sharing agreement to gather information from AISD regarding MHMR ACCESS clients. Even with increased resources, MHMR staff continued to be concerned that students might wait up to several weeks for psychiatric evaluations. MHMR staff served 65 clients under the ACCESS program, 5 more than the total projected.

Analysis of Outcomes

MHMR staff monitored and provided outcome information regarding client progress to the ACCESS evaluation team. Of students who had been in the system more than 90 days ($n = 48$), 30 (63%) reached the targeted improvement level. In 2009–2010 a process to share AISD data regularly with MHMR is expected, which should allow for a more detailed analysis of a variety of student outcomes

Conclusion and Recommendations

MHMR services under the ACCESS initiative met the primary goal of increasing resources to serve AISD students in need of mental health services. Recommendations to further improve the referral process and implementation of services include the following:

- So that AISD staff are fully aware of the services provided by MHMR, ACCESS staff should work with MHMR to develop a calendar for presenting services to campuses early in the year and on an ongoing basis. They should create easily digested communications in several forms to provide potential referrers with information they can access quickly, when needed.
- As MHMR develops effective and sustainable processes, it is suggested these practices be documented and archived to assist incoming staff and provide further insight into the collaboration process.

PARENTING WITH LOVE AND LIMITS

Program Overview

Austin Child Guidance Center (ACGC) implements a therapeutic and educational program called Parenting with Love and Limits™ (PLL) for AISD secondary students and their families. PLL is a national model program developed by the Savannah Family Institute. The PLL program provides group and individual counseling sessions that strengthen family relationships and develop the interpersonal and communication skills of participants. Aligned with SS/HS element 4, a primary goal of implementing PLL is to increase resources for serving youth in need of mental health services. During the course of the 2008–2009 school year, ACGC provided services for 82 (capacity was 96) students and their families. PLL groups began in mid September of 2008 and ran through the summer in two locations: one was in central Austin, the other in south Austin.¹⁶

Parenting with Love and Limits

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: increase capacity for youth in need of mental health services

Implementation Summary

An important component of implementation during the first year was the collaborative partnerships the ACGC staff built with the ACCESS facilitator and the staff at ALC. The ACCESS facilitator scheduled meetings at which the ACGC staff were able to introduce the program in some depth to AISD staff (i.e., regarding the eligibility criteria and the program and referral processes). In addition to actively supporting the program and ACGC staff, ALC staff provided meeting rooms and space to store the equipment necessary for implementation. ACGC staff reported this arrangement supported the program by allowing staff to concentrate on providing high-quality services, rather than spending their time transporting and removing equipment on a daily basis. ALC and ACCESS staff members were key sources of the 208 referrals garnered for the program. Although they received nearly twice as many referrals as they could take as clients, ACGC staff were challenged to turn referrals into participants because the program required six weekly meetings with both students and family members. Staff provided services to 82 students and their families; to date, 68 participants in 57 families

¹⁶ See <http://www.austinisd.org/community/access/> for a more complete program description

have completed the program. In Summer 2009, staff offered two groups (i.e., one at a south Austin location and the other in central Austin) to provide increased access for AISD students.

Conclusion and Recommendations

ACGC services under the ACCESS initiative met the primary goal of increasing resources for serving AISD students in need of mental health services. Recommendations to further improve the referral process and implementation of services include the following:

- With implementation well under way, it is suggested that ACGC staff focus on examining and reporting PLL program outcomes, based on their logic model, to provide AISD and ACCESS staff with insight into the value of PLL for students.
- As partners develop effective and sustainable processes, it is suggested that these practices be documented and archived to assist incoming staff and provide further insight into the collaboration process.

LUCY READ PRE–K ELEMENTARY SCHOOL COUNSELOR AND INCREDIBLE YEARS

IMPLEMENTATION

Program Overview

Lucy Read implemented a number of ACCESS-related activities aligned with SS/HS element 5. The primary ACCESS-supported resource was a full-time counselor who was charged with providing individual and group counseling and with leading the implementation and training of Incredible Years and Devereux. Upon attending the Incredible Years training, it was clear that a more specified curriculum based on Incredible Years theory would need to be developed. At the same time, staff also attended the Devereux training and decided the best course of action for Lucy Read would be to integrate Incredible Years and Devereux into a single curriculum. The counselor and ACCESS staff collaborated with the PBS evaluator to align the curricula and develop a programmatic logic model.

Lucy Read Pre-K

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS goal: increase capacity for counseling at Lucy Read and to implement Incredible Years and Devereux Curricula

Implementation Summary

The evaluation team inventoried the counselor's time working with students and training teachers through a modified time/effort sheet that was completed monthly. Additionally, information about the opportunities and challenges of counseling, as well as about the trainings sessions provided at Lucy Read, was collected.

The counselor at Lucy Read conducted two groups (with multiple sessions) per month, with three children per group during 2008–2009. She also worked individually with nine students per month (often in multiple sessions). The counselor had her own classroom in which she was able to provide a developmentally appropriate setting for counseling, which she stated was critical to successful counseling. In that regard, one obstacle at Lucy Read was that during 6 weeks in the spring semester, the counselor was unable to do group counseling or play therapy for individuals while her office/counseling area was used as a testing center. On average, her counseling efforts comprised approximately 30% of her time. A significant goal at Lucy Read was to provide enhanced resources to counsel students, and in that regard, the time tracking was an indicator of success. In addition, the counselor attended substantial training in both the Incredible Years and Devereux curricula (31 days were spent off campus at training)

and she used that knowledge to develop and administer a five-session training to 11 teachers at Lucy Read. The counselor provided regular support to Lucy Read staff through training in campus-wide meetings and by providing classroom-based social/emotional lessons through which she reached 200 (of 600) students at Lucy Read. Additionally, she regularly attended collaborative meetings with United Way and other organizations, acting as a representative of ACCESS/AISD for early childhood education.

The Incredible Years training was assessed formatively via short satisfaction surveys. These results were shared with ACCESS staff and the Lucy Read counselor and are included in this section. A number of tools were developed to examine the quality of implementation of Incredible Years in the classroom. Using modified Incredible Years and Devereux templates, a teacher checklist was created to be used by the teachers as they examined videotapes of themselves teaching. These tools were developed but only pilot tested in 2008–2009. DPE staff plan to use them with teachers of the new curriculum in 2009–2010 to examine fidelity.

Analysis of Outcomes

As noted above a number of tools were developed to examine the fidelity of implementation for Incredible Years and Devereux. These tools will be used to conduct a more in-depth analysis in 2009–2010 to link implementation to teacher and student outcomes.

Conclusion and Recommendations

The Lucy Read counselor enhanced the resources of her school to meet needs by providing direct services to students. Additionally, extensive time and effort were spent developing a curriculum to be used with teachers to enhance their ability to work with all students. Recommendations for further improvement include the following:

- The Lucy Read counselor should continue to enhance resources for all staff and students through regular presentations in staff meetings; however, this may make it difficult to specifically examine the influence of counselor activities on the Incredible Years/ Devereux participant group.
- A designated space for individual and group counseling was critical and should be maintained to maximize effective counseling opportunities. Staff should consider an alternative location or a more flexible schedule of testing that would not interfere with group and individual counseling.
- To assist teachers' understanding of Incredible Years/Devereux best practices, multiple classroom observations techniques and reflective checklists that have been developed should be used in 2009–2010.

ANY BABY CAN: NURSE-FAMILY PARTNERSHIP

Program Overview

Any Baby Can is an Austin-based nonprofit agency that serves young children and their families. As an ACCESS partner, the staff at Any Baby Can have the resources to serve a total of 36 pregnant girls in grades 6 through 9, over the course of the grant, through a program called the Nurse-Family Partnership. The Nurse-Family Partnership program is aligned with SS/HS element 5 and provides prenatal and child development education as well as case management services to first-time mothers. The Nurse-Family Partnership program has been shown to improve pre- and postnatal outcomes for both mothers and their young children. Nurse-Family Partnership services are provided through the ACCESS partnership to pregnant girls of less than 16 years of age. Services last 2.5 years and include support and education for both mother and child.¹⁷

Implementation Summary

In its first year as an ACCESS partner, Any Baby Can focused on creating collaborative partnerships that served as the basis for information dissemination and to garner program referrals. Six program nurses and one nurse supervisor were hired to deliver services (36 girls could be served), collect program data, and monitor fidelity to the national model. The Any Baby Can staff and the ACCESS facilitator spent time educating school nurses with regard to the eligibility requirements, program offerings, and contact information. Nurses and others in the community provided Any Baby Can with 18 referrals to the ACCESS Nurse-Family Partnership program. Of these, 13 referrals were appropriate and 11 students agreed to participate. Four of these students were in high school and seven were in middle school. No babies were born during the 2008–2009 year (hence, no discussion of outcomes). With implementation underway, the Any Baby Can staff has begun to partner with AISD staff to share information about participants through a formal data-sharing agreement. This will allow both Any Baby Can and AISD staff to examine the wider effects of the Nurse-Family

Any Baby Can: Nurse-Family Partnership

1. Safe school environments and violence prevention activities
2. Alcohol, tobacco, and other drug prevention activities
3. Student behavior, social, and emotional supports
4. Mental health services
5. Early childhood social and emotional learning program

ACCESS Goal: To assist teen mothers in having healthy babies and returning to school

¹⁷ See the Any Baby Can service page at <http://www.austinisd.org/community/access/>

Partnership program on girls in and out of school and also to determine if participation in programming provided by Any Baby Can is beneficial.

Conclusion and Recommendations

Any Baby Can began implementation and is working with 11 pregnant girls. Staff found that getting an adequate number of appropriate referrals was a challenge during the first year of implementation. With that in mind, DPE staff recommend the following:

- With resource for serving 36 girls, it will be important to continue to seek methods to increase the number of appropriate referrals. Based on their rates of referral thus far, ACCESS and Any Baby Can staff should seek as many as 43 referrals to ensure enough appropriate participants.
- Because the program works with students for up to 2.5 years, it will be a challenge to determine implementation fidelity and student outcome measures in the short term. ACCESS staff should work with Any Baby Can staff and the external evaluator to determine the most appropriate process and outcome measures.

OVERVIEW OF TECHNOLOGY INITIATIVE ACTIVITIES

Although not a specific program or curriculum, the technology initiative that is a part of the ACCESS initiative deserves attention.¹⁸ During Year 2, the Joint Technology Team emerged as a sustainable model for reviewing technology initiatives and addressing issues of interoperability. This team met monthly and focused on three initiatives: Youth Service Mapping, GIS, and the Student Aggregate Reporting Tool (SAR). The goal of these three initiatives is to provide data to community and district stakeholders linking student services (and needs) to student outcomes, and, by using GIS technology, to enhance our understanding the role of community factors (such as family mobility or access to healthy food) on social and academic outcomes.

Youth Services Mapping is a tool to inventory which services are available on or near campus to students across the district. Service providers and campus counseling staff are targeted as the primary users of YSM. The development of this tool is on target, with implementation under way. Approximately 50 agencies have registered, and 9 have completed their profiles. AISD campuses are making progress in identifying the Campus Youth Services Mapping supervisor. The Youth Services Mapping tool is designed to accommodate surrounding school districts, as well, and to become a regional tool. Implementation will focus only on AISD at this time.

Two GIS mapping projects are under way. The first project is to build a map of the social landscape for families with young children by mapping their characteristics (e.g., school enrollment, economic indicators, academic success measures, and birthrates). The second project is to examine student mobility. Campus-level maps of school mobility and student homelessness were produced. A methodology for using AISD data to understand student residential mobility is being developed, with the intent that maps of residential mobility will be produced during year 3 of the grant.

Maps are currently at a city-wide view, and the most appropriate display options are being investigated. A next step in the process will be to receive approval to share the maps via the internal ACCESS process that has been established, and to package the maps as part of a coherent presentation with guidance for use.

The SAR is being developed internally by the AISD Management Information Department and the DPE to address the need for community service providers to obtain aggregate information about targeted student performance with regard to school attendance, discipline, and academic indicators. Reports are auto-generated, with longitudinal and comparison group analyses available. The SAR was being beta tested as of September 2009.

¹⁸ Dr. Susan Millea, the ACCESS sustainability coordinator, contributed to this section.

CONCLUSION

Generally, the ACCESS initiative's programs and curricula are meeting expectations for implementation and service delivery in year 2 of the SS/HS 4-year grant. The ACCESS staff has been an important agent for effective service coordination, both within the scope of the initiative and by enhancing district- and community-level service implementation of projects. Much has been learned; new systems have been put in place; and most importantly, AISD is better meeting the complex needs of students as a result of the programs and processes brought about through the ACCESS initiative. Highlights include the following:

- Improved communication between ACCESS initiative partners and an enhanced referral system, leading to better service provision for students
- Expansion and deepening of PBS implementation in AISD, resulting in improved student outcomes
- Improved service for students as they transition from an ALC to their home campus
- Success, in varying degrees, for ACCESS supported campus-based programs, resulting in best practice improvements that serve students
- New curricula being tried and tested, with many lessons learned about best practices for implementation
- Increased availability of assistance for students in need of mental health services
- Enhanced ability to use technology to address the needs of students and inform AISD staff on gaps in service

With much success in most areas, additional attention should be paid to programs that have yet to reach full implementation. Although many programs have met goals for student outcomes, it should be noted that others have not. In that regard, careful monitoring of both process and outcome progress is planned to be more regularly undertaken by ACCESS staff. Throughout this report, we have offered suggestions about how programs' staff might be better positioned, moving forward, to meet targets. As an evaluation team, we look forward to continued cooperation with the ACCESS staff. A summary of recommendations follow:

- Effective practices for each program should be documented and archived to assist incoming staff and provide further insight into the collaboration process.
- ACCESS staff should consider documenting a model school for various initiatives (e.g., PBS and the transition SCLs) so that best practices can be clearly defined in an AISD school context. A model school should be available to inform the practice of other schools in the district and serve as a showcase for exemplary AISD practices.

- Programs that are not yet fully implemented should be carefully monitored. These programs should be given more direct attention through regular communication from ACCESS staff.
- Communication between all partners and the community should continue to be enhanced, including the possible addition of messaging systems to be used by the initiative that would inform partners, the district, and the community about ACCESS progress and opportunities.
- ACCESS staff should consider how to leverage new processes (e.g., centralized referrals) and communication streams (e.g., Core Management Team) for future sustainability. Staff should examine how the ACCESS support team can position staff to be prepared and ready to engage in future grant writing. These processes have begun and should be continued in 2009–2010.

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APPENDICES

Appendix A: ACCESS Logic Model

Austin Independent School District - Safe Schools / Healthy Students Logic Model Austin Community Collaboration Ensuring Student Success (ACCESS)

Element 1: Safe school environments and violence prevention activities

Needs and Gaps	Goals:	SS/HS Elements	Objectives	Activities	Partner	Process Measures	Indicators and GPRA
<p>The percentage of students in a physical fight in the past 12 months is currently 2.53%</p> <p>15.7% of students reported they did not feel safe at school in 06-07</p> <p>Fighting and Physical Aggression is considered "most serious problem" for 23.5% of secondary students surveyed in 06-07</p> <p>52.8% of secondary students reported experiencing bullying at least one time during the 06-07 school year</p> <p>16.3% of students in 06-07 referred to alternative learning centers were for repeat discipline offenses</p> <p>36.5% of secondary students reported in 06-07 that they had a friend in a gang. 43.2% of secondary students in 06-07 stated that there was regular gang activity at their campus. A city-wide committee proposed a School Resource Officer (SRO) position dedicated to anti-gang activities</p>	<p>To build and expand a safe, civil, and productive learning environment through district plans, processes and policies that promote safe and disciplined schools</p>	<p>Element 1: Safe school environments and violence prevention activities</p>	<p>1.1 Student fighting will be reduced district-wide by at least 6% from baseline (2.53%) by 2011</p> <p>1.2 The percentage of students who skip school district-wide because they do not feel safe (in school or on the way to or from school) will be reduced by at least 5% from baseline (7.49%) by 2011</p> <p>1.3. At least 80% of participants in Expect Respect Boys Groups will increase knowledge and skills of healthy relationships by the end of the program</p> <p>1.4. The percentage of students with repeat referrals to alternative learning centers will decrease by at least 13% from baseline (16.3%) by 2011</p> <p>1.5. Student report of regular gang activity on campus will be reduced by at least 5% from baseline (from 43.2%) by 2011</p>	<p>1. Implement PBS in all schools using 15 Support Specialists. District PBS Coordinator will work with each campus to organize school-wide student behavior support systems and improve classroom management (Obj – 1.1; 1.2)</p> <p>2. Implement Expect Respect Boys Groups on campuses with highest need (Obj – 1.3)</p> <p>3. Establish School Community Liaisons (SCL) to provide services to students transitioning from Alternative Learning Center, Juvenile Justice Alternative Education Program, Juvenile Probation Department, or Alternative Center for Elementary Education (Obj – 1.4)</p> <p>4. Establish SRO position to provide gang assessments and implement Comprehensive Gang Model focusing on six middle schools and four high schools with high gang activity (Obj - 1.1; 1.2; 1.5)</p>	<p>PBS staff implement school-wide behavior support systems and improved classroom management activities in all schools (activity 1)</p> <p>SafePlace implements Expect Respect Boys Groups (activity 2)</p> <p>New and established SCLs provide services to students transitioning from alternative placement (activity 3)</p> <p>AISD and Austin police departments assist with SRO position focused on gang prevention (activity 4)</p>	<p>1a. Number of PBS staff hired and trained</p> <p>1b. Number of campuses that received PBS training</p> <p>1c. Number of PBS activities at each level of intervention</p> <p>2a. Number of participants in Expect Respect Boys Groups</p> <p>3a. Number of transitioning youth served by SCLs</p> <p>4a. Number of gang assessments performed</p> <p>4b. Number of schools that received consultation and/or education programs from SROs (for 10 targeted schools)</p>	<p>1.1. 6% reduction in student fighting as measured by student discipline records (GPRA)</p> <p>1.2. 5% reduction in percentage of students who skip school because they do not feel safe (in school or on the way to or from school) as measured by Student Substance Use and Safety Survey (SSUSS) (GPRA)</p> <p>1.3. 80% of participants in Expect Respect Boys Groups will increase knowledge and skills of healthy relationships as measured by pre- and post-test of program participants</p> <p>1.4. 13% reduction in the percentage of students with repeat referrals to alternative learning centers as measured by student attendance records</p> <p>1.5. 5% reduction of student report of gang activity as measured by SSUSS</p>

**Austin Independent School District - Safe Schools / Healthy Students Logic Model
Austin Community Collaboration Ensuring Student Success (ACCESS)**

Element 2: Alcohol, tobacco, and other drug prevention activities

Needs and Gaps	Goals:	SSI/HS Elements	Objectives	Activities	Partner	Process Measures	Indicators and GPRA
<p>693 students in AISD with drug use offenses in 2006. This data indicated a need to supplement the PBS model with a focus on school-wide, coordinated anti-drug, anti-alcohol strategies</p> <p>22.4% of secondary students used alcohol, 11.9% of secondary students used tobacco, and 14.4% of secondary students used marijuana in 2006-07</p>	<p>To promote a culture that promotes a healthy lifestyle including non-tolerance of substance use i.e., alcohol, tobacco and other drugs</p>	<p>Element 2: Alcohol, tobacco, and other drug prevention activities</p>	<p>For Secondary Students only: 2.1. Student report of current alcohol use will be reduced district-wide by at least 28% from baseline (22.4%) by 2011</p> <p>2.2. Student report of current tobacco use will be reduced district-wide by at least 19% from baseline (11.9%) by 2011</p> <p>2.3. Student report of current marijuana use will be reduced district-wide by at least 14% from baseline (14.4%) by 2011</p>	<p>1. Train PBS staff in Project Towards No Drug Abuse (PTND) curriculum. Expected school-wide impact but goal is to run one group per semester on each high school campus, an early intervention reaching potentially 240 students per year (Obj - 2.1; 2.2; 2.3)</p> <p>2. PBS staff trained in LifeSkills program (with focus on middle schools) would be expanded and sustained in the future (Obj - 2.1; 2.2; 2.3)</p>	<p>PBS staff provide PTND curriculum training. PBS teams provide in-school program (activity 1)</p> <p>Austin Voices for Education staff provide training to PBS staff on curriculum (activity 2)</p>	<p>1a. Number of PBS staff trained in PTND 1b. Number of campus teams trained in PTND 1c. Number of students that receive PTND</p> <p>2a. Number of PBS staff trained in LifeSkills 2b. Number of PBS campuses that use LifeSkills</p>	<p>For Secondary Students only: 2.1. 28% reduction in self-reported alcohol use as measured by SSUSS (GPRA)</p> <p>2.2. 19% reduction in self-reported tobacco use as measured by SSUSS</p> <p>2.3. 14% reduction in self-reported marijuana use as measured by SSUSS (GPRA)</p>

**Austin Independent School District - Safe Schools / Healthy Students Logic Model
Austin Community Collaboration Ensuring Student Success (ACCESS)**

Element 3: Student behavior, social, and emotional supports

Needs and Gaps	Goals:	SS/HS Elements	Objectives	Activities	Partner	Process Measures	Indicators and GPRA
Discipline challenges such as disruptive behavior and acts of disrespect in addition to student mobility contribute to poor school climate. 53.5% of secondary students in 06-07 reported that teachers had to spend class time, at least daily, disciplining disruptive students. 53% of secondary students in 06-07 reported daily student acts of disrespect towards Teachers. Austin's 2005-06 mobility rate was 27.1%, compared to 22.3% at the state level. Data reveal the need for improved individual behavior and student climate	To foster a culture that supports the social-emotional and behavioral well-being of all children and youth	Element 3: Student behavior, social, and emotional supports	<p>3.1. Mean scores for the positive behavior climate items from student climate survey will improve to 3.23 (baseline of 3.09) by 2011</p> <p>3.2. Suspensions for participants in Responding in Peaceful and Positive Ways (RPPW) will reduce by at least 5% from baseline (2.32%) by 2011</p> <p>3.3. Rate for unexcused absences for students at Mendez will decrease by 10% from baseline (5.11 days per student) by 2011</p> <p>3.4. District-wide discipline disparity will reduce by 50% from baseline (161% disproportion for African-American students) by 2011</p>	<p>1. Implement PBS in all schools using 15 Support Specialists (Obj - 3.1)</p> <p>2. PBS staff will utilize the Responding in Peaceful and Positive Ways curriculum for AISD middle schools. PBS staff will train ~three school and student support staff per middle school (10 middle schools out of 18) in the first year, with ongoing program support over time. Trained staff will run one group per semester on their campus, reaching potentially 200 students per year (Obj - 3.2)</p> <p>3. A dropout intervention specialist will be recruited for Mendez (Obj - 3.3)</p> <p>4. One PBS staff member will be trained and will train campus PBS team members on "Understanding Poverty" curriculum (Obj - 3.4)</p>	<p>PBS staff implement school-wide behavior support systems (activity 1)</p> <p>PBS staff provide RPPW curriculum training (activity 2)</p> <p>AISD dropout intervention specialist for Mendez (activity 3)</p> <p>PBS staff provide training on Framework for Understanding Poverty curriculum (activity 4)</p>	<p>1a. Number of PBS staff hired and trained</p> <p>1b. Number of campuses that received PBS training</p> <p>1c. Number of PBS activities at each level of intervention</p> <p>2a. Number of PBS staff trained in RPPW</p> <p>2b. Number of campus teams trained in RPPW</p> <p>2c. Number of students that receive RPPW</p> <p>3a. Mendez DIS hired</p> <p>3b. Mendez DIS performs responsibilities of position</p> <p>4a. PBS staff member is trained in FUP</p> <p>4b. Number of other staff and PBS teams trained in FUP by PBS staff</p> <p>4c. Number of PBS teams that use FUP</p>	<p>3.1. 5% improvement in overall school climate ratings as measured by Student Climate Survey</p> <p>3.2. 5% reduction in suspensions as measured by student discipline records</p> <p>3.3. 10% reduction in rate for unexcused absences as measured by Mendez student attendance records</p> <p>3.4. 50% reduction in discipline disparity as measured by discipline referrals</p>

**Austin Independent School District - Safe Schools / Healthy Students Logic Model
Austin Community Collaboration Ensuring Student Success (ACCESS)**

Element 4: Mental health services

Needs and Gaps	Goals:	SS/HS Elements	Objectives	Activities	Partner	Process Measures	Indicators and GPRA
<p>There is an identified need for school-based and community mental health services for AISD students</p> <p>Locally available Mental health (MH) agencies are working beyond their case capacity</p> <p>Current processes (through such groups as campus IMPACT teams) limit proper referral of students to appropriate MH services.</p> <p>No effective mental health needs/services database is available to AISD staff and community organizations.</p>	<p>To implement an integrated plan to support and sustain a culture that promotes mental wellness of all children and youth especially those with complex needs</p>	<p>Element 4: Mental health services</p>	<p>4.1. Increase the number of students that receive school-based mental health services to 1023 per year from baseline (104) by 2011</p> <p>4.2. Mental health referrals for students (in AISD zip codes) that result in therapeutic services being provided in the community will increase to 1886 annually from baseline (n=1791) by 2011</p> <p>4.3. Students being processed by IMPACT teams will increase by 10% from baseline identified in 2008</p> <p>4.4. The outreach capability of services through technological support systems will be enhanced by 2011</p>	<p>1. Students are identified and referred as in need of targeted intervention (Obj - 4.1; 4.3)</p> <p>2. Implement Parenting with Love and Limits (PLL) curriculum (Obj - 4.1)</p> <p>3. Fund two licensed therapist positions at community agency (Obj - 4.2)</p> <p>4. Add case management position at community agency (Obj - 4.2)</p> <p>5. Develop Ready by 21 (RB21) Youth Service Mapping (Obj - 4.4)</p> <p>6. Develop GIS technology to fully utilize RB21 maps for information exchange (Obj - 4.4)</p>	<p>Austin Child Guidance Center implements PLL (activity 2)</p> <p>Austin Travis County MHMR utilizes two new staff (activity 3)</p> <p>Austin Travis County MHMR utilize new staff (activity 4)</p> <p>AISD - MIS staff, RB21, and YSM/GIS contractors (activity 5 and 6)</p>	<p>1a. Number of referrals to Impact Team</p> <p>1b. Number of IMPACT referrals that are for mental health services</p> <p>2a. Number of families that participate in PLL</p> <p>3a. Austin Travis County MHMR hires two staff</p> <p>3b. Number of youth served by community agency</p> <p>4a. Austin Travis County MHMR hires case manager</p> <p>4b. Number of youth served by community agency</p> <p>5-6a. Percentage of RB21/GIS process completed</p> <p>5-6b. Use of RB21/GIS by stakeholders</p>	<p>4.1. Increase of students that receive school-based mental health services as measured by service provider attendance records (GPRA)</p> <p>4.2. Increase of students that receive mental health referrals that result in services being provided in the community as measured by intake data from community agency (GPRA)</p> <p>4.3. 10% increase in the number of students being processed by IMPACT teams as measured by IMPACT team documentation</p> <p>4.4. Stakeholders' perceptions of enhanced outreach capability resulting from new technologies as indicated via survey.</p>

**Austin Independent School District - Safe Schools / Healthy Students Logic Model
Austin Community Collaboration Ensuring Student Success (ACCESS)**

Element 5: Early childhood social and emotional learning programs

Needs and Gaps	Goals:	SS/HS Elements	Objectives	Activities	Partner	Process Measures	Indicators and GPRA
<p>Low-income children who are eligible to attend public school in AISD pre-kindergarten programs need curricula that emphasizes how to manage conflict, express frustration, process feelings and create supportive learning communities. This type of curriculum does not currently exist at the pre-kindergarten level</p> <p>There are no current AISD resources dedicated to working with pregnant middle school students. Last year there were some 60 girls in middle school reported pregnant. These students generally have little access to resources and information that would help improve their own and their children's outcomes</p>	<p>Increase readiness to learn in children 0-5 who are at a higher risk of having complex needs</p>	<p>Element 5: Early childhood social and emotional learning programs</p>	<p>5.1. Percentage of students at the Pre-K Demonstration Center who are successfully prepared for transition to kindergarten will increase to 90% from baseline (65%) by 2011</p> <p>5.2. 90% of students who give birth will return to school within 6 months and will have babies with greater than 2500 grams birth weight</p>	<p>1. Hire full time counselor to implement the Incredible Years Curriculum (IYC) and to increase the ability to do general counseling for students at Lucy Read Pre-K (Obj - 5.1)</p> <p>2. Implement the Nurse Family Partnership (NFP) (Obj - 5.2)</p>	<p>Staff and counselor at Lucy Reed (activity 1)</p> <p>Any Baby Can implements NFP (activity 2)</p>	<p>1a. Counselor is hired 1b. Number of youth served by counselor 1c. Number of students that received IYC</p> <p>2a. NFP develops process to gather referrals from AISD partners 2b. Number of youth and families served by NFP</p>	<p>5.1. 90% rate of kindergarten readiness of students at the Pre-K Demonstration Center as measured by the Devereux Early Childhood Assessment</p> <p>5.2. 90% of mothers return to school within 6 months of birth as measured by student attendance records; and 90% of babies have birth weight of greater than 2500 grams as collected by FNP staff</p>

Appendix B: List of ACCESS Partners

- 1) Internal Partners (Austin Independent School District Staff)**
 - a) Counselor at Lucy Read Pre-kindergarten Demonstration School
 - b) Department of Management Information Services
 - c) Department of Program Evaluation
 - d) Dropout specialist at Mendez middle school
 - e) Positive Behavior Support staff
 - f) School Community Liaison for transition
 - g) School Resource Officer – gang specialist
- 2) Contracted Partners**
 - a) Any Baby Can Child and Family Resource Center
 - b) Austin Child Guidance Center
 - c) Austin Travis County Mental Health and Mental Retardation
 - d) Austin Voices for Education and Youth
 - e) CommunitySync
 - f) Human Services Technology Innovation
 - g) SafePlace
 - h) Shore Research, Inc.
 - i) Seton Family of Hospitals
- 3) Core Management Team**
 - a) Austin Independent School District
 - b) Austin Independent School District Police Department
 - c) Austin Travis County Mental Health and Mental Retardation
 - d) Travis County Juvenile Probation
 - e) Additional community members

Appendix C: Supporting Methodological Information

Table C1: Data Tool Inventory, by ACCESS Program, 2008–2009

	Activity Tracking Tool	Status Survey	Staff Communications	Program Specific Instrument	Student Climate Survey	Student Substance Use and Safety Survey	Student Discipline records	Student Attendance records
Positive Behavior Support		✓		✓	✓		✓	
Expect Respect Support Groups			✓	✓				
School Resource Officer	✓	✓			✓	✓		
Transition School to Community Liaison	✓	✓	✓				✓	
Responding in Peaceful and Positive Ways	✓	✓	✓	✓			✓	
Project Towards No Drug Abuse		✓	✓	✓				
Dropout Intervention Specialist – Mendez Middle School	✓	✓	✓					✓
Austin Travis County Mental Health and Mental Retardation	✓		✓	✓				
Parenting with Love and Limits	✓		✓					
Lucy Read Counselor / Incredible Years	✓	✓	✓	✓				
Nurse Family Partnership	✓		✓					

Source. Department of Program Evaluation

The analysis of school climate used the questions in Table C2. All items were expected to be influenced by PBS implementation in a school; a positive relationship between effective PBS implementation and a score increase on the PBS subscale was anticipated. The items responses had a range of 1 (*never*) to 4 (*always*), and a mean score for the PBS subscale was calculated for each student. The mean score then was analyzed at the school level, district level, or both.

Table C2. Positive Behavior Climate Items Used in 2008–2009 Analysis

Item Number	Question Stems
9	Everyone knows what the school rules are.
10	The school rules are fair.
11	The consequences for breaking school rules are the same for everyone.
12	My teachers always make sure that the students follow the rules.
13	My classmates know there are consequences for breaking the rules.
14	Students at my school follow the rules.
15	I feel safe at my school.
16	I feel safe on school property.
17	Teachers give rewards or praise for good behavior.
28	Teachers give rewards or praise for good work.
37	The school rules are fair.

Source. AISD student climate survey, 2008–2009

The analysis of the SSUSS was limited to scores on individual items. The items above specifically addressed objectives on which the ACCESS initiative sought to have an effect. For a more detailed discussion of the methods used for SSUSS (including weighting), see Naik and Christian (in press).

Table C3. Student Substance Use and Safety Survey (2007–2008) Items Used in ACCESS Initiative Analysis

ACCESS objective addressed	Item number	Question item	Analysis based on
Skipping school reduced	9c	During the last month, did you miss one or more school days because: You didn't feel safe at school?	Percentage yes for either 8c or 8d
	9d	During the last month, did you miss one or more school days because: You didn't feel safe on the way to/from school?	
Gang activity reduced	15	To the best of your knowledge, how often do gang activities occur at your school?	Percentage responding; "happens daily," "happens at least once a week," or "happens at least once a month"
Tobacco use reduced	18	What is the most recent you have used tobacco?	Percentage responding "I used it within the past month"
Alcohol use reduced	18	What is the most recent you have used alcohol?	Percentage responding "I used it within the past month"
Marijuana use reduced	18	What is the most recent you have used marijuana?	Percentage responding "I used it within the past month"

Source. AISD student substance use and safety survey (2008–2009)

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Publication Number 08.71

October 2009