

Safe Schools and Healthy Students Initiative
Austin Community Collaboration Ensuring Student Success - ACCESS
Austin Independent School District

PROJECT NARRATIVE

1. Community Assessment: (a) The Austin Independent School District requests support from the Safe Schools/Healthy Students program for a comprehensive, community-wide plan titled Austin Community Collaboration Ensuring Student Success (ACCESS). The ACCESS program is based on a paradigm shift that has been occurring in the Austin Independent School District (AISD) over the last several years. It began in 2003 when a student was brutally murdered by her ex-boyfriend in an AISD high school hallway, in front of other students. Shortly thereafter, a Community Safety Task Force was convened to make recommendations for increased campus security; after a bond election passed, the new security plan was implemented on AISD campuses. While these were positive steps toward establishing a safe school environment, they have not proved adequate. In 2005, another AISD student was killed in a gang-related shooting as he got off the school bus in his neighborhood. These two galvanizing incidents reflect changes occurring in the Austin community and new challenges for the AISD. What we propose is nothing less than the transformation of school and community systems to address the behavioral, social and emotional needs of our city's children. We plan to build upon community technology-based initiatives to aid in that transformation. Effecting that magnitude of change in a school district with approximately 82,000 students and 11,000 staff cannot happen without significant external resources, careful planning, and the commitment of key community partners. The Austin community is poised to undertake a systems transformation, as reflected in a number of overlapping school and community-wide initiatives that have laid the foundation for the ACCESS program. What we need now are the resources to initiate activities for lasting

change. We believe we can be a national model for such transformation, as we have been with our successes in academic achievement for urban districts (National Assessment of Educational Progress, Trial Urban District Assessment, 2005), and with our student health services program (Center for Health Improvement, Sacramento, California, 2004).

According to the City of Austin's Department of Planning, the Texas capital's population rose from 465,000 in 1990 to 735,000 in 2007, and will likely reach 1 million around 2020. AISD enrollment has experienced a corresponding growth and will approach 83,000 students this fall, and in a major risk factor, more than 60% of these students come from Economically Disadvantaged homes — a 29% increase in student poverty since 1999. AISD's has 69 Title I schools, out of a total of 109. Further risk factors are inherent in the fact that the immigrant population of Travis County has grown by more than 230% since 1990, reflected in the tripling of the numbers of immigrant students in Austin schools over the past 10 years. According to the AISD Superintendent of Schools, Austin students identified as having Limited English Proficiency (LEP) are currently 24% of the student body, compared to 16.8% in 1999. Overburdened systems represent another risk factor. Austin students from low-income families who have behavioral health needs are referred to a public mental health care system already struggling with overwhelming need: the Director of the Austin Travis County Mental Health and Mental Retardation Center recently stated that his system was working at 150% of capacity. Very young children from these families also face multiple barriers to receiving the socio-emotional training that can enable them to succeed and thrive. In response to the risks and challenges inherent in a student body growing in size, needs and socioeconomic complexity, AISD and its primary partners, the Austin Travis County Mental Health Mental Retardation Center, the Travis Count Juvenile Probation Department, and the AISD Police Department,

along with multiple community partners, propose implementation of the ACCESS Program, a comprehensive, fully integrated program of student supports and services with a goal of creating and sustaining a safe, respectful, and drug-free environment at AISD and to promote pro-social skills and healthy childhood development throughout the district.

The ACCESS program represents new and expanded partnerships with key stakeholders and with child-serving agencies city-wide. Protective factors for this community include AISD's strong network of support through service providers in the community, and history of multiple successful community-wide collaborations such as those centering around care of the uninsured (the Indigent Care Collaborative or ICC), child and youth mental health (the Children and Youth Mental Health Partnership Program), and the overall health of the region's children (Children's Optimal Health Initiative, or COH). Another important protective factor is that Austin is a data-rich community. However, while partners are willing to share data and work together through multiple inter-organizational processes, we lack the opportunity for synthesis and analysis. This lack of integration inhibits collaborative planning, and the effective dissemination of information. We seek through ACCESS to integrate our systems of communication and create a comprehensive and sustainable resource for optimal care of our city's children.

The youth of our city need to have involvement in the solutions to their own concerns, and in another protective factor, we have pursued the strengths of our youth in addressing their needs. The Ready By 21 Coalition for Austin/Travis County is part of the national "Ready By 21" learning network facilitated by the Forum for Youth Investment, a Washington, D.C.-based nonprofit dedicated to ensuring that all young people have the supports, opportunities and services to thrive. In Ready By 21 Coalition for Austin/Travis County's focus groups, youth said that it was difficult to find out about and access comprehensive mental and physical health

services, that school counselors were often too busy to spend time with students, and, overwhelmingly, that they had never made a decision that affected their school or community. AISD Trustees and the Mayor of Austin were among officials who recently endorsed the formation of a community-wide council for youth ages 14-21. This Youth Council, organized by the Ready by 21 Coalition, will have representatives from all AISD high schools and two seats for youth who previously dropped out of school and want to help to improve school environments. Youth Council members will serve as leaders to solicit input from their peers, make recommendations on important issues, and provide a forum for youth voices in the community. The Youth Council will provide a key resource for the ACCESS program by providing “go to” group of youth who can provide recommendations to make schools safer and encourage healthy behaviors among their peers.

In a large school district such as AISD, we face the risk factor of services not being provided equitably across the district’s many schools. Through ACCESS we seek to expand best practice models to reach all schools and to fill the District’s gaps in services through targeted, evidence-based interventions, training and curricula that are based on an overall prevention strategy. A cornerstone of the ACCESS strategy is the district-wide implementation of research-based *Positive Behavioral Interventions and Supports* (PBIS), a systemic approach to creating and sustaining safe and positive learning environments that has been identified by the U.S. Department of Education as an important means to identifying and organizing effective school practices. AISD has implemented the PBIS model in 60 of its schools to a limited degree and over the last three years has continued to refine and develop the PBIS model in its schools. In fact, our model has evolved to the degree that our regional education service center has adopted it as the standard for the central Texas region. More details on the AISD PBIS model can be

found in the Program Design section below. An internal evaluation in the program's first year, 2004-05, compared PBIS schools and non-PBIS schools and found PBIS students reporting higher levels in such areas as: "Teachers care about their students;" "Adults treat all students fairly;" and lower levels of racial or ethnic harassment, and bullying. Though a strong protective factor, our PBIS program needs to be expanded both in breadth and depth: the program needs additional PBIS Specialists, known as coaches, to benefit more students and to fulfill its mission to provide services and strategies at the universal (called school-wide in our PBIS model), early intervention (called targeted in our model), and intensive levels. These levels align with the continuum of strategies endorsed by SS/HS.

(b) and (c) Element 1, Safe School Environment and Violence Prevention Activities: An AISD report to the Texas Education Agency from 2005-06 stated that 8%, or 6,522, of AISD Students were disciplined for abusive conduct in 2005-06. Three years of middle school student responses to AISD's Student Substance Abuse and Safety Surveys, indicated that "Fighting and Physical Aggression" were considered to be the "most serious problem" to 31%-37% of those surveyed. Especially distressing is the fact that AISD discipline statistics depict a rise in violence at the elementary school level: from 2004-05 to 2006-07, 2%, or 822 elementary school students were removed from class and sent to the district's Alternative Center for Elementary Education (ACES). Further, Austin's Title IV Evaluation for 2005-06 reported that 58.2% of District Middle School students reported experiencing bullying at least one time during the 2005-06 school year, as did 45.2% of District high school students. By comparison, only 14% of 6th graders and 13% of 7th graders in a national sample reported being bullied at school during the previous six months (DeVoe, Peter, Kaufman, Miller, Noonan, Snyder, & Baum, 2004). This same Title IV Evaluation also found that 32.6% of AISD middle school and 26.2% of high

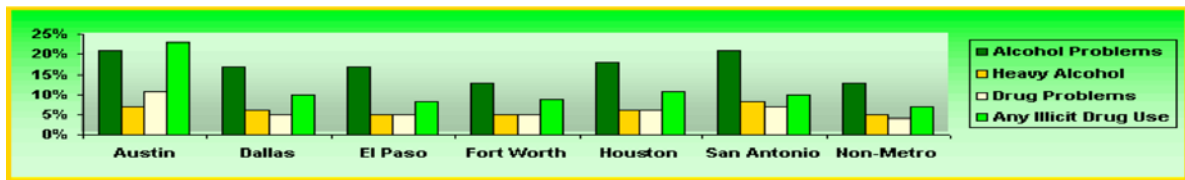
school students report that they had a friend in a gang. We propose to establish a continuum of anti-violence curricula to address these challenges. Additional PBIS Specialists would allow consistent behavioral expectations to be reinforced district-wide. While PBIS has a profound effect on overall school climate, AISD needs to address particular issues of school violence and safety as well: a key gap in safety-related systems is the lack of a position in the AISD Police Department dedicated to providing anti-gang and anti-violence education, although this position was recommended in the 2006 report of a city-wide Joint Steering Committee on Gang Activity.

At this time, AISD has no positions dedicated to providing case management and coordinated services for students reentering the schools from juvenile justice and alternative school placements and student courts. These students are at high risk for recidivism, violence, drug involvement and gang activity, and we seek to provide additional specialized staff to help them succeed in re-entering the school community. In response to the complex issue of violence in schools, we have delineated systematic approaches, curricula and infrastructure, details of which are given in the Program Design for Element 1.

Element 2, Alcohol, Tobacco and Other Drug Prevention Activities: The Austin

metropolitan area leads the state of Texas in alcohol and drug abuse, as shown in the table below.

The city’s high levels of ATOD use can be attributed to several factors, including proximity



to Mexico and the supply of illegal drugs, and the city’s some 60,000 college students who support an alcohol-saturated downtown nightlife that increases the access to alcohol for under-aged drinkers. AISD experiences significant ATOD usage among its students, as shown below:

	2003	2004	2005
Used alcohol within the past month	37%	41%	35%
Used marijuana within the past month	22%	23%	21%
Attended class while “high” on alcohol or drugs	21%	24%	18%
Used tobacco within the past month	19%	20%	18%

Source: 2003 and 2005 AISD Substance Use and Safety Survey, 2004 Texas School Survey of Substance Use.

Despite facts such as that 693 AISD students had a drug use offense in 2006, the AISD does not currently offer coordinated services for ATOD-use prevention. Programs offered in the past have been short-term or sporadic, instead of providing the ongoing curricula, public information campaigns, or services inclusive of the child’s environment and family, that have been shown to be effective. The District’s efforts to provide more intensive services have been stymied by recent budget cuts: AISD experienced a 21% reduction in Title IV funding from 2005-2006. As a direct result, the District had to eliminate a substance abuse counselor at the Alternative Learning Center, the alternative school for secondary school students removed from classrooms due to discipline referrals. Disturbingly, Student Substance Abuse and Safety Surveys for 2005 middle school students reported comparatively low ranking of health class (22%) as opposed to science class (48%) as sources for “information on drugs or alcohol.” Through ACCESS, PBIS would serve as the foundation of new school-wide and coordinated anti-drug and alcohol activities through the promotion of drug-resistance strategies and through targeted and age-appropriate evidence-based prevention and education programs. These activities are discussed in detail in the Project Design for Element 2.

Element 3: Student Behavioral, Social and Emotional Supports: Although AISD’s Substance Abuse and Student Safety Survey asks about students’ perceptions of school safety, what we lack is linkage between student perception of safety and impact on behavior (school

non-attendance due to safety fears). We plan to address this by adjusting our survey items to integrate GPRA items that address school safety and attendance behavior.

Data submitted by AISD to the state show that during the 2002-03 school year, the District submitted approximately 30,000 discipline records to the state. During the 2004-05 and 2005-06 years, the number of discipline records submitted by the District climbed to approximately 41,000. The District's Substance Abuse and Student Safety Survey provides telling detail: the 2005 survey item, "At least one of my teachers has to interrupt class to deal with disruption or goofing off" received a 60% report of "daily" from middle school students and a 48% report of "daily" from high school students. Another survey item "Student acts of disrespect for teachers" received reports of happening daily from 51% of high school students and 53% of middle school students. District records show that 7,682 students were removed from AISD classrooms for disciplinary offenses in the 2005-06 school year. AISD faces a special challenge in its high student mobility rate: TEA's most current report on the Academic Excellence Indicator System states that Austin's 2004-05 mobility rate was 26.7%, compared to 21.1% for the rest of the state. This unstable student population, combined with rising number of immigrant families in the District, can result in a less than desirable school environment. The 2004 and 2005 Student Substance Abuse and Safety Surveys include reports from 18%-20% of students that racial tension happens daily at their school. The ACCESS program proposes a continuum of social and emotional supports for at-risk students to directly impact student climate through implementation of the *Positive Behavioral Interventions and Supports* (PBIS) program district-wide. While the ability to utilize PBIS strategies throughout AISD has been hampered by lack of infrastructure, a foundation of ACCESS would be strengthening this program through adding six PBIS Support Specialists to the current four. Further, AISD would provide new

curricula to address issues of disparities of teacher discipline practices across ethnic groups, the powerful need for which is demonstrated by AISD discipline data showing that African-American students are disciplined at nearly twice the rate of other ethnicities combined. Additional community supports for students would be strengthened through an expansion of the role of local nonprofit Partners in Education, who provide a mentoring program for AISD students. All AISD schools have requested additional mentors for their students. During the ACCESS period, Partners in Education will work with the Austin Area Inter-religious Ministry to increase the availability of mentors from the varied religious faiths represented in the AISD student body.

Research shows truants are more at-risk of becoming involved in criminal activities on school property and/or within the community, and as adults have poor physical and mental health, lower paying jobs, live in poverty, rely on welfare support and have children with behavior problems (Bell, Rosen, et al., 1994). Due to the complexity and time commitment necessary to perform effective truancy intervention, it is difficult for a school administrator to perform the task effectively when combined with his primary responsibilities. The AISD currently has 12 campus-based Dropout Intervention Specialists, each dedicated to particular high-risk schools to recover truant students, monitor attendance, and connect students with internal and community supports. We propose to build on this program and provide early and intense interventions by adding a Dropout Intervention Specialist for an AISD school in crisis: during the school year 2006-07, 53% of the Mendez Middle School student population was in violation of Texas' State School Compulsory Attendance laws, by far the worst percentage in the District. This school has a large minority, low-income student population, and significant academic challenges.

Element 4, Mental Health Services: The State of Texas received a “C” from the National Alliance for the Mentally Ill (NAMI); in fact, Texas ranks 47th in per capital mental health spending in NAMI’s *Grading the States* 2005 report. In 2005, only 43% of Texas children with current emotional, developmental, or behavioral problems received some type of mental health care in the past year, compared to a national average of 58.7%, according to the U.S. Department of Health and Human Services. The 2004 Texas legislature voted budget cuts that virtually eliminated mental health care for those on Medicaid for all but the most extreme cases, this despite the fact that the National Institute of Mental Health states that in the U.S. today, one in ten children suffer from a mental disorder severe enough to cause some level of impairment. AISD addresses the mental health service needs of its students internally in two ways. Through PBIS, targeted strategies such as education and behavioral contracting are used. The School Counselor provides individual, small group and classroom guidance, and students identified as in need of targeted intervention are referred to a campus IMPACT team, which includes the Assistant Principal, the School Counselor, Nurse, School-Community Liaison, Teacher and/or Special Education representative, parent support specialist, and PBIS representative. The IMPACT team is specialized to respond to each student’s needs, and may be the parent and/or the student him/herself. The IMPACT team determines the level of support needed by the student and may link the student to additional, possibly more intensive services based on our network of community supports. What is lacking is consistency in IMPACT team functioning across all campuses. This limits appropriate student referrals and participation in small group counseling. Because the AISD does not provide direct mental health services, it facilitates the provision of these services with its community partners, Austin Travis County Mental Health and Mental Retardation (ATCMHMR) and the Austin Child Guidance Center (ACGC). However, as

stated earlier, ATCMHMR is at 150% of its capacity, while the ACGC, a nonprofit providing counseling and therapy to Austin's working poor, currently has a waiting list of 149 children. We need to expand staffing at ACGC in order to expand services; and also implement the *Parenting Love and Limits* with fidelity to this evidence-based national model. The combination of insufficient services and high numbers of un/underinsured children has led to high numbers of Emergency Department visits by these children for mental health needs. According to the local nonprofit Indigent Care Collaboration (ICC), for 2006 the following ER encounters for mental health diagnoses were reported by age category: age 3-5 (44), age 6-12 (143), and age 13-18 (1,358). Through ACCESS, AISD proposed to work with its community partners to address a crucial need for mental health services in its schools through an increased capacity for its systems of care for mental health issues in youth and children.

AISD's administrators report that there is no reliable information system to help them determine what services are available for students with behavioral health needs. The ACCESS project will work with Ready By 21 and United Way to fill this gap through creation of a database would to allow ready access to available mental health resources in the community. While the expansion of public mental health services is critical, it cannot meet the needs of this rapidly changing community in a sustainable manner. The ACCESS project has an overarching goal to transform its systems of care for children and youth in need, and information technology can provide a mechanism for doing so. In 2005, Austin Mayor Will Wynn formed the Mayor's Mental Health Task Force (MMHTF), a broad-based collaboration charged with the goal of making Austin a national model of a mentally healthy community, and now coordinating and implementing strategies toward that goal with annual performance reports. In 2006, AISD joined a new subcommittee of that Task Force that was formed to focus on schools and youth.

The 2005 MMHTF report identified a need for a single source of information that clearly documents the current behavioral/mental health service delivery system for the Austin community. Task Force members established a goal of documenting the current behavioral health service delivery system, including services available, location of services, service capacity and availability of funding streams. For children and youth, developing a service mapping system is more complex. It must reflect the developmental spectrum of childhood, and the array of domains that encompass the social and emotional well-being of children. Building on the identified need and subsequent goal to map services, and integral to the ACCESS approach to sustainability, is our plan for a web-based technology system to share information about the services provided to AISD students, identify gaps in services, overlaps or mismatches between service offerings and needs that could be reallocated for better results. Currently more than 100 different organizations provide services or coordinate activities designed to help children and youth to be healthy, safe, and successful. However, there is no central system in place to provide this type of strategic coordination and alignment across all schools, including community services that would be accessible to students. A further cross-cutting need is for the revision of policies and procedures to enhance communication and information sharing across community systems. Additionally, although a protocol exists for mandated services across AISD campuses, it has not been implemented. Further, protocols for non-mandated services are needed. A full description of the plan to provide all services described above can be found in the Project Design for Element 4.

Element 5, Early Childhood Social and Emotional Learning Programs: Studies done at Georgetown University show that by age five, children in high-risk environments can already be two years behind developmentally. The gap tends to persist over time, adversely impacting

school readiness and lifelong success. The percentage of Texas children who attend nursery school, preschool (Pre-K) or kindergarten in Texas is 52%, well below the national average of 60.7% (U.S. Department of Health and Human Services, 2005). As a result, too many children enter kindergarten or Pre-K without the fundamental skills they need to be “ready to learn.” In some AISD schools serving low-income families, the percentage of kindergartners who are held back each year is almost 21%. Research shows that children are often held back not because they lack the cognitive skills to progress, but rather, because of behavioral problems. However, in 2006, only 4.5% of early childhood child care centers in Austin had access to any type of psychological support services. Low-income children eligible to attend public school as four-year-olds in the Pre-K programs in the AISD need curricula that emphasizes how to manage conflict, express frustration, process feelings and create supportive learning communities. This type of curriculum does not now exist at the Pre-K level.

Poverty creates environmental stressors that impact children’s social and emotional development and their readiness to learn: The U.S. Census Bureau’s 2005 American Community Survey reports that in Austin, 18.2% of families with children under five had incomes below the poverty level, compared to 17.1% of these families nation-wide. Research has shown that children in low-income families are almost twice as likely to suffer from high levels of emotional-disorder anxiety as are children whose family incomes are \$30,000 or greater (Canadian Council on Social Development, 2004-05). Also, children in poor families are twice as likely to have scores within the top 10% in terms of frequency of delinquent behaviors, compared to children in modest-income families; they are nearly three times as likely to have high delinquency scores as children in high-income families.

In early 2007, a coalition of AISD Elementary School Principals requested support and intervention from District administrative staff for the significant increase in disruptive behaviors by the youngest of children in their schools – such as the aforementioned 822 elementary school children sent to the AISD Alternative Center for Elementary Learning. It has become increasingly apparent to District administrators that positive behavior support systems need to be implemented at the earliest levels. Good cognitive programming exists in early childhood educational programming within the AISD; however, there is a critical need for complementary social emotional curriculum that establishes best practices classroom environment for the promotion of positive behavior and emotional health.

Austin has a growing number of risk factors that demand creative, evidenced-based programming to address critical areas of need for early childhood social and emotional positive development within our school settings. Some of these factors include: the increasing wave of immigrant children with LEP, the majority of whose families are poor and unfamiliar with how to access even the most basic of resources; and an increasingly high incidence of poverty and poor school performance on the part of Austin's African-American pre-school age children. Each year in AISD middle schools, some 60 girls report pregnancy and yet there is no position currently dedicated to working with them. In order to minimize the predictable consequences of most teen pregnancies, i.e., low birth weight of babies, poor nutrition, and the repetitive cycle of poor financial, medical, social and emotional support systems that we know is a prescription for poor brain development and school readiness, we propose to include this population of pregnant teens in our focus for Element 5 by introducing an evidence-based "Promising Practice" Model known as the *Nurse-Family Partnership* that has been tested during 30 years of ongoing,

longitudinal, randomized trials. More detail on the model and on other plans to address the gaps in social emotional programs is provided in the Project Design section for Element 5.

Please refer to Attachment A for the ACCESS Logic Model which will delineate the process by which we will address the needs and gaps described above. We have not included a full discussion of the Logic Model in the narrative section due to lack of space. Likewise, Attachment G, provides the expanded evaluation design. Monitoring of program implementation and process measures will occur at least quarterly through the ACCESS Management team, with written annual reports. Process measures and outcome targets and outcome targets are reflected throughout the narrative and in the logic model.

2. Goals and Objectives: (a) The goals and objectives outlined for this proposal are directly linked to the needs stated in the community assessment. To the extent possible, indicators are stated with reference to current baseline data. When district or local baseline data are not currently available, state level statistics are used as the reference point, and baseline data collection is planned for the first year of this grant. For each indicator, the level of impact stated in the indicator reflects the level reported in evaluations of the selected evidence-based programs: if a given evidence-based program has shown a 27% reduction in cigarette use at one-year follow-up, we have stated our indicator as targeting a 27% reduction in cigarette use for the targeted population.

(b) Element 1 Goal: Foster and expand a safe, civil and productive learning environment through district plans, processes, and policies that promote safe, drug-free and disciplined schools.

Measurable Objective	Performance Indicator
Reduce absenteeism due to perceived unsafe school environment	To adjust student survey to capture % of students reporting missing 1 or more days because they feel unsafe at school, to be added to the annual Student

	Substance Use and Safety Survey. No baseline currently available.
Reduce absenteeism due to perceived unsafe routes to school	To adjust student survey to capture % of students reporting missing 1 or more days because they feel unsafe getting to or home from school, to be added to the annual Student Substance Use and Safety Survey. No baseline currently available.
Reduce the % of students who have been in a physical fight on school property in the past 12 months	Reduce by 15% the number of middle school students in a physical fight in the past 12 months, currently at 7.95% (PEIMS data).

Element 2 Goal: Promote a culture that promotes a healthy lifestyle including non-tolerance of substance abuse, i.e., alcohol, tobacco and other drugs).

Measurable Objective	Performance Indicator
Reduce the % of students who report current alcohol use.	7-12% reduction in alcohol use among high school students from 35% baseline (middle/high school students) to 31.5% in the 1st year.
Reduce the % of students who report current cigarette use.	27% reduction in cigarette smoking from 18% at baseline (middle/high school students) to 13% in the 1st year.
Reduce the % of students who report getting high from alcohol or drugs	25% reduction in reported getting high from 18% at baseline (middle/high school students) to 13% in the first year.
Reduce the % of students who report current marijuana use.	22% reduction in marijuana use from 21% at baseline (middle/high school students) to 16% in the 1st year.

Element 3 Goal: Cultivate and enhance a culture that supports the social-emotional and behavioral well-being of all children and youth.

Measurable Objective	Performance Indicator
Improve overall student discipline.	15% reduction in district-wide disciplinary records, baseline is 41,000 (2006).
Reduce school removal rates.	15% reduction in school removals where 3218 MS and 3011 HS students referred for at home suspension in 05-06. 822 ACES suspensions in Elementary in 05-06
Reduce dropout rates.	15% reduction in retention rates for 9 th graders district wide, baseline is 18.3% (04-05 TEA report) to 15.3%
Expand use of the PBIS model to all 109 campuses.	# of campuses w/PBIS model in place for universal level.
Increase the depth of PBIS	# of campuses with PBIS in place at early intervention

services to provide services beyond primary prevention.	and intensive levels
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Element 4 Goal: Implement an integrated plan to support and sustain a culture that promotes mental wellness of all children and youth especially those with complex needs.

Measurable Objective	Performance Indicator
Increase in the number of students receiving school-based mental health services through linkages with community partners.	Identify baseline for students served by IMPACT Increase by 10% the number of students being processed by IMPACT teams, with linkage to community mental health providers. Increase by sixty the number of students referred for mental health services. Increase the number of referred students who actually complete intake and receive services Increase by 10% the number of students receiving small group services targeting specific need areas such as anger management, family divorce, etc.
Access to evidence based mental/behavioral health services for AISD students will be expanded through service contracts between AISD, ATCMHMR and ACGC.	Identify baseline for students served by ACGC Parenting Love and Limits program Implement Parenting Love and Limits program, targeting 64 AISD student families. Outcomes for students completing Love and Limits treatment with fidelity to the model are comparable to published outcomes(85% reduction in drug and alcohol consumption after follow-up (ACGC), low relapse for 1 year post treatment, strong reduction (39%) in recidivism for aggression, depression, add related behaviors and externalizing problems.) ATCMHMR expands therapeutic and psychiatric services for AISD students, with treatment outcomes comparable to published outcomes for children/youth with similar demographics.
Policies and procedures are revised to enhance communication and the sharing of data across community organizations and systems.	The CYMHPP reports improved processes, with elaboration of same, for communication and sharing of information across providers and systems. Community agencies are providing person specific, de-identified, aggregated data sets by location to the COH initiative for use in GIS mapping to facilitate community planning and resource targeting.
Centralize and coordinate processes for aligning student needs, by child developmental level and campus, with community resources.	Ready by 21 Youth Services Mapping initiative will provide campus staff the ability to identify and link families to available supportive services on the campus and in the community via a web based computer program.

Develop and implement protocols for processes by which campuses and community organizations work together to mental health needs of identified students and families.	The existing protocol for mandated services will be implemented across all AISD campuses. Protocols for non-mandated services that operate on campuses will be developed and implemented consistently across campuses.
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Element 5 Goal: Increase readiness to learn in children 0-5 who are at a higher risk of having complex needs.

Measurable Objective	Performance Indicator
90% of students at the Pre-K Demonstration Center will be socially and emotionally prepared for a successful transition to Kindergarten.	The Devereux Early Childhood Assessment will be used to assess 6 classrooms participating in the Incredible years to indicate child's readiness to learn as a composite score for the following domains: emotional engagement, confidence, curiosity, internationality, self-control, and the ability to relate, communicate, and cooperate with peers and familiar adults.
90% of this same cohort will be promoted on schedule from 2 nd to 3 rd grade at follow-up.	School promotion records will indicate successful completion of 2 nd grade and eligibility for promotion to 3 rd grade.
Improve access to child guidance and family support needs at the pre-k level for 500 children enrolled at the Pre-K Demonstration Center.	Increase access to guidance counseling by 100%. Increase by 20% (early intervention + intensive intervention) the # of 1:1 counseling sessions with children, from a zero baseline (currently no counselor on staff). Increased # of parent consults, from zero baseline. Increase the number of referrals to community support services by 20% (early intervention + intensive intervention).
Increase # of parents receiving training in PBIS.	Number of parents participating in the Incredible Years parent curriculum (sign in sheets).
Improve pregnancy outcomes by promoting health-related behaviors	100% of teens in Nurse Family Partnership program will receive adequate prenatal care. 90% of newborns to pregnant teens in Nurse Family Partnership program will weigh 2500 grams or more. (State Average for low birth weight in Texas is 8% overall, 13.6% among African Americans). 100% of babies born to teens in the Nurse Family Partnership program will receive most critical doses of vaccinations by age 2.
Enhance parent life-course	90% post-birth middle school teens will be enrolled in

development by promoting pregnancy planning, educational achievement, and employment.	school within 6 months of birth.
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In combination with the needs assessment, its goals, objectives and indicators have been used to drive the selection of evidence-based strategies, described in the section which follows.

3. Project Design (a) and (b): As stated in the needs assessment, the ACCESS project’s goal is to effect fundamental change in AISD culture utilizing the principles of the *Positive Behavioral Interventions and Supports* (PBIS) model in order to create and sustain a district-wide school environment that meets the absolute priority criteria of the Safe Schools/Healthy Students Initiative: safe, respectful, drug-free, with systems in place that promote pro-social skills and healthy childhood development. A school-wide systems approach, the PBIS model is designed to promote pro-social behaviors and a culture of competence, reduce chronic disruptive and destructive behaviors among students, and to meet the needs of children with significant behavior challenges. This approach focuses on three levels of intervention: (1) the *School-Wide Level* which functions as the foundation for PBIS and is the primary preventative component; (2) the *Targeted Level* which includes early intervention measures that are designed to meet the needs of students who do not respond to *School-Wide* strategies; and (3) an *Intensive Level* which provides interventions at the individual student level for the 1% to 5% of students who do not respond to either school-wide or targeted strategies. Since beginning implementation of PBIS in 2003-04, our District has worked to refine the PBIS model to a level of success such that our regional education service center, Region XIII, has adopted it for implementation in some 200 other schools across central Texas. Specifically, AISD developed an internal/external coaching approach where campus PBIS leaders are trained to become trainers for their school as a mechanism to build campus capacity and sustainability.

Designed both to prevent and to intervene in problem behavior, the successful implementation of the PBIS model requires school-wide responsibility for actively teaching PBIS principles: schools are expected to develop and implement regular and consistent methods for teaching and reinforcing positive behaviors, as well as for dealing with misbehaviors. The model is implemented by PBIS Support Specialists who work at each school with a Behavior Support Team that includes representatives from all role functions within a school, including administrators, teachers, resource officers, and support staff, to:

- analyze the school's data including ensuring that data collection systems are in place;
- identify the targeted needs of the campus and groups of students with intensive needs;
- work with school staff to develop a plan to address these needs and link the school to both internal AISD resources and to external community resources;
- provide initial training to the school's PBIS team that defines, teaches, models and reinforces PBIS principles to be implemented by all levels of a school's staff;
- provide ongoing consultation for a school to continue modeling and reinforcement;
- provide intensive training services for those campuses and teachers who request help or are identified through school data (such as discipline referrals) as having difficulty in particular areas or in the classroom.

AISD will continue its practice of identifying demonstration sites: campuses and individual classrooms that can serve as models for others. Part of the PBIS staff's ongoing consultation with schools is to reinforce PBIS expectations by providing models of how PBIS-based interactions between adults and children look and sound. For example, a teacher or teachers who are struggling in the classroom would observe the classroom of a teacher who is successfully incorporating PBIS principles. Campus administrators are also referred to

demonstration sites: in one instance, AISD's Pre-K Demonstration School will begin implementing PBIS in 2007-08 and so will serve as the demonstration site for similar schools.

The PBIS model is based upon changing adult behavior; therefore, adult modeling is key to the PBIS goal of changing a school's climate by changing the quality of the relationships of adults and students; it transforms students' perception of campus safety and it also changes each student's perception of him/herself by replacing negative interactions with overwhelming positive interactions. Studies of PBIS have shown it can bring about profound climate change and have shown better than 50% improvement in the quality of school climate. At AISD, where PBIS was first implemented at the schools with the highest needs for disciplinary systems, improvements have been shown, as mentioned earlier, in working with a high-need population. PBIS staff also have developed a Character Education Tool-Kit at the recommendation of the Community Safety Task Force, and began district-wide implementation in 2005-06 with a parent involvement component.

The AISD is the only large school district in Texas working toward implementing the PBIS model district-wide, and is one of very few to do so nation-wide. The District has a profound commitment to institutionalize PBIS systems and to sustain those systems in perpetuity. For example, all new AISD schools utilize the PBIS model. In the 2007-08 school year, two elementary and one middle school will open in low-income areas and will begin operations with PBIS systems in place.

Currently, AISD has four PBIS Specialists who provide ongoing consultation and training to staff at 60 of the 109 AISD campuses. However, these are the same four staff who originally implemented PBIS at 15 campuses in the 2004-05 school year. These staff members are currently working beyond capacity and almost entirely at a school-wide level; due to lack of

time, they are able to provide only sporadic early or intensive interventions. In other words, these four staff members are over stretched serving the current 60 PBIS schools, with each staff person's abilities compromised by the fact that they have too many schools to serve. In addition, the PBIS Program Coordinator has had to assume nearly full-time coaching duties to accommodate the needs of the PBIS schools. This makes it extremely difficult to develop evaluation tools, training modules, awareness and informational presentations for key district and community personnel, model refinement and fidelity, and the readiness process necessary during the pre-implementation year for each campus. In order to fully implement PBIS at all 109 AISD schools by the end of the four-year SS/HS grant period, we propose the addition of six new PBIS Specialists. This would create a workable ratio of PBIS staff to the number of schools and allow staff to spend more time to consult with individual teachers.

Project Design for Element 1, Safe School Environment and Violence Prevention Activities:

We propose to address the rising violence in AISD through providing the staffing necessary to fully implement PBIS across the district and provide a proven-successful framework for building a non-violent school from the ground up, by addressing the quality of all interactions between students and staff. With a total of 10 PBIS Specialists, and a PBIS Program Specialist able to focus on management of the program, AISD could further establish the potential of the PBIS model to be replicated in other large urban districts.

The PBIS staff would link students to existing AISD mentoring and peer mediation programs to leverage existing resources. During each campus' first year of PBIS, emphasis will be on *School-Wide* level implementation, and move to implementation of the *Targeted Group* level and *Intensive* level in the second and third years. The school-wide level is the one requiring the most intensive work by PBIS staff. The District PBS Coordinator and team of PBS

Specialists will work with each individual campus to organize and maintain behavior support teams, to organize school-wide student behavior support systems, and to improve classroom management. The behavior support teams will be trained to use data to determine needs and progress to address their school's needs. This data-driven model will encourage movement away from educational heuristics and toward the examination of actual issues relevant to each specific campus. PBS Specialists will be the primary resource to behavior support teams for training and support regarding data-based decision making.

New resources will address the time challenges that have long faced the AISD counseling staff; while an anti-bullying curriculum was purchased by the District two years ago, staff has not had time to implement the program due to other duties. Beyond PBIS, several curricula will provide reinforcement and targeted programming in pro-social behavior, peer leadership and mediation, and conflict resolution skills at the elementary, middle and high school levels. Specifically, three 30-minute segments of nationally-known *Success in Stages: Build Respect, Stop Bullying* computer-based interactive modules will be integrated in fourth grade classes district-wide. *Success in Stages* has shown significant reductions in bullying, creating movement toward action/maintenance stages for intentions to stop bullying and to stop letting others bully.

To address bullying as well as sexual harassment and dating violence at the secondary school level, the District proposes to build on an established relationship with the local non-profit agency SafePlace, an organization dedicated to violence-prevention for youth, to provide school-wide bullying prevention programs that engage staff, students and parents in strategies to reduce incidents of bullying, sexual harassment and dating violence, and to increase pro-social behavior among students. We propose to contract with SafePlace to allow it to provide services to the AISD campuses with the highest need, through two

full-time Boys' Groups Facilitators to provide school-based, psycho-educational groups for boys involved in violent or abusive relationships, boys at risk for perpetration due to sexual abuse or domestic violence, and boys at risk for removal to AISD's Alternative Learning Center (ALC). The program would serve approximately 300 boys in 19 middle schools and high schools, including the ALC. The National Center for Domestic Violence cited this program (Expect Respect) as a "Promising Practice" in 2002.

A city-wide Joint Steering Committee on Gang Activity created a Joint Juvenile Gang Response Unit in 2006 charged with working with schools and the community to identify and combat gang involvement and related acts of violence and to share current information and education about gang violence. However, the Gang Unit has been of necessity focused on responding to reports of gang activity and pursuit of individual suspects. As a result, in 2007, the Gang Unit's its first year of operation, gang education programs were presented at only five of AISD's 109 schools, along with five gang assessments, which are a review of the level of gang activity on a campus, usually at the request of the school, to observe behavior and dress, review discipline records, and provide recommendations to prevent future violence. To fill this gap, we seek to provide a new School Resource Officer (SRO) position in he AISD Police Department who would be dedicated to anti-gang and anti-violence education and training for students, teachers and school staff at primary and secondary schools. The SRO would utilize the *Comprehensive Gang Model*, a proven-effective program of the Office of Juvenile Justice and Delinquency Prevention, which encompasses community mobilization, social intervention, street outreach efforts, opportunities for educational and vocational advancements, suppression and organizational change. The SRO would provide gang assessments for all AISD campuses during the Safe Schools/Healthy Students grant period. However, focus would be upon the six AISD

middle schools and four high schools that stand out as having high levels of gang activity. The SRO would work as an integral part of the Unit, developing and providing uniform train-the-trainer programs and support for community and school based stakeholders, collecting and disseminating relevant gang and violence related information, and consulting with the AISD Police Department on campus safety and crisis planning.

Intensive intervention would fulfill an additional recommendation of the Joint Steering Committee for Gang Violence and fill a crucial need for staff dedicated to providing support for the high-risk students returning to their home schools after being removed for disciplinary issues. To support the successful transition of those youth we seek to establish three new School-Community Liaisons (SCL's). Like AISD's other 19 SCL's, these staff members link students and their families to both internal AISD services and external community supports. Each new SCL would provide social work case management for one of the following: (1) middle and high school youth returning from the Alternative Learning Center (ALC) where they are sent when removed from the classroom for non-felony discipline referrals; (2) middle and high school youth who have committed felonies and are returning from the Juvenile Justice Alternative Education Program, or the Juvenile Probation Department's facilities, and (3) elementary school children returning from the Alternative Center for Elementary Education (ACES), AISD's alternative school facility for children removed from the primary school classroom. All AISD SCL's meet monthly to share information and ensure coordinated services, and they share supports such as the SCL database. The new SCL's would add value by taking on transition activities that were formerly covered by the existing staff, freeing up those staff for other student needs.

Project Design for Element 2: Tobacco, Drugs and Alcohol Prevention: The AISD

needs to address prevention of drug abuse and the use of alcohol and tobacco in its schools through a coordinated universal program including social marketing of an anti-drug, anti-alcohol and anti-smoking message, and the use of PBIS principles as a foundation for the provision of age-appropriate strategies emphasizing drug-resistance and personal management skills.

Through its school-wide approach, PBIS links students to peer mentoring programs that increase positive peer pressure and reinforce the anti-abuse message with through educational activities such as presentations by older students.

We plan to utilize the *Project Towards No Drug Abuse (PTND)* curriculum, a SAMSHA-approved evidence-based program, in the middle and high schools. This resource would allow all PBIS staff to be trained as trainers, and will then provide training for school and student support staff. While the curriculum will have school-wide IMPACT, school staff is expected to run one group per semester on their campus, an early intervention reaching potentially 240 students per year per campus. The PTND curricula has been shown to effect significant reductions in alcohol use, cigarette smoking, marijuana use, and reduction of male victimization by violence and in the carrying of weapons. In AISD's intensive interventions for students with serious drug and alcohol offenses, the district coordinates with the Travis County Juvenile Probation Department on a program involving supervision and family education and supports.

Community partners play a crucial role in dissemination of an anti-drug and alcohol message to all grade levels. Currently, one of our community partners, Austin Voices for Education and Youth, uses *LifeSkills* - a SAMSHA model program - in AISD middle schools to support healthy social development, drug resistance strategies, and the development of community service learning projects. Utilizing AISD funding, Austin Voices for Education and

Youth would train PBIS staff so that the *LifeSkills* program would be expanded and sustained in the future. Additional support for drug and alcohol use education and prevention is supplied through alcohol awareness videos provided by Austin Travis County Underage Drinking that include “Busted” for middle school students and “Why Risk It?” for high school youth.

Further social messaging would be implemented through the Coordinated Approach to Child Health (CATCH) program, in compliance with the state mandate, to provide a comprehensive school health program. The AISD participates in the broad-based community collaboration Children’s Optimal Health, who has contracted with a marketing firm to implement a broad-based campaign for the Austin community that will contain an anti-smoking component and will also provide public education about children’s mental health.

Project Design for Element 3: Student Behavior, Social and Emotional Supports: The AISD needs to address the climate in its schools and ensure that students feel safe on its campuses. The district is committed to the Positive Behavioral Interventions and Supports (PBIS) model as a school-wide framework supporting safe and nurturing learning environments. The PBIS model focuses on positive reinforcement and requires school-wide responsibility for teaching positive student behaviors. The PBIS staff will work with school staff to develop and to implement regular and consistent methods for both teaching and reinforcing positive behaviors, as well as for dealing with misbehaviors. Our request from SS/HS would support the addition of 6 more PBIS Support Specialists; enabling the District to provide campus-wide training and support to all 109 AISD schools by the end of the grant period, as well as providing capacity to utilize the “targeted” and “intensive” levels of PBIS activities.

The PBIS staff will utilize the *Responding in Peaceful and Positive Ways* SAMSHA-approved curriculum for universal and early intervention activities, for AISD middle schools.

This resource is needed by PBIS staff to enhance focus on violence prevention and pro-social behavior. All PBIS staff will be trained as trainers, and will train two-three school and student support staff per middle school (10 middle schools out of 18) in the first year, with on-going program support over time. Trained staff are expected to run one group per semester on their campus, reaching potentially 100 students per year. The *Responding in Peaceful and Positive Ways* curriculum has shown to reduce violence-related violations by 200%, male in-school suspension by 300% after one year, among other extremely positive results.

In order to attend to the needs of AISD's rising low-income and ethnically varied student body, and to directly address the disproportionately high discipline rates for African-American students, we propose to train a PBIS staff person in the *A Framework for Understanding Poverty* program. The program addresses the gaps in understanding that often exist between teachers and their low-income students, increases empathy on the part of the teachers and builds a framework for positive interactions which includes strategies for working with these children successfully at school. In order to effectively disseminate this curriculum among AISD teachers and staff, one PBIS staff person will attend the training workshop for *A Framework for Understanding Poverty*, and through the train-the-trainer model, facilitate the curriculum's spread.

Intensive socio-behavioral support services are provided through the School-Community Liaisons (SCL's) dedicated to those students transitioning back into the classroom after removal, as described in Element 1. Again, these positions are aligned with recommendations of the City of Austin's Joint Steering Committee on Gang Violence:

We recommend ensuring a transition mechanism for these students that include regular behavioral goal setting, monitoring and support; this is crucial to prevent recidivism and to decrease the potential for violence, drug involvement and gang activity.

These SCL's receive referrals from individual principals as well as from AISD's IMPACT Teams. IMPACT Teams are a district-wide policy requirement for each campus, and are composed of a core group composed of the principal or a designee, counselor, nurse and the campus' SCL. These Teams address students who are experiencing academic, attendance, and behavior challenges not effectively addressed by routine teacher and/or school-wide interventions or through general early intervention strategies. IMPACT Teams maintain communication with and collaborate with campus-based and community social service providers.

As part of its intensive interventions for serious offenders, AISD coordinates with the Travis County Juvenile Probation Department for Juvenile Drug Court, where regular court appearances are coupled with intensive monitoring and supports. The program runs at minimum four months; an AISD representative coordinates with the Juvenile Probation Department and provides supervision on a weekly basis, weekly court reviews, and links services to the families of youth offenders. Youth ready to transition back to their home schools will be supported by the new SCL position described above dedicated to supporting this high-risk population.

Project Design for Element 4, Mental Health Services: The AISD must address growing mental health needs in its student body and develop systems to ensure that students and school staff are able to access available services. The District proposes to provide critically needed mental health services for its low-income students through expanded partnerships with its main community partners in mental health: Austin Travis County Mental Health Mental Retardation Center (ATCMHMR), and the Austin Child Guidance Center (AGCG).

The AISD will make referrals to both agencies. At ATCMHMR, ACCESS funding would increase the Center's capacity through providing sixty AISD students with therapeutic and

psychiatric services. We seek to fund two Licensed Therapists, one bi-lingual, and psychiatric consultations and medical management; the psychiatric component includes costs for a Spanish-English interpreter. Additionally, AISD proposes to expand its contract with ACGC to provide the *Parenting With Love and Limits* program, identified by the Office of Juvenile Delinquency Prevention Program (OJJDP) as an exemplary model program. This program integrates parent training, family therapy, and cognitive behavioral treatment. The program is targeted for teens from 11 to 17 years and addresses risk factors such as dropping out of school, low academic achievement, school suspensions, frequent absences/truancy, aggression, mental health disorders, conduct disorders, victimization, violence, and association with delinquent and/or aggressive peers. The program builds protective factors including problem-solving skills, effective parenting, good relationships with parents, involvement of supportive adults, availability of neighborhood resources, and parental approval of friends. In the program's two phases, parents and teens learn first specific skills in group therapy, and then they meet in individual family therapy to role-play and practice new skills. During the first six weeks of the program, all families attend a two-hour weekly group therapy session led by two group facilitators. The first hour the parents and teens meet together with the two facilitators and during the second hour the parents and teens break into separate groups each led by one of the facilitators. Following the six sessions of group therapy, families enter eight to twelve weeks of individual/family therapy aftercare. Parents and teens meet individually with one of the licensed therapists. In addition, we propose to add critically-needed intensive case management through a position at The Children's Partnership, a local nonprofit which coordinates a system of care that allows local organizations to work in teams- with families as critical partners- to provide a full range of services to children and adolescents with serious emotional disturbances.

AISD is a member of Ready By 21 Coalition for Austin/Travis County, a broad-based group of more than 30 non-profit youth service organizations, educators, government agency representatives, and teen advisors that has been meeting monthly since its inception in 2003. Other members include the Travis County Juvenile Probation Department and Underage Drinking Prevention program, the City of Austin's Maternal Health program, organizations providing pregnancy prevention services, gang and violence prevention and intervention, mentoring, health care, job training, leadership development, and many other services to help young people learn, work, thrive, connect, and lead. AISD has been working with the Ready By 21 coalition and its Youth Services Mapping (YSM) team for three years to strategically coordinate services across AISD's 109 highly diverse campuses. Through Ready By 21, the YSM team has identified the functional requirements for a web-based tool that aligns community resources across the stages of child development from early care to young adult, and across the domains of learning, physical and mental health and safety (called thriving in this model), interpersonal relationships, youth leadership and preparation for work. A web-based prototype has been developed, deployed and populated for high school aged youth. The prototype is currently being evaluated with positive initial results. The program generates reports by campus or zip code, identifying the network of active providers, their capacity and specific services across the domains listed above. The system also organizes information according to the "at risk" categories defined by the Texas Education Agency's Public Education Information Management System.

During years one and two of the proposed project, Ready By 21 would upgrade the YSM system to make it more functional, building the system out across the developmental continuum from early childhood through young adult. During the last two years of the grant, Ready By 21

would work with ongoing partner Capital Area United Way's 211 program to integrate the two web-based systems. Their 211 system is web-based with some advanced capabilities, but is focused on individual level services. The proposed systems approach will both provide a school-friendly interface and ensure sustainability over the long term.

An additional objective is to integrate GIS mapping with this effort in order to facilitate better analysis of community need, the interplay of complex variables such as demographic information and neighborhood crime statistics, and to use this technology to analyze results over time, facilitating planning and resource allocation. This represents one of the goals of the Mayor's Mental Health Task Force Monitoring Committee, shared by Children's Optimal Health, the CYMHPP, the Indigent Care Collaboration (ICC), Ready By 21, The Austin Project, and other community collaborations and partners: the development of a communication network for providers. We propose creating a community-wide information exchange, built on a health information exchange (HIE) model. Our local HIE partner, the ICC, includes multiple organizations, and has been nationally recognized for its success as a provider network for the un/underinsured. While we envision this effort as evolving into the infrastructure needed to provide integrated case management of persons with complex needs, our scope is narrower and antecedent to that goal under the proposed ACCESS project. Through the proposed ACCESS program we will develop the processes and protocols, and establish system linkages, to facilitate the exchange of person-specific, de-identified, aggregate information (FERPA and HIPAA compliant) by location, and implement the exchange/sharing of this spatial information for use in GIS mapping to spatially analyze the interplay of complex variables that affect the social and emotional well being of children and youth. This collaborative analysis approach has already been used locally to identify "hot spots" and can identify children/youth with behavioral and

mental health needs. Collaborating partners will include Central Texas Sustainable Indicators Project, a nonprofit organization with expertise in the application of GIS technology to study community sustainability. See Attachment G for further elaboration of this initiative.

Project Design for Element 5: Early Childhood Social and Emotional Learning Program

The AISD needs to fill a gap in socio-emotional learning programs for its youngest students, and to address teen parenthood in order to attend to the social-emotional needs of infants and toddlers. Through ACCESS we seek to address current gaps in social emotional programs; first, through the implementation of a nationally recognized evidenced-based curriculum that promotes social, emotional and academic competence in children ages 4-8, known as *Incredible Years*. *Incredible Years* programs have been listed by SAMSHA and the Office of Juvenile Justice Department of Prevention (OJJDP) Blueprints initiative as exemplary or “best practices” programs. *Incredible Years* would provide early intervention at the AISD’s first stand-alone Pre-Kindergarten Demonstration Center, opened in the fall of 2006, to serve a high-need, low-income population of mostly immigrant families. Unfortunately, District resources have not been able to provide a counselor for the school. To address this gap, we propose to pilot the *Incredible Years* program at the Pre-K Demonstration Center in six of the 22 classrooms and provide a full-time counselor to support children and families and support the implementation of the *Incredible Years* programming. The *Incredible Years* program improves social skills, understanding of feelings, conflict management skills, and decreases negative attributions in children. The program has been shown to increase academic engagement, school readiness and cooperation with teachers. It also decreases negative behaviors and noncompliance with parents, decreases peer aggression and disruptive classroom behaviors. *Incredible Years* includes a parent component with outcomes that include: an increase in parent

positive affect with children (more praise, less criticism), improved limit setting, removal of harsh discipline, increased use of non-violence discipline, and an increased monitoring of children. Parents experience reduced depression, increases in self-confidence, increases in positive family communication and problem solving, reduced conduct problems with children's interactions, and an increase in positive affect and compliance in children. Over the four year period of the proposed project, 400-plus four-year-olds from high need and limited English proficient backgrounds will benefit from a state of the art social-emotional-rich curriculum, as would teachers and parent-child pairs in intensive intervention groups. Additionally, four school staff including one parent support specialist, one counselor, the instructional specialist and one community service provider.

Scientifically controlled studies have found consistent and dramatic benefits for the *Nurse-Family Partnership* model for first-time, low-income mothers and their children. We propose to include a half-time nurse practitioner to provide support for middle school pregnant teens who are referred for intensive support and guidance. The *Nurse-Family Partnership* program outcomes include: improved prenatal health; fewer childhood injuries; fewer subsequent pregnancies; increased intervals between births; increased maternal employment; and improved school readiness. By implementing this program, we will be addressing a serious gap in service that demands intensive intervention and providing the best possible scenario for babies of young teens to be born healthy and for their mothers to have access to health care, good social emotional support networks, and parenting skill development.

4. Evaluation: (a) and (b) Three evaluation components are included in the grant proposal. Through these we will regularly monitor program implementation with quarterly reports to the ACCESS management team on pertinent process measures to help assess the quality and

completeness of planned activities. Our logic model is drawn from the project narrative and clearly identifies outcomes that are linked to our identified objectives and activities for the project.

The AISD Department of Program Evaluation (DPE) would receive 1.5 FTE's through ACCESS to enable a thorough, ongoing evaluation. Additionally, within the 7% of the grant to be allocated for evaluation, an outside evaluator would be contracted to audit the DPE for fidelity assurance and to insure that the community partner data is appropriately delivered to the district. A final component, funded in addition to the 7% required amount, will be the development of a new information infrastructure to integrate district and community-wide efforts. Specifically, this infrastructure will establish multivariate mapping of assets and needs using GIS technology. An ACCESS Mapping Team (an AISD Programmer Analyst, and a Community Sustainability Coordinator) which will develop the GIS technology internally for AISD and develop FERPA and HIPAA compliant processes for data sharing with the Austin community through the Children's Optimal Health Initiative, thus supporting post-grant sustainability of effort. See Attachment G for a description of this component.

Internal Evaluation: The goals of the internal evaluation will be to: ensure that procedures and tools are in place for data collection; periodically assess the district and campus level of PBIS implementation; evaluate mid and long-term effectiveness of the program, and to coordinate with the external community evaluation team to facilitate annual GPRA reporting to the funding agency. In grant year one DPE will conduct two data collections: baseline data and year one performance data. In compliance with GPRA requirements, DPE annually will collect student level data across all required GPRA performance measures. We will report that data to ED in our annual performance report and final performance report.

Evaluation - Major evaluation components: DPE staff will work with the ACCESS Director, AISD technology staff, and PBIS staff to develop and institute a comprehensive program data tracking system to track participation in and completion of specified examples. The DPE staff have already created the School-Wide Implementation Assessment (SWIA), adapted from a pre-existing measure, to assess the level of implementation of the universal component of the PBIS program. This assessment includes the examination of school policy and records; interviews with campus PBIS team leaders, staff, and students; and classroom observations. Mid-and long-term outcomes will be evaluated using a variety of data sources available through AISD school records and annual surveys that are already being administered district-wide. For example, school suspensions of elementary students to the Alternative Center for Elementary Students (ACES) and of secondary students to the Alternative Learning Center (ALC), as well as data regarding substance use and possession infractions and incidents of school violence (e.g., violence and/or gang activities) can be taken from the district discipline data. Information regarding student perceptions and experiences of substance use, bullying, and school safety can be gleaned from the annual Staff and Student Climate Surveys as well as from the annual Student Substance Use and Safety Survey. In combination with the assessment of level of implementation, strong connections may be drawn between program processes, school climate, and student outcomes. The DPE staff will also coordinate with the external community evaluation team to facilitate annual progress reporting of GPRA measures to the funding agency.

Research Design: We will employ a quasi-experimental research design that utilizes the measured level of PBIS implementation, rather than relying strictly on the cohort grouping, to determine the treatment level, to provide a more accurate assessment of the effects of the PBIS intervention on school systems and student outcomes. A central goal will be to monitor the

durability of program effectiveness over time in order to ensure that any improvements are not fleeting but, rather, that program intervention introduces systematic and sustainable alterations in system climate and student behavior. To this end, we will collect and analyze setting-level outcomes using time series data. Drawing on existing archived data on setting-level climate within the district, we can incorporate and control for conditions prior to program implementation. This will strengthen the validity of our evaluation design by allowing researchers to adequately model exogenous trends in setting-level performance, to evaluate the impact of PBIS intervention on treatment groups relative to comparison schools, and to assess pre-and post-test changes in schools undergoing PBIS intervention. Moreover, a staggered design of campus introduction to the program will provide a continuous comparison group with which to assess the magnitude of program intervention on setting-level outcomes.

Measures/Data Sources: Multiple methods and measures will be used to assess all inputs, process variables, and outcomes of the PBIS innovation efforts. Methods of data collection will include surveys of staff, students, and parents; interviews with staff and students; observations of classroom interactions, behavior support team meetings, and campus common area interactions; self-assessment checklists; and the use of district archival records, including staff professional development attendance, student attendance, student discipline, student standardized test scores (TAKS), and student promotion rates. In addition to the above, Innovation Configuration Maps (National Staff Development Council, 2003) will be developed for each implementation phase.

Data Analysis Plan: Setting-level academic and behavioral performance data present both unique challenges and opportunities to assess the impact of system-level intervention efforts. Data gathered at the student level to evaluate the effectiveness of PBIS intervention are nested within multiple contexts, including classrooms, schools, and communities. The reliability and

accuracy of multivariate analyses that disregard this hierarchical nature of school data is questionable (Bryk and Raudenbush, 1992). Due to the multi-level structure of the data to be collected and analyzed, we will employ Hierarchical Linear Modeling (HLM) estimation techniques to tease out and adjust for individual student, classroom, and setting-level effects. Aggregate, quantitative analyses will be complemented by qualitative research methods (e.g., field observation, student and staff surveys). Use of a methodologically plural approach will provide a more nuanced, detailed description of how PBIS interventions are adopted and employed by staff and administrators, the causal mechanisms that flow from the PBIS framework, and the processes by which systems and student behavior are shaped. To capture changes and trends over time in both the level of PBIS implementation, and its role in shaping setting-level outcomes, we will collect longitudinal data. In addition to providing a more powerful design for understanding outcomes, longitudinal data will also be provided to individual campuses as an integral program component that will help campuses monitor and direct their individual programs.

External Evaluation: DPE will work with an external evaluator. That person will coordinate with community partners, secure process data and assure fidelity evidence based models that are implemented under the grant. The external evaluator will participate in quarterly meetings with the management team. Evaluation would be enhanced through AISD's relationship with Texas State University graduate students in PBIS, who will train within AISD schools for their experiential learning component and conduct graduate research projects related to PBIS. Results will be shared with Region XIII and others to promote replicability of sustainable best practices.

5. Program Management: (a) Please refer to the attached organizational chart and timeline (Attachment E) for illustration of the ACCESS management plan, clearly defining

responsibilities of partners, staff, and contracted service providers as well as milestones for accomplishing project tasks. **(b)** The MOA contains detailed information about preexisting partnerships both with primary partners and community groups. Further information is provided in the Continuum of Support Services chart attached to the MOA. Austin's community agencies and initiatives are eager to participate in and support the ACCESS Director, demonstrated by their extensive support in preparing for and endorsing this proposal. **(c)** We will hire a highly qualified ACCESS director with a Master's Degree in Social Work as well as experience directly related to project activities. The Director will have broad internal and external support within the management plan as illustrated in the Organizational Charts in Attachment E. The ACCESS Facilitator will report to the ACCESS Director, coordinating programs and administration and assisting in overseeing the other ACCESS personnel, whose duties and responsibilities are covered in the job descriptions (Attachment E). The ACCESS Core Management Team will have formal update meetings monthly and, the members will also be available for consultation on an ongoing basis. As charted in the Memorandum of Agreement (MOA), a range of support has been built into this team. For example, the current AISD Director of Student Support Services, Dr. Brenda Hummel, will ensure that the ACCESS Director has information about systems already established in the district to support continuous improvement of student support staff. Additionally, external members of the Core Management team have been carefully selected to ensure real-time communication regarding needs of students and service accessibility. Three intermediary members have been added to the Core Management Team because of their high level of access to community information, and because of their long record of making extraordinary efforts to collaborate with AISD in providing services for our students. A key support will be the District Supervisor of the Director, Assistant Superintendent to Educational

Support Services, Dr. Paul Cruz. Dr. Cruz, a strong leader of AISD's efforts-based culture, will ensure that the ACCESS Director and ACCESS activities are supported within the district and provided with a range of opportunities to nurture continuous improvement and continuous learning. Please see Attachment E for Dr. Cruz's resume and those of other key staff. **(d)** The Austin Community ACCESS Advisory, consisting of parents, students, and other community stakeholders, will meet quarterly with the ACCESS Program Director and Core Management Team to review progress on benchmarks, to provide input about program successes and barriers, fidelity to inclusion of all partners in activities, and quality of services to students and their families. **(e)** ACCESS's innovative tri-focused evaluation approach, carefully explained in the Evaluation Section, will contribute to the sustainability of ACCESS initiatives and help ensure the project's success. To ensure accurate accounting and proper, timely disbursement of funds, AISD will serve as the grant's fiscal agent. Fiscal control and accounting procedures will be administered and monitored under the direction of AISD Chief Financial Officer Deputy Superintendent for Finance Larry Throm. His division is responsible for monitoring the ethical and appropriate use of grant funds to ensure fiscal accountability. The AISD has received the highest fiscal accountability rating given by the Texas Education Agency, and the independent auditors' report (Sprouse & Anderson, L. L. P., Accountants and Consultants, Dec. 6, 2006) on internal control over financial reporting and compliance found no matters of concern.

6. Budget: The program budget (Attachment D) provides costs and calculations for all items and reflects an efficient use of resources in the implementation of a comprehensive project design. Added staffing is leveraged by the community and in-district support in place to secure the success of ACCESS.