

Introduction

The Southwest Indiana Schools and Community Collaborative is a consortia consisting of seven school districts and the Catholic Diocese of Evansville located in the following Indiana counties: Gibson County, Posey County, and Warrick County. These three counties are located in the Southwest corner of Indiana. According to the 2000 Census, **Posey County** has a population of 26,765 which includes 97.97% White, 0.86% Black or African American, 0.27% Native American, 0.16% Asian, 0.16% from other races, and 0.44% of Hispanic or Latino. The median income for a household in the county was \$44,209, and the median income for a family was \$53,737. Six percent of families and 7.4% of the population lived below the poverty line, including 8.5% of those under age 18 and 10% of those ages 65 or over. Results of the 2000 Census indicate that **Gibson County** had a population of 32,500 with 96.46% White, 1.91% Black or African American, 0.19% Native American, 0.52% Asian, and 0.70% Hispanic or Latino of any race. The median income per household was \$37,515, with 6.60% of families and 8.2% of the population living below the poverty line, including 10.4% of those under age 18 and 7.2% of that age 65 or over. According to the 2000 Census, **Warrick County** had a population of 52,383 and was and continues to be one of the fastest growing counties in Indiana. Residents of the County in 2000 were 97.46% White, 1% Black or African American, 0.15% Native American, 0.63% Asian, 0.05% Pacific Islander, 0.65% of the population were Hispanic or Latino. The median income for a household in the county was \$48,814 with about 3.5% of families and 5.3% of the population living below the poverty line, including 7.3% of those under age 18 and 6.1% of those ages 65 or over.

The Lead LEA for the Southwest Indiana Schools and Community Collaborative is the Metropolitan School District of Mt. Vernon (MSD Mt. Vernon) and will serve as the primary fiscal agent for the collaboration. The other participating school districts are the East Gibson School Corporation, the New Harmony Town and Township Consolidated School, the North Gibson School Corporation, the Metropolitan School District of North Posey County, the South Gibson School Corporation, and the Warrick County School Corporation who will be sharing SSSH resources with Catholic Diocese of Evansville Schools which has schools in each of the counties represented in the consortia and other private schools located in their region of the county (see Appendix C for the NCES information and a brief description of each LEA).

| LEA | County | High School Students | Middle/JH School Students | Elementary School Students | Private School Students | TOTAL |
|----------------|---------------|-----------------------------|----------------------------------|-----------------------------------|--------------------------------|--------------|
| MSD Mt. Vernon | Posey | 879 | 613 | 1039 | 338 | 2,869 |
| New Harmony | Posey | 61 | 33 | 96 | 0 | 203 |
| North Posey | Posey | 505 | 233 | 691 | 159 | 1,588 |
| East Gibson | Gibson | 362 | 143 | 541 | 0 | 1,046 |
| South Gibson | Gibson | 686 | * | 1329 | 449 | 2,464 |
| North Gibson | Gibson | 659 | 536 | 904 | 231 | 2,330 |
| Warrick County | Warrick | 3152** | 1421 | 5082 | 467 | 10,122 |
| TOTAL | | | | | 1,644 | 20,622 |

* Elementary School Students number includes K-8 schools; **High School number includes one 7-12 grade school (Boonville H.S. 7-8), Other: New Harmony (K-5, 6-8, 9-12)

Note: NCES Total 18, 707

This consortium of school districts has been working with Youth First, Inc. since 2002 to address the needs of students in their districts through writing joint grant proposals, implementing research-based programs, and working with other community partners to meet the

needs of their students. Local juvenile justice, law enforcement agencies, and mental health agencies for each county will be partnering with each LEA as required by the grant (see Appendix A Preliminary MOA Attachment 1). Youth First, Inc. is a current partner with all LEA's involved in the Collaborative and has/will continue to take a lead role in this Collaborative project. The partnership is committed to enhancing existing resources and integrating Safe Schools Healthy Students activities into a comprehensive network of programs and services while pursuing a common mission to promote, implement and sustain lasting positive changes that support student success.

There is significant value in the Collaborative's approach to meeting the needs of students and their families. Youth First, Inc. brought eight school corporations together to collaborate across boundaries of three counties. The Collaborative will increase and improve prevention/early intervention services and access to treatment in the most cost effective, comprehensive, accountable, and sustainable manner by working together. These partners will also share ideas, plans, resources, results, and work with the corporate and other community resources to sustain services.

The Collaborative intends to continue working together regardless of the outcome of this grant application. Schools within systems and school corporations in a region often work in isolation (silos) when it comes to prevention. The Collaborative is breaching those barriers to develop a comprehensive regional system of care that will improve the quantity, quality and availability of services for children in a broad, underserved region of Southwest Indiana. The Collaborative will continuously measure outcomes and refine efforts to improve effectiveness.

The current effort of the Southwest Indiana Schools and Community Collaborative began in late 2007. Meetings were held as a large group, in smaller groups and with all required

partners in preparation for this grant proposal. Since the Collaborative has submitted grant proposals together, they were aware of the process of writing a proposal and were briefed on the specifics of this grant. Decisions related to staffing, budgeting, strategies chosen for the project were done collectively at meetings. This was important as the Collaborative includes 7 LEA's and a private school system, in addition to community partners.

1. Community Assessment (20 points)

(a) The extent to which the applicant describes individual, family, school, and community risk and protective factors that relate to the five SS/HS elements and that will be addressed by the project. (5 points)

Element One: Safe School Environments and Violence Prevention Activities

Individual, family, school, and community risk factors:

Safe School Environments. Results of the Indiana Prevention Resource Center (2007) survey indicate that within the school districts submitting this proposal, students in grades 6th-12th experience times where they do not feel safe. The survey also reveals that some students report bringing a weapon to school, and others report they were threatened with a weapon. The table below identifies the range in responses Collaborative LEA's participating in the IPRC survey in 2007. It should be noted that many of the numbers at the top of the ranges exceed the average percentages reported for the State of Indiana.

| Perceived Safety | 6th | 7th | 8th | 10th | 12th |
|---|------------|------------|------------|-------------|------------------------|
| Traveling to/from school, somewhat unsafe | 2.1-4.8 | 3.5-3.8 | 1.0-2.9 | .9-1.1 | .8- 1.6, |
| Traveling to/from school, very unsafe | 1.1-3.0 | 2.2-2.7 | 1.0-4.4* | .6- 2.7* | .6-1.9* |
| Alone in Hallways, somewhat unsafe | 1.1-4.8 | 3.8- 5.3* | 0- 4.5* | 1.6-4.4* | 1.4- 4.7* |
| Alone in Hallways, very unsafe | 1.6-4.2* | .9-1.6 | 1.9- 5.2* | 1.7-3.6* | 0-1.9 |
| Missed School: Felt unsafe on school property, 1-2 times | 1.1- 2.1 | 1.6- 3.5 | 2.4- 3.5 | 1.1-5.4 | 0-2.4 |
| Missed School: Felt unsafe on way to/from school, 1-2 times | 0- 1.3 | .5- .9 | .5- 1.8 | .6- 1.8 | .8- 1.1 |

*Top of range higher than State of Indiana percentage

| Weapons | 6th | 7th | 8th | 10 th | 12 th |
|--|----------|-----------|----------|------------------|------------------|
| Carried gun to school, 1-2 times | 0-.1 | 0 | 0-.3 | 0-.9* | .5-3.2* |
| Carried gun to school, 3-9 | 0 | 0 | 0-.3* | .5-1.8* | 0-1.1* |
| Carried gun to school, 10+ times | 0 -.1 | 0-.9 | .3- 3.1* | 0-1.1* | 0-1.4* |
| Carried Weapon to School, 1-2 times | 0-3.2* | .9-4.3* | 2.6-5.4* | 1.8-4.7* | 1.6- 5.3* |
| Carried Weapon to School, 3-9 times | 0- .1 | 0 | .5- 1.0* | .7-2.2* | .7- 3.2* |
| Carried Weapon to School, 10+ times | 0- .3 | 0- 1.8* | .5- 4.1* | 1.8- 2.8* | 1.6- 3.3* |
| Threatened by weapon on school property, 1-2 times | 1.6- 4.9 | 3.2- 7.1* | 4.1-8.3* | 3.5- 9.0* | 1.6- 3.2* |
| Threatened by weapon on school property, 3-9 times | 0-1.1* | 0-1.8* | .5- 2.1* | .9-1.2 | .8- 1.4* |

*Top of range higher than State of Indiana percentage

The safety of students is at risk because of the districts' cursory safety assessments, lack of funds to address identified safety risks. These safety risks include a lack of systematic methods to warn others of an emergency, no link to community emergency communication systems, and the lack of funds to receive assistance from local law enforcement within the schools. Another area that puts students more at risk is the underdeveloped nature of district-wide crisis response teams to respond to the plethora of school emergencies.

Violence Prevention. Poverty, mobility rates, truancy and incidences of suspensions and expulsions are all risk factors for violence at school. Children living in poverty often have lower academic achievement, higher truancy, more discipline problems, higher dropout rates, and are at-risk for child abuse and neglect. The Census Bureau (2000) estimated that an average of 29% of children under 18 living in the three counties included in this proposal live below poverty level. The Indiana Department of Education reports that average inter-district mobility rates within the LEAs in the Collaborative is 5.1% as compared to the state average of 3.9%.

As a state, Indiana was ranked 1st in expulsions and 9th in suspensions (Indiana Center for Evaluation and Education Policy, 2007;NCES, 2003). Despite 600 schools in Indiana reporting a percentage of individual students being suspended more than 10 times in one academic year,

only 9% of these schools include school climate in their school improvement plan (Indiana Center for Evaluation and Education Policy, 2007). According to the Indiana Department of Education, the number of suspensions and expulsions for the 7 LEA’s included in this grant proposal are as follows:

| LEA | Suspensions | Expulsions | Expulsions and Suspensions Drug/Alcohol/Weapon |
|----------------|-------------|------------|--|
| MSD Mt. Vernon | 157 | 14 | 39 |
| North Posey | 65 | 13 | 11 |
| New Harmony | 0 | 0 | 0 |
| South Gibson | 44 | 5 | 8 |
| North Gibson | 180 | 27 | 23 |
| East Gibson | 85 | 7 | 6 |
| Warrick | 421 | 22 | 19 |

Source: Indiana Annual School Performance Report 06-07

The perception of being unsafe at to/from school and on school property can lead to a decline in academic performance, increase in disciplinary referrals, a decline in staff morale and issues related to negative school climate (Center for Effective Collaboration and Practice, 2007).

Element Two: Alcohol, Tobacco, and Other Drug Prevention Activities

Individual, family, school, and community risk factors: The United Way of Southwestern Indiana conducted a regional community needs assessment in 2004 and identified the following within the top 10 areas of concern: 1) Underage alcohol use, 3) Use of tobacco by youth, 7) Use and manufacture of methamphetamine, and 9) Driving under the influence of alcohol and drugs. The Indiana Prevention Resource Center (2007) surveyed 18,861 students in grades 6-12 attending schools in all 7 LEA’s. The results are reported in an aggregate form under the region “Southwest” Indiana and are summarized below:

| How many times in the last month (30 days) have you used | 6th | 7th | 8th | 9th | 10th | 11th | 12th |
|--|-----|------|------|-------|-------|-------|------|
| Alcohol | 6.0 | 12.9 | 18.6 | 28.9* | 33.9* | 39.5* | 42.9 |
| Marijuana | 1.0 | 1.5 | 6.3 | 5.7 | 13 | 9.3 | 13.6 |
| Inhalants | 2.0 | 3.0 | 4.4 | 2.6 | 2.4 | 1.9 | 1.4 |
| Tranquilizers | 1.4 | 2.4 | 3.7 | 3.7 | 5.2 | 3.2 | 3.3 |
| Over the Counter Drugs | 1.9 | 3.3 | 4.8 | 4.9 | 6.3 | 2.2 | 3.8 |

* Above the percentage reported for state rates ($p < .05$)

Another risk factor is the lack of substance abuse prevention, intervention and treatment programs in the community. An article in the local newspaper highlighted the lack of services for juveniles addicted to drugs. Reportedly, “Juvenile drug court officials say... not as many places treat children as adults. He explained the different challenges to treating youth include maturity, peer groups and home life...a continued decline in what services insurance companies will cover are reasons [services are not available for addicted juveniles in our area]” (Courier Press, October 1, 2006).

The prevalence of alcohol/drug use in Southwestern Indiana among students leads to consequences at home and in school. The results of a study conducted by Arata, Stafford, and Tims (2003) identify some of the unintended consequences of underage drinking. High school students reported neglecting responsibilities, getting into fights, missing school, driving after drinking, and engaging in sexual behavior you would not have engaged in otherwise.

Element Three: Student Behavioral, Social, and Emotional Supports

Individual, family, school, and community risk factors: The United Way of Southwestern Indiana conducted a regional community needs assessment in 2004 and identified the following areas of need: 6) Problems of single parent families and 8) Lack of parenting skills.

The LEA’s in the Southwest Indiana Schools and Community Collaborative are located in three counties: Posey, Gibson and Warrick. The poverty rate for children under age 18 in Posey County is 11.2% and 6.9% of children live in single parent household(Census 2000). In

Gibson County the 12% of children under age 18 live in poverty and 7.7% of children live in single parent households. In Warrick County, 9.3% of children under the age of 18 live in poverty and 6.8% of children live in a single parent household (Census 2000). Children in poverty are at a greater risk for abuse and/or neglect. The Indiana Family Social Services Administration (SFY 2005) reports that the number of abused and neglected children per 1,000 (substantiated) in Gibson (17.4), Posey (13.9) and Warrick (11.4) Two of the three counties were above the state average of 12.7. With the demands of raising children, coupled with poverty and lack of social supports, children are at-risk for repeating violent patterns and developing mental health problems.

Element Four: Mental Health Services

Individual, family, school, and community risk factors: High incidence of child abuse and neglect noted in Element Three, the prevalence of mental illness, and the rural location of the LEA's results in high need and barriers to access to mental health services.

In State Fiscal Year 2006, the Indiana Family and Social Services Administration reported 29, 734 seriously emotionally disturbed children in the state of Indiana. The number of children with serious emotional disturbance in the three counties included in the Collaborative are 380 in Posey County, 422 in Gibson County and 753 in Warrick County. These statistics only reflect those children categorized as seriously emotionally disturbed and do not include many other students that need the services of the local mental health center.

The Indiana State Department of Health (2007) reports that suicide was the third leading cause of death by 15-24 year olds and the fifth leading cause of death by 10-14 year olds in Indiana. Data included in the report noted that 27.3% of high school students reported feeling sad or hopeless on one occasion, 18% seriously considered suicide and 9.6% attempted suicide

within the past 12 months. Risk factors associated with suicide include feelings of hopelessness, substance use and family history of suicide.

The local newspaper covered the shortage of psychiatrists and mental health professional in the area in an article published in 2007. The article noted that, "The downsizing of inpatient treatment by states and by private concerns has left a shortage not only of treatment beds, but of psychiatrists to treat those patients...There are not enough child psychiatrists committed to providing inpatient care, and there's probably not enough committed to outpatient care" (May 20, 2007). The lack of mental health providers in the area leave youth at risk. In May 2007, a 10-year old boy successfully hung himself in his closet, despite his mothers attempt to get him local in-patient care a days earlier. She instead was referred to facilities that were an hour or more from the area as the local in-patient facility has a limited number of beds for children. Living in poverty and lacking transportation, she did not pursue treatment for her son prior to his death. Also noted under risk factors in Element Two, insurance coverage for mental health services can be minimal or non-existent, creating a barrier to accessing care. The uninsured or underinsured have difficulty accessing the limited mental health resources. Often co-pays or gaps in coverage for services prevent families from accessing needed mental health services for their children. To compound the issue, family members find it difficult to take time off of work to take a child to bi-weekly mental health appointments (Center for Children with Special Needs, 2007). Being forced to take time off work can jeopardize a parent or guardian's job security putting the whole family at risk.

Element Five: Early Childhood Social and Emotional Learning Programs

Individual, family, school, and community risk factors: Lack of coordination between early childhood programs and K-12 districts, lack of parenting skills and the magnitude of issues facing families, present risk-factors in the area of early childhood.

National Education Goals Panel found Indiana children with disabilities in preschool has increased from 30 per 1,000 in 1991 to 53 per 1,000 in 1998. The Indiana Center for Evaluation and Education Policy (2006) reports that in 2005, only 38% of children ages 3 and older, participated in center-based early education (e.g., nursery school, preschool, child care centers, registered ministries, pre-kindergarten; excludes child care homes). This means that 62% of children ages 3 and older are not attending a preschool. To compound the issue there are limited efforts to coordinate plans for transitioning children into Kindergarten and putting entering Kindergarten students at –risk for delays in academic progress and social emotional skill development.

(b) The extent to which the applicant describes student problem behaviors as they relate to the five SS/HS elements and how they will be addressed by the project. (5 points)

The following table describes by Element the student problem behaviors associated with the identified risk factors, and lists how the proposed project will address these behaviors.

| SSHS Element | Student Problem Behaviors | How Project will Address Behaviors |
|--|--|--|
| <p>Element One: Safe School Environments and Violence Prevention Activities</p> | <p>Physical fights, possessing drugs/alcohol/weapon on school property, bullying, lack of perceived safety in school</p> | <p><i>Universal Intervention-</i> School-wide Positive Behavior Supports, social norming, and school climate survey; Increased presence of local law enforcement on school property; school safety audit and implementation of recommendations, <i>Targeted Group Intervention - Why Try, Reconnecting Youth, School Social Work</i> <i>Intensive Individual Intervention -</i>School Social Work</p> |

| SSHS Element | Student Problem Behaviors | How Project will Address Behaviors |
|---|---|---|
| Element Two: Alcohol, Tobacco, and Other Drug Prevention Activities | Underage use of alcohol/drugs/tobacco | <i>Universal Intervention</i> -Social Norming, Strengthening Families; Character Counts <i>Targeted Group Intervention</i> -Reconnecting Youth and Strengthening Families; <i>Individual Intensive Intervention</i> -School Social Work Services |
| Element Three: Student Behavioral, Social, and Emotional Supports | Tantrums, acting out, withdrawing and/or lack of academic success due to family circumstances such as poverty, family history of mental illness, single parent household, lack of consistency in adult role model or lack of parenting skills | <i>Universal Intervention</i> -School-wide Positive Behavior Supports; Character Counts; Strengthening Families <i>Targeted group intervention</i> - Why Try, Strengthening Families; <i>Intensive Individual Intervention</i> -School Social Work Services |
| Element Four: Mental Health Services | High prevalence of students categorized as emotionally disturbed, depression, hopelessness, suicidal thoughts, disruptive behavior at school and home | <i>Universal Intervention</i> - School-wide Positive Behavioral Supports, Strengthening Families <i>Targeted Group Intervention</i> - Strengthening Families <i>Intensive Individual Interventions</i> - School-based mental health case management; School Social Work Services |
| Element Five: Early Childhood Social and Emotional Learning Programs | Lack of readiness to learn skills when entering Kindergarten, lack of pre-school experience where both early academic and social skills are taught | <i>Universal Intervention</i> - Implement a uniform transition plan from pre-K to K, Strengthening Families, social norming <i>Targeted Group Intervention</i> - Strengthening Families |

(c) The extent to which the applicant identifies, in the project narrative and the logic model, needs and gaps related to the five SS/HS elements that are not addressed by current services and programs. (10 points)

Element One: Safe School Environments and Violence Prevention Activities

Individual, family, school, and community risk factors. As identified in the needs assessment, risk factor include: fights, suspensions, expulsions, bringing alcohol/drugs/weapons on school

property; **lack of police presence in schools**; lack of formalized school safety assessment and funds for recommended changes; barriers to utilizing an emergency alert system in a rural area; and the need to further develop crisis teams. **Individual, family, school, and community protective factors.** The Collaborative identified the following protective factors: (1) schools have discipline policies, (2) **there is at least one school resource officer in a few of the school districts**, (3) school districts are aware and willing to do what is needed to improve school safety, (4) a crisis response team is in place in each LEA, (5) community partners train for emergency scenarios and are willing to work with the school districts on additional training, **(6) regular meetings with law enforcement and juvenile probation occur**, and (7) there are some student services personnel in each school district districts.

Needs and Gaps in Services.

1. According to the 2007 IPRC survey, as many as 5.2% of students in the participating LEAs felt somewhat unsafe or very unsafe traveling to/from schools and alone in the hallway which is more than double the statewide average (2.5%) from the previous academic year.
2. According to the 2007 IPRC survey, as many as 5.4% of students in the participating LEAs carried a weapon to school 1-2 times which is a higher rate than the average for the state of Indiana (3.9%).
3. All 7 Participating LEAs report they have not had a third party school safety audit completed that would assess safety risks for students nor do they have sufficient funds to implement recommended changes.
4. According to the Indiana Center for Evaluation and Education Policy (2007) and NCES, Indiana ranked 1st in expulsions and 9th in suspensions.

Element Two: Alcohol, Tobacco, and Other Drug Prevention Activities

Individual, family, school, and community risk factors. The community assessment process revealed underage use of alcohol/drugs and tobacco and a lack of programs that provide prevention and intervention services to teens and their parents as risk factors for this Element.

Individual, family, school, and community protective factors. The Collaborative identified the following protective factors: (1) school policies related to use and possession on school property, (2) partnerships with law enforcement to address possession and use on school property, (3) law enforcement providing healthy choices presentations to classes upon request, (4) area substance abuse coalitions, health fairs in schools, (5) a few Strengthening Families, Reconnecting Youth, S.M.A.R.T. Moves and Why Try programs, and (6) some school social work services successfully implemented as funding is available.

Needs and Gaps in Services.

1. In 2004, the United Way of Southwestern Indiana conducted a regional needs assessment that identified underage drinking (#1) and use of tobacco by youth (#3) among the top 10 community concerns.

2. The IPRC survey (2007) results indicate that the youth in 9th-12th grade have used alcohol in the last thirty days at a rate up to 5.7% higher than the state average.

Element Three: Student Behavioral, Social, and Emotional Supports

Individual, family, school, and community risk factors. The community needs assessment revealed the following risk factors: single parent families, children living in poverty, lack of parenting skills identified by community as an issue, limited mental health services available, barriers to accessing services. **Individual, family, school, and community protective factors.**

The Collaborative identified the following protective factors: (1) one LEA has begun to implement Character Counts, (2) some Strengthening Families, Why Try programs, and School

Social Work services have been offered through Youth First, Inc., (3) and faith community offers supportive counseling to students and their families.

Needs and Gaps in Services.

1. A community needs assessment conducted by the United Way of Southwestern Indiana (2004) identified the problems of single parent families (#6) and lack of parenting skills (#8) in the top 10 community issues.

2. The Indiana Family Social Services Administration (SFY 2005) reports that two of the three counties included in the Collaborative are above the state average (12.7%) in number of children under age 18 living in poverty (Gibson-17.4%, Posey 13.9%).

Element Four: Mental Health Services

Individual, family, school, and community risk factors. The community needs assessment identified the following risk factors: elevated number of children identified as seriously emotionally disturbed, family history of mental illness, rate of depression, hopelessness and suicidal ideation, access to mental health services (lack of qualified professionals, transportation, and insurance coverage), taking time off work for appointments, and perceived lack of anonymity. **Individual, family, school, and community protective factors.** The Collaborative identified protective factors that include, (1) local public mental health agency provides services in all counties and (2) faith community offers supportive counseling to students and their families. Presence of a crisis response team in each LEA.

Needs and Gaps in Services.

1. The Indiana Family and Social Services Administration (2006) reports that there are over 1500 seriously emotionally disturbed children in the three counties (Posey 380, Gibson 422 and Warrick 753).

2. The Indiana State Department of Health (2007) reports that suicide is the third leading cause of death by 15-24 year olds and fifth leading cause of death by 10-14 year olds in Indiana.

Element Five: Early Childhood Social and Emotional Learning Programs

Individual, family, school, and community risk factors. The community assessment revealed the following risk factors: lack of transition planning between pre-K and kindergarten, lack of pre-school experience that addresses school readiness skills including social emotional development, and need for parenting skills. **Individual, family, school, and community protective factors.** The Collaborative identified the following protective factors: (1) Catholic schools provide pre-K education to a large number of students in all three counties, (2) the local Toyota plant has on-site day care services in Gibson County, (3) every LEA has public libraries in their community with early reading activities, (4) some LEA's assess Kindergarten students utilizing the DIBELS, (5) 4 C's is a community agency that licenses and trains day care providers in all three counties and provides a Paths to Quality Child Care program, and (6) United Way of Southern Indiana has developed an Early Childhood Coalition that works with communities to address literacy and social-emotional development.

Needs and Gaps in Services.

1. The Indiana Center for Evaluation and Education Policy (2006) reports that in 2005 only 38% of children ages 3 and older participated in center-based early education.
2. Superintendents from the LEA's included in this project report there are no transition plans for children entering kindergarten.

2. Goals and Objectives (10 points)

a)The extent to which the applicant's project narrative and logic model specify one or more goals for each of the five SS/HS elements and to which the goals are clearly linked to the needs and gaps identified in the community assessment. *(5 points)*

b)The extent to which the objectives identified in the applicant's project narrative and logic model are measurable and linked to each of the stated goals. *(5 points)*

| Needs and Gaps | Goal | Objectives/Outcome Measures |
|--|---|--|
| <p>Element 1 Safe School Environments and Violence Prevention Activities</p> <p>1. According to the 2007 IPRC survey, as many as 5.2% of students in the participating LEAs felt somewhat unsafe or very unsafe traveling to/from schools and alone in the hallway which is more than double the statewide average (2.5%) from the previous academic year.</p> <p>2. According to the 2007 IPRC survey, as many as 5.4% of students in the participating LEAs carried a weapon to school 1-2 times which is a higher rate than the average for the state of Indiana (3.9%).</p> <p>3. All 7 Participating LEAs report they have not had a third party school safety audit completed that would assess safety risks for students nor do they have sufficient funds to implement recommended changes.</p> <p>4. According to the Indiana Center for Evaluation and Education Policy (2007) and NCES, Indiana ranked 1st in expulsions and 9th in suspensions.</p> <p><u>Implications</u></p> <p>School safety issues must be addressed because the perception of being unsafe can lead to a decline in academic performance, increase in disciplinary referrals, a decline in staff morale and issues related to negative school climate (Center for Effective Collaboration and Practice, 2007).</p> | <p>Provide and maintain a safe school environment</p> | <p>1.1 There will be a <u>10%</u> cumulative decrease in the number of students who did not go to school on 1 or more days during the past 30 days because they felt unsafe at school or on their way to and from school as compared to baseline measures <u>as measured by the yearly Indiana Prevention Resource Center (IPRC) survey.</u></p> <p>1.2 There will be a <u>10%</u> cumulative decrease in the number of students who have been in a physical fight on school property in the prior 12 months as compared to baseline measures <u>as measured by the yearly Indiana Prevention Resource Center survey.</u></p> <p>1.3 There will be a <u>5%</u> cumulative decrease in suspensions and expulsions as <u>measured by the LEA yearly report to the Indiana Department of Education.</u></p> |

| Needs and Gaps | Goal | Objectives/Outcome Measures |
|--|---|---|
| <p>Element 2 Alcohol, Tobacco and Other Drug Prevention Activities</p> <p>1. In 2004, the United Way of Southwestern Indiana conducted a regional needs assessment that identified underage drinking (#1) and use of tobacco by youth (#3) among the top 10 community concerns.</p> <p>2. The IPRC survey (2007) results indicate that the youth in 9th-12th grade have used alcohol in the last thirty days at a rate up to 5.7% higher than the state average.</p> <p><u>Implications</u> Consequences of underage drinking can include neglecting responsibilities, getting into fights, missing school, unsafe driving, and engaging in sexual behavior you would not have engaged in otherwise (Arata, Stafford, and Tims, 2003).</p> | <p>Reduce the incidence of alcohol, tobacco and other drug use</p> | <p>2.1 There will be a <u>10%</u> cumulative decrease in the number of students that report current (30-day) marijuana use <u>as measured by the yearly IPRC survey.</u></p> <p>2.2 There will be a <u>10%</u> cumulative decrease in number of students who report current (30-day) alcohol use <u>as measured by the yearly IPRC survey.</u></p> <p>2.4 Sixty percent of youth and parents attending SF programs will demonstrate improvement related to the following: communication, parent-child involvement, social competence, parenting skills and overall protective factors <u>as measured by the program pre- and post-tests.</u></p> <p>2.4 Fifty percent of youth attending RY will demonstrate improved school performance, reduction in drug use and increased emotional adjustment <u>as measured by the program pre- and post-tests.</u></p> |
| <p>Element 3 Student Behavioral, Social and Emotional Supports</p> <p>1. A community needs assessment conducted by the United Way of Southwestern Indiana (2004) identified the problems of single parent families (#6) and lack of parenting skills (#8) in the top 10 community issues.</p> <p>2. The Indiana Family Social Services Administration (SFY 2005) reports that two of the three counties included in the Collaborative are above the state average (12.7%) in number of children under age 18 living in poverty (Gibson-17.4%, Posey 13.9%).</p> <p><u>Implications</u> The demands of raising children, coupled with poverty and lack of social supports increases the likelihood that children will develop violent behavior patterns and/or other mental health problems.</p> | <p>Develop and sustain student services that promote behavioral, social and emotional supports.</p> | <p>3.1 By the end of the project <u>20%</u> of students will report an increase in positive attitude towards school <u>as measured by a school climate survey.</u></p> <p>3.2 <u>Seventy-percent</u> of teachers will report a gain in knowledge and skills to utilize positive behavior supports <u>as measured by PBS training pre- and post-test.</u></p> <p>3.3 <u>Ninety percent</u> of students referred for school social work services will show improved school adjustment <u>as measured by a School Adjustment Scale.</u></p> <p>3.4 <u>Forty percent</u> of students participating in Character Counts will demonstrate an increase in socially desirable behaviors <u>as measured on the program pre- and post-tests.</u></p> |

| Needs and Gaps | Goal | Objectives/Outcome Measures |
|---|---|--|
| <p>Element 4 Mental Health Services</p> <p>1. The Indiana Family and Social Services Administration (2006) reports that there are over 1500 seriously emotionally disturbed children in the three counties (Posey 380, Gibson 422 and Warrick 753).</p> <p>2. The Indiana State Department of Health (2007) reports that suicide is the third leading cause of death by 15-24 year olds and fifth leading cause of death by 10-14 year olds in Indiana.</p> <p><u>Implications</u> The prevalence of mental health issues among youth combined with the lack of insurance or gaps in insurance coverage, and difficulties leaving work to attend appointments, increases the risk of students with mental health issues.</p> | <p>Increase access to mental health services</p> | <p>4.1 There will be a <u>50%</u> cumulative increase in the number of students receiving school-based mental health services <u>as measured by school social work and case manager monthly reports.</u></p> <p>4.2 There will be a <u>50%</u> cumulative increase in the percentage of mental health referrals for students which result in mental health services being offered <u>as measured by school social work and case manager monthly reports.</u></p> <p>4.3 There will be a <u>25%</u> cumulative decrease in students who do not show up for their first appointment at the public mental health center <u>as measured by case manager monthly reports.</u></p> <p>4.4 There will be a <u>25%</u> cumulative decrease in the number of days between the date of the initial call and the date of initial appointment at the public mental health center <u>as measured by case manager monthly reports.</u></p> <p>4.5 <u>Fifty-percent</u> of students receiving school social work services with symptoms of depression will report a decrease in related symptoms <u>as measured by the Individual Concerns Scale.</u></p> |
| <p>Element 5 Early Childhood Social and Emotional Learning Programs</p> <p>1. The Indiana Center for Evaluation and Education Policy (2006) reports that in 2005 only 38% of children ages 3 and older participated in center-based early education.</p> <p>2. Superintendents from the LEA's included in this project report there are no transition plans for children entering kindergarten.</p> <p><u>Implications</u> The high percentage (62%) of children ages 3-5 not attending a pre-school program creates a disparity in learning and social emotional development that becomes evident in Kindergarten.</p> | <p>Increase access for pre-school age children and their families to school readiness activities.</p> | <p>5.1 School-readiness transition plans will be developed and implemented for <u>50%</u> of children entering Kindergarten by 2012 <u>as measured by the number of transition plans developed.</u></p> <p>5.2 There will be a <u>20%</u> increase in the linkages made for parents of 3-5 year olds to school readiness activities by 2012 <u>as measured by school social work monthly reports.</u></p> <p>5.3 There will be a <u>60%</u> cumulative increase in the number of parents provided with parenting education that addresses social emotional skill building for their children compared to the baseline <u>as measured by SF 3-5 attendance logs.</u></p> |

3. Project Design (25 points)

- (a) The extent to which the applicant’s project narrative and logic model propose activities, curricula, programs, and services that will address each of the goals and objectives of the proposed project. (15 points)

All strategies are directly linked to the needs/gaps identified by the community assessment, and the goals and objectives listed in the project logic model. Careful consideration was given to selecting all research-based strategies that addressed more than one Element to increase the overall impact of that strategy. Youth First, Inc., a primary partner in the Collaborative brings to the project 10 years experience implementing and evaluating research-based programs in schools. Additionally, Youth First shared with the Collaborative experience being a community partner the implemented research-based programs in a former SSHS grant. This invaluable experience will continue to enhance the success of the proposed project. The following research-based strategies were chosen for inclusion by the Collaborative:

| Strategies by Element | | | | | |
|---|----------------|----------|----------|----------|----------|
| Strategy | Element | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Positive Behavior Supports, School-Wide | X | | X | X | |
| Independent School Safety Audit | X | | | | |
| Social Norming, Most of Us | X | X | | | X |
| Why Try | X | | X | X | |
| Reconnecting Youth | X | X | | X | |
| Strengthening Families | X | X | X | | X |
| Character Counts | X | X | X | | |
| School Social Work | X | X | X | X | |
| Mental Health Case Management | | | | X | |
| Kindergarten Transition Plan | | | | | X |

(1) Positive Behavior Supports (PBS), School-wide, involves the creation of a school-wide system of discipline and positive behavioral interventions. The LEAs will identify either an existing committee that already addresses the issue or create a PBS team to be trained on the development of a school-wide system of discipline and implement it in their schools. Best practices in the design, implementation and evaluation of this effort will be followed

<http://www.pbis.org>). Community partners from law enforcement and juvenile probation will be included in the training, design, implementation and evaluation process. **(2) Independent School Safety Audit** is the first step in uncovering the strengths and challenges of ensuring safety for students in and around a school building and/or on a bus. All LEAs will begin the process of addressing school safety by hiring an independent company to conduct a comprehensive school safety audit. Following the audits, the LEAs will work with their community partners to address recommendations made in the audit report. **(3) Social Norming, Most of Us**, is based on applying social marketing techniques to social norms theory. The model that will be utilized by the Collaborative is an innovative social marketing promotion technique developed by Dr. Jeff Linkenbach, Montana State University and has proven effective in areas such as preventing underage drinking and preventing drinking and driving. As stated on the Mostofus.org website, “There are many areas in which people’s behaviors, attitudes or opinions could be shifted by using strategic marketing to realign their perceptions with reality. Informing people that the majority of their peers are acting in a positive or healthy way can create an environment in which people actively strive to emulate what they believe is typical of their peers” (<http://www.mostofus.org>). Social norming will be used as a strategy to address safety in schools, underage drug/alcohol use, and to increase parental awareness of skills needed to be successful in Kindergarten. Therefore, this universal strategy will be utilized across three Elements. **(4) Why Try** is an interactive targeted-group curriculum which teaches social and emotional skills needed to overcome challenges and improve outcomes in the areas of truancy, behavior, and academics. The interactive nature of the curriculum includes visual prompts (posters, journaling), auditory prompts (music), and kinesthetic prompts (team challenge activities). Why Try is has been researched in a variety of settings by independent researchers

and has been proven effective in impacting academic and behavior outcomes. Why Try is appropriate for use in elementary, junior high/middle school and high school. School social workers will implement the Why Try curriculum with targeted groups in individual schools.

(5) Reconnecting Youth (RY) will target drug use, mood management, violence, emotional adjustment and academic achievement. RY is a school-based prevention program for youth (9th-12th grades) at-risk for school drop-out. The program will be provided by school social workers. LEAs will explore the possibility of awarding academic credit for participation in RY.

(6) Strengthening Families (SF) (3-5, 6-9, 10-14) will target parenting skills, social competence, ATOD, violence and the presence of overall protective factors. SF provides children and their families with family skill building on protective factors by improving family relationships, parenting skills, and increasing social and life skills. **(7) Character Counts** is a universal curriculum to teach students six important character traits: trustworthiness, respect, responsibility, fairness, caring and citizenship. The program has been implemented in schools across the United States and outcome research has provided evidence that the program reduces behavior problems, truancy, increased test scores and improved decision-making skills. The program will be fully implemented by one of the LEAs and is being considered by the other LEAs at the school building level. **(8) School Social Work (SSW)** will target student behaviors that impact school safety, ATOD, positive social/emotional supports, and mental health issues. Based on a risk and resiliency model, 8.5 school social workers will provide services to all participating LEAs. This expands services currently being provided by 11 school social workers in those school districts. School social workers are hired in at the Masters level and will provide services to students and their families. Utilizing systems theory, services in school, home and the community will reduce risks (behavioral, emotional, academic, social) by building protective

factors (positive coping skills). **(9) Mental Health Case Management Services** will target mental health issues of students and their families. Three case manager will be hired by the public mental health agency to act as liaisons between school (principal, teacher, school social worker) and mental health center providers (psychiatrist, therapist) providing case management and coordination of student mental health treatment plans using a community “wrap around” model. **(10) Kindergarten Transition Plans** are currently being developed in a large scale project lead by the United Way of Southwestern Indiana. The United Way has researched best practices in this area and worked with national organizations to develop a model that is being implemented a bordering county. The Collaborative will review the model developed by the United Way and explore its use within the LEAs participating in this project. Key stakeholders in the area of early childhood from all three counties will be consulted before a final selection is made for a universal transition plan. The Project Coordinators for each county will take the selected instrument and work with the LEAs and child care providers in the county to begin the process of implementing transition plans.

(b) The extent to which activities, curricula, programs, and services proposed by the applicant are evidence-based or reflect current research and effective practice, and are appropriate for the age and developmental levels, gender, and cultural diversity of the target population. *(10 points)*

School Social Work Services. School Social Workers are a vital part of the total educational team. Working in collaboration with school psychologists, school counselors, school nurses, teachers and administrators, the Youth First School Social Worker integrates the information from all of these sources to provide social, emotional, behavioral and adaptive functioning support to the child, the child's family and the school. The school social work program is based on a risk and resiliency model of prevention and intervention. This model focuses on reducing student and family risk factors by building protective factors. These protective factors aid youth

and their families in adapting to the many demands of the school environment. The Substance Abuse and Mental Health Services Administration (SAMSHA, 2006) outlines criteria for model programs as possessing three central goals: (a) promote relations between youth, families, communities and peers; (b) address the unique needs of the target audience; and (c) reduce or delay onset of alcohol, tobacco, and other drugs, or risk factors by enhancing protective factors in domains of individual, family, peer, school, community, and society. The model of school social work provided through Youth First, Inc. addresses each of these researched best practices. According to Weist (2007) the dimensions of quality service in school and mental health partnerships include needs assessment, evidence based practices, staff training and coaching, quality assessment and improvement, a shared community and family partnership and a full continuum of service ranging from universal approaches aimed at the entire school community, to selective approaches: targeting at risk groups, and then indicated approaches targeting at risk individual students. As students are identified for referral, the school social worker initially makes an assessment of needs. The social worker then provides services in *units of attention* (Constable, 2002) The *unit of attention* is intentional engagement in the most effective point of change identified from the assessment. This may be with the student, the parent/family, the school community or within the broader Southwestern Indiana community. An evaluation protocol will be completed by school social workers. It is through the units of attention that our data is collected and observed at baseline, one month, 3 months and 5 months. Social workers then summarize their work at the 5 month or completion interval so that we can identify what services were provided. School Social workers are trained in using Prochaska and DiClemente's 1991 Trans-theoretical Model of change, the intent is to help individual students and families in preparation for change and in dialogue for change. As this occurs, students and parents are more

open to referrals for additional resources and are more likely to follow through. School Social Workers are also trained in several methods of dialogue with individuals that help promote movement toward needed changes. Motivational Interviewing (Miller and Rollnick, 2002) is one skill set we are learning and utilizing which was developed for clientele who exhibited high risk behaviors but showed minimal willingness to make constructive behavioral changes.

Motivational Enhancement Therapy and adaptation of MI is listed on SAMHSA's NREPP.

Familiarity with other researched interviewing techniques such as Solution Focused Brief

Therapy (Berg and DeShazer) Cognitive Behavioral Therapy (Beck) and client directed conversation (S. Miller) are all essential skills that our staff receive training in. These methods

are designed to help parents and students move from pre-contemplation ("I don't have a problem" .i.e. not recognizing there is a concern) to contemplation ("Maybe I should do

something about this"- beginning thoughts about making a change).Cognitive Behavioral

Approaches are listed on the NREPP. In order to assess and determine the needs of many

students, the skill set of nonverbal (play therapy) techniques is essential. As described in

Kaduson and Schaffer (2000) and Geitlin-Weiner, Sandgrun and Schaefer, (2000) the large body

of play therapy approaches create windows of opportunity for social workers to communicate

with nonverbal students. Such interactional information aids in knowing what steps will best help

the child and his/her parents in coping with at risk situations and behaviors. This model is

effective for use with school age children who often cannot verbalize concerns and need help in

communicating thoughts and feelings. Youth First school social work data has shown that the

primary concerns identified for referral among Kindergarten through 8th grade youth include

school behaviors and **anger management**. The primary concerns identified for referral among

high school students are **depression**, **parent/child conflict** and **substance abuse**. Data from

Youth First School social work services in 2006-07 shows that the highest referrals to community resources included outpatient therapy and family physicians. In order to assess and determine the needs of many students, the skill set of nonverbal (play therapy) techniques is essential. As described in Kaduson and Schaffer, 2000 and Geitlin-Weiner, Sandgrun and Schaefer, 2000 the large body of play therapy approaches create windows of opportunity for social workers to communicate with nonverbal students. Such interactional information aids in knowing what steps will best help the child and his/her parents in coping with at risk situations and behaviors. This model is effective for use with school age children who often cannot verbalize concerns and need help in communicating thoughts and feelings. Social workers make contacts with students, family members, teachers and community professionals through collaboration. School social workers are able to provide missing services that are typically non reimbursable such as teacher contact, home visits and crisis intervention with students who may receive counseling services in the community. Community professionals may also refer students for “post-vention” and aftercare services that are non reimbursable under current 3rd party provider structures. Every effort is made to avoid duplication of services. Children and teens in difficult environments at home often need special attention from the School Social Worker and Student Assistance team. Adverse Childhood Experiences (ACEs) that contribute to adjustment difficulties include growing up in households affected by alcohol abuse, all forms of child abuse (emotional, physical, sexual), or neglect (emotional, physical), as well as witnessing domestic violence, and growing up with parental substance abuse, mental illness, discord/family conflict, or crime in the home. Addressing trauma and loss is particularly important in the communities where there have been suicidal loss of peers (Warrick and North Posey High School) that have had a ripple effect among the students. All services are provided in a culturally competent manner that takes age, developmental stage, gender and cultural diversity into account.

WhyTry? The WhyTry Program is a simple, hands-on curriculum which helps youth overcome their challenges and improve outcomes in the areas of truancy, behavior, and academics. WhyTry materials teach important social and emotional concepts to youth (K-12) using a series of ten (visual analogies). Each analogy demonstrates one concept such as resisting peer-pressure, or that decisions have consequences. The visual components are then reinforced by music and physical activities. All major learning styles; visual, auditory, and body-kinesthetic are addressed. The visuals are reinforced by PowerPoint display, posters and student journals. WhyTry is currently used in over 5,000 schools, mental health facilities and correctional facilities in worldwide. The program has a broad potential for applications. It could be used by school social workers to assist individuals and groups of students in Tier 2 reflecting the selective or indicated interventions. A modified curriculum is written for elementary grades K-5. It could also be used as a way to address school climate in smaller school settings or for grades of students who need assistance with motivation and school connectedness The WhyTry? program has been researched with high school students and has been shown to impact GPAs, attendance and graduation rates (See www.WhyTry.org). **Positive Behavior Supports (school-wide).** A major advance in school wide discipline is the emphasis on school-wide systems of support that include proactive strategies for defining, teaching and supporting appropriate student behaviors to create positive school environments. Instead of using a variety of behavioral plans that may not correspond to one another, this approach emphasizes a continuum of positive behavioral supports for all students and is implemented in all areas of the school including classrooms, hallways, cafeterias, restrooms, etc. The purpose of School Wide PBS is to establish a climate in which appropriate behavior is the norm. Teaching behavioral expectations and rewarding students for following them is a much more positive approach than waiting for

misbehavior to occur before responding. Positive Behavior Supports is an application or behaviorally based systems approach to enhance the capacity of schools, families and communities. The steps of putting PBS in place include development of a leadership team who will help guide the process. This includes the school administrator, grade level representatives, school social worker when possible, and parents. The team will conduct a school wide self-assessment of current discipline and create and implementation plan based on data based decision making. The team will set up a routine of gathering office referral and other data on a regular basis in order to evaluate the effectiveness of school-wide PBS efforts. PBS is categorized as a model research-based program and because of the universal nature of the program it is age, developmental, and culturally appropriate when presented in a culturally competent manner that respects the diversity of the student population. **Social Norming, Most of Us.** Based in Montana, MOST of Us® is committed to using social science to improve peoples' lives. They use social norms marketing to examine the perceptions, opinions, and behaviors that inform our daily behavioral choices and encourage people to make better, healthier decisions. Social norming is based on applying social marketing techniques to social norms theory. The model that will be utilized by the Collaborative is an innovative social marketing promotion technique developed by Dr. Jeff Linkenbach, Montana State University. MOST of Us has been well researched and studies have proven it to be effective in areas such as preventing underage drinking and preventing drinking and driving. As stated on the Mostofus.org website, “There are many areas in which people's behaviors, attitudes or opinions could be shifted by using strategic marketing to realign their perceptions with reality. Informing people that the majority of their peers are acting in a positive or healthy way can create an environment in which people actively strive to emulate what they believe is typical of their

peers” (<http://www.mostofus.org>) . In order to ensure that social norming is age, developmentally, gender and culturally appropriate, the process of implementing a social norming campaign requires surveying a diverse population, ensuring diversity in focus groups utilized to develop social norms messages, and obtaining evaluative feedback from a diverse group representing the target audience (e.g., students, parents, school personnel).

Strengthening Families 3-5, 6-9, 10-14. Listed as a model program on the SAMHSA National Registry of Evidence Based Programs and Practices

(http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=211, Strengthening Families has been researched for children ages 6-12 and youth 13-17 (available for ages 3-16). This curriculum has been proven effective with diverse populations and was developed for both genders. It has been researched in home, rural and/or frontier, school, suburban, tribal and urban settings with culturally diverse populations. SF has been researched with the following populations: American Indian/Alaska Native, Asian American, Black or African American, Hispanic or Latino, and White. **Reconnecting Youth.** RY was developed for implementation in grades 9-12 (ages 14-24). It is listed as a model program in the SAMHSA model program database (<http://modelprograms.samhsa.gov/pdfs/model/Reconnecting.pdf>) . The research studies for RY were conducted in urban and suburban settings and deemed appropriate for both genders and diverse populations. **Character Counts.** Character Counts is a universal curriculum to teach students six important character traits: trustworthiness, respect, responsibility, fairness, caring and citizenship. The program has been implemented in schools across the United States and outcome research has provided evidence that the program reduces behavior problems, truancy, increased test scores and improved decision-making skills. One of the nation's most thorough and multi-faceted assessments of character education has been taking place in South Dakota

since 1997-98. It is a five-year study of CHARACTER COUNTS! and uses an extensive questionnaire covering demographics, attitudes, and behavior. Each year researchers based at South Dakota State University collect the evaluation forms from large numbers of students and teachers. The student sample comprises as many as 8,419 respondents.

4. Evaluation (15 points)

(a) The extent to which the applicant's project narrative describes a plan for regularly monitoring program implementation and identifies process measures that the applicant will use to assess the quality and completeness of the activities planned under the grant. (10 points)

Process Evaluation. Overall project implementation will be measured through the use of monthly tracking forms completed by the Project Director and County Project Coordinators in addition to the use fidelity measures for each research-based program to include self-evaluation checklist, observations and interviews. The Core Management Team will review the implementation status of the project in relation to the timeline and individual strategies at monthly meetings. The project review will include discussion of implementation and fidelity at the entire Collaborative and within the individual LEA. Adjustments will be made as needed to ensure the fidelity of program and project implementation. **Program Evaluation method.** A combination of pre-experimental, quasi-experimental and time series evaluation designs will be used to examine inputs, process, and implementation. The evaluation methodology will include pre- and post-surveys, focus groups, individual interviews, and review of meeting minutes. This will allow for periodic monitoring of collaborative efforts, fidelity of service strategies, and identification of needs. To examine outcomes, quantitative data related to the GPRA indicators (student victimization/perception of school safety, student substance use an abuse, and mental health services provided) will be reviewed monthly. This will allow ongoing tracking of program effects. **Evaluation Instruments.** For reliable comparisons, existing data will primarily be used.

Multiple measures, state/federal reporting forms, suspensions/expulsions, attendance records, report cards, school social work measures (Diehl, 2005), Strengthening Families, Why Try and Reconnecting Youth pre- and post-surveys identified in program manuals, Indiana Prevention Resource Center (IPRC) ATOD Survey, and County Crime Reports. Instruments developed for this project could include: feedback surveys, individual and focus group interviews, and observation protocols. School Social Work data will be collected via a web-based school social work data management system. **Data Analysis.** Varied analyses include, but are not limited to, significance testing, multivariate, and structural equation modeling procedures for continuous data, and frequency, descriptive, crosstabulation, and chi-square for nonparametric data. All analyses will be based on the appropriate assumptions and data type. **Reports and outcomes.** Formative reports for results and outcomes (process, implementation, and outcome data as available) of strategies will provide monthly to the Core Management Team and summative reports semi-annually. **Use of Data.** The Core Management Team will review data monthly to determine if program adjustments are warranted, basing decisions on implementation fidelity and connection with the project goals and objectives. A strategic planning review will be conducted annually, following the summative report to examine overall effects and adjustments. **GPRA Measures.** A baseline for GPRA indicators has been collected. Data for GPRA indicators will be reviewed monthly and serve as the basis for all strategies. Results will guide any adjustment in the strategic plan, reviewed annually.

(b) The extent to which the applicant's project narrative and logic model identify outcomes that are clearly linked to the identified objectives and activities for the project, and specify how outcomes will be measured. (5 points)

| Outcomes | Activities | Objectives/Outcome Measures |
|--|---|---|
| <p>Element 1 Safe School Environments and Violence Prevention Activities</p> <p>1.1 There will be a decrease in the number of students who did not go to school on 1 or more days during the past 30 days because they felt unsafe at school or on their way to and from school as compared to baseline measures.</p> <p>1.2 There will be a decrease in the number of student who have been in a physical fight on school property in the prior 12 months as compared to baseline measures.</p> <p>1.3 There will be a decrease in the number of suspensions and expulsions.</p> | <p><i>Universal Intervention</i>-School-wide Positive Behavior Supports, social norming (Most of Us ®) campaign, school climate survey; Increased presence of local law enforcement on school property; Independent school safety audit and implementation of recommendations, Continued training for crisis response teams <i>Targeted Group Intervention</i> - Why Try, Reconnecting Youth, School Social Work <i>Intensive Individual Intervention</i> -School Social Work</p> | <p>1.1 There will be a <u>10%</u> cumulative decrease in the number of students who did not go to school on 1 or more days during the past 30 days because they felt unsafe at school or on their way to and from school as compared to baseline measures <u>as measured by the yearly Indiana Prevention Resource Center (IPRC) survey.</u></p> <p>1.2 There will be a <u>10%</u> cumulative decrease in the number of students who have been in a physical fight on school property in the prior 12 months as compared to baseline measures <u>as measured by the yearly Indiana Prevention Resource Center survey.</u></p> <p>1.3 There will be a <u>5%</u> cumulative decrease in suspensions and expulsions as <u>measured by the LEA yearly report to the Indiana Department of Education.</u></p> |
| <p>Element 2 Alcohol, Tobacco and Other Drug Prevention Activities</p> <p>2.1 There will be a decrease in the number of students that report current (30-day) marijuana use.</p> <p>2.2 There will be a decrease in number of students who report current (30-day) alcohol use.</p> <p>2.3 Youth and parents attending SF programs will demonstrate improvement related to the following: communication, parent-child involvement, social competence, and parenting skills. factors.</p> <p>2.4 Youth attending RY will demonstrate improved school performance, reduction in drug use and improved emotional adjustment.</p> | <p><i>Universal Intervention</i>-Social Norming Campaign (Most of Us ®), Strengthening Families; Character Counts <i>Targeted Group Intervention</i>-Reconnecting Youth and Strengthening Families; <i>Intensive Individual Intervention</i>-School Social Work Services</p> | <p>2.1 There will be a <u>10%</u> cumulative decrease in the number of students that report current (30-day) marijuana use <u>as measured by the yearly IPRC survey.</u></p> <p>2.2 There will be a <u>10%</u> cumulative decrease in number of students who report current (30-day) alcohol use <u>as measured by the yearly IPRC survey.</u></p> <p>2.4 Sixty percent of youth and parents attending SF programs will demonstrate improvement related to the following: communication, parent-child involvement, social competence, parenting skills and overall protective factors <u>as measured by the program pre- and post-tests.</u></p> <p>2.4 Fifty percent of youth attending RY will demonstrate improved school performance, reduction in drug use and increased emotional adjustment <u>as measured by the program pre- and post-tests.</u></p> |

| Outcomes | Activities | Objectives/Outcome Measures |
|---|--|--|
| <p>Element 3 Student Behavioral, Social and Emotional Supports</p> <p>3.1 Students will report an increase in positive attitude towards school.</p> <p>3.2 Teachers will report a gain in knowledge and skills to utilize positive behavior supports.</p> <p>3.3 Students referred for school social work services will show improved school adjustment.</p> <p>3.4 Students participating in Character Counts will demonstrate an increase in socially desirable behaviors.</p> | <p><i>Universal Intervention-</i> School-wide Positive Behavior Supports; Character Counts; Strengthening Families</p> <p><i>Targeted Group Intervention-</i> Why Try, Strengthening Families; Reconnecting</p> <p><i>Intensive Individual Intervention-</i> School Social Work Services</p> | <p>3.1 By the end of the project <u>20%</u> of students will report an increase in positive attitude towards school <u>as measured by a school climate survey.</u></p> <p>3.2 <u>Seventy-percent</u> of teachers will report a gain in knowledge and skills to utilize positive behavior supports <u>as measured by PBS training pre- and post-test.</u></p> <p>3.3 <u>Ninety percent</u> of students referred for school social work services will show improved school adjustment <u>as measured by a School Adjustment Scale.</u></p> <p>3.4 <u>Forty percent</u> of students participating in Character Counts will demonstrate an increase in socially desirable behaviors <u>as measured on the program pre- and post-tests.</u></p> |
| <p>Element 4 Mental Health Services</p> <p>4.1 There will be an increase in the number of students receiving school-based mental health services.</p> <p>4.2 There will be an increase in the percentage of mental health referrals for students which result in mental health services being offered.</p> <p>4.3 There will be a decrease in students who do not show up for their first appointment at the public mental health center.</p> <p>4.4 There will be a decrease in the number of days between the date of the initial call and the date of initial appointment at the public mental health center.</p> <p>4.5 Students receiving school social work services with symptoms of depression will report a decrease in related symptoms.</p> | <p><i>Universal Intervention-</i> School-wide Positive Behavioral Supports, <i>Targeted Group Intervention-</i> Reconnecting Youth</p> <p><i>Intensive Individual Intervention-</i> School-based mental health case management; School Social Work Services</p> | <p>4.1 There will be a <u>50%</u> cumulative increase in the number of students receiving school-based mental health services <u>as measured by school social work and case manager monthly reports.</u></p> <p>4.2 There will be a <u>50%</u> cumulative increase in the percentage of mental health referrals for students which result in mental health services being offered <u>as measured by school social work and case manager monthly reports.</u></p> <p>4.3 There will be a <u>25%</u> cumulative decrease in students who do not show up for their first appointment at the public mental health center <u>as measured by case manager monthly reports.</u></p> <p>4.4 There will be a <u>25%</u> cumulative decrease in the number of days between the date of the initial call and the date of initial appointment at the public mental health center <u>as measured by case manager monthly reports.</u></p> <p>4.5 <u>Fifty-percent</u> of students receiving school social work services with symptoms of depression will report a decrease in related symptoms <u>as measured by the Individual Concerns Scale.</u></p> |

| Outcomes | Activities | Objectives/Outcome Measures |
|---|--|---|
| <p>Element 5 Early Childhood Social and Emotional Learning Programs</p> <p>5.1 School-readiness transition plans will be developed and implemented for of children entering Kindergarten by 2012.</p> <p>5.2 There will be an increase in the linkages made for parents of 3-5 year olds to school readiness activities by 2012.</p> <p>5.3 There will be an increase in the number of parents provided with parenting education that addresses social emotional skill building for their children compared to the baseline.</p> | <p><i>Universal Intervention-</i> Implement a uniform transition plan from pre-K to K; Strengthening Families, social norms campaign; <i>Targeted Group Intervention-</i> Strengthening Families</p> | <p>5.1 School-readiness transition plans will be developed and implemented for <u>50%</u> of children entering Kindergarten by 2012 <u>as measured by the number of transition plans developed.</u></p> <p>5.2 There will be a <u>20%</u> increase in the linkages made for parents of 3-5 year olds to school readiness activities by 2012 <u>as measured by school social work monthly reports.</u></p> <p>5.3 There will be a <u>60%</u> cumulative increase in the number of parents provided with parenting education that addresses social emotional skill building for their children compared to the baseline <u>as measured by SF 3-5 attendance logs.</u></p> |

5. Management (25 points)

(a) The extent to which the applicant describes a management plan adequate to achieve the objectives of the proposed program on time and within budget, including clearly defined responsibilities of partners, staff, and contracted service providers, and milestones for accomplishing project tasks. (5 points)

Management Plan. A full-time *Fiscal Operations Administrator* will be hired by the Lead LEA to monitor compliance with EDGAR, process all requests for payments, draw down awarded funds, track all spending, provide monthly fiscal reports to the Project Director and Core Management Team, and provide administrative support and oversight to the grant project. A full-time *Project Director* will be master level and have current experience in mental health, drug/alcohol and violence issues and working with community agencies. The Project Director will be sub-contracted with Youth First, Inc. and report to Youth First who in turn will report to the Fiscal Operations Administrator (Lead LEA). Responsibilities of the Project Director include: a) Coordinate and monitor program implementation, project goals, budget, service delivery, and evaluation process, b) facilitate the Southwest Indiana Schools and Community Collaborative meetings; c) facilitate monthly Core Management Team meetings; d) serve as liaison between all LEA's, schools and community partners; e) complete required reports and communicate with the federal project officer; f) leverage growth and sustainability. One *Project Coordinator* will be hired to work in each of the three counties included in this proposal. The Project Coordinators will be responsible for the day to day coordination of project activities. They will report to the Project Director and attend all Southwest Indiana Schools and Community Collaborative meetings. *Community Partners* will participate in meetings of the Collaborative and provide services as outlined in the MOA (See Appendix A). The LEA's commit to supporting the implementation, fidelity, evaluation, and reporting data from all project activities. Youth First, Inc. will provide a Project Director, facilitate training and implementation

of research-based programs, and provide school social workers to LEA's. Juvenile justice partners will participate in the development of school-wide positive behavior supports, increase presence in schools and support ATOD prevention efforts and be trained in research-based methods of addressing prevention and intervention strategies.

Law enforcement will participate in the development of school-wide positive behavior supports; assist in the planning implementation and responding to recommendations from School Safety audits, increase presence in schools, participate in the planning and preparation for advanced training of the LEA crisis response teams, support prevention efforts and be trained in research-based methods of addressing prevention and intervention strategies. Southwestern Indiana

Mental Health will hire case managers to address accessibility and service issues for students and families in need of mental health services.

Milestones. A detailed timeline is included in Appendix E for Years 1-4. Key milestones for Year 1 include but are not limited to: hiring project staff, finalizing MOA, finalizing contracts, begin implementation of strategies in each of the Elements, Core Management Team meets monthly, Collaborative meets bi-monthly, develop communication plan, evaluation protocol submitted to Collaborative and then LEA School Boards for approval, begin collecting data, review outcomes as data is available and discuss any needed adjustments, submit semi-annual reports as required, begin intentional process of sustaining strategies.

(b) The extent to which the applicant provides, in the project narrative and the preliminary MOA, information about any preexisting partnership involving the required SS/HS partners and about accomplishments of that partnership that are directly related to the five SS/HS elements. (5 points)

History of Collaboration. *Note: bolded required partners, underlined accomplishments*

Gibson County, Posey County, Warrick County and Catholic Diocese.

- Frequent interactions with **Indiana State Police** and other local **law enforcement** agencies related to safety planning within the schools. (Gibson County, Posey County, Warrick County and Catholic Diocese)
- In 2002, worked with Youth First and representative substance abuse councils to develop a proposal for the Drug Free Communities grant and the Elementary and Secondary Counseling grant. (the proposals were not funded, but it was the initial relationships from this effort that resulted in our current Collaborative body) (Gibson County, Posey County, Warrick County and Catholic Diocese)
- Provide bus transportation for the Catholic Diocese schools. (Gibson County, Posey County, Warrick County and Catholic Diocese)
- Public Health entities provide vaccinations and other health prevention services. In some schools, they are a referral source for other districts. (Gibson County, Posey County, Warrick County and Catholic Diocese)
- Work with local chambers of commerce to offer job fairs and career opportunity seminars for students. (Gibson County, Posey County, Warrick County and Catholic Diocese)
- Local businesses sponsor various school activities. (i.e. Expressway Dodge in Mt. Vernon sponsors Honors Night, and various athletic events and team functions.) Other corporate partners include Toyota, Duke Energy, Grossmeier Insurance Agency, Alcoa and SABIC). (Gibson County, Posey County, Warrick County and Catholic Diocese)
- Receive some funding from the Posey County Community Foundation, the Blaffer Foundation, Warrick Public Education Foundation, Gibson County Community Foundation and the Welborn Foundation. (Gibson County, Posey County, Warrick County and Catholic Diocese)
- Collaborate with local institutions of higher education for dual credit programs. (Gibson County, Posey County, Warrick County)
- Catholic School employees are always invited to participate in the professional development programs offered by the LEA's. (Gibson County, Posey County, Warrick County)
- Cooperative agreements with various **law enforcement** agencies for **School Liaison/Resource Officers**. (Gibson County and Catholic Diocese)
- Superintendent meetings including multiple districts for planning and collaboration purposes. (Gibson County and Posey County)
- STEM (Science, Technology, Engineering and Math) initiative in collaboration with University of Southern Indiana or Vincennes University. (Gibson County and Posey County)
- Share a Special Education Cooperative (Gibson County and Warrick County)
- Have monthly meetings with Family Services and **juvenile probation officers** for shared case planning. (Posey County)
- Strong ties with various civic organizations such as Kiwanis, Rotary, and Tri Kappa. (Posey County and Warrick County)
- Strong ties with various civic organizations such as Kiwanis, Rotary, and Tri Kappa. (Warrick County and Posey County)
- A Deputy for the Gibson County Sheriff's Department is a school bus driver. (Gibson County)

- Works with the **law enforcement**, Red Cross, fire department and EMS services to conduct disaster preparedness exercises and develop community disaster plans. (Gibson County)
- Collaborate with Toyota Corporation to offer their “Alive at 25” program (focuses on safe driving practices). (Gibson County)
- Numerous community agencies working on a School Safety Initiative including **law enforcement**, health department and fire department (Posey County)
- All three districts have a Special Education Cooperative with shared staffing across the districts. (Posey County)
- Work with the Indiana Prevention Resource Center to participate in their surveys that track ATOD use, perceived safety and violence in and around school. The LEA has a long history of sharing this data with Youth First, Inc. for community planning efforts. (Warrick County)
- Monthly meetings with Family Services and **juvenile probation** officers for shared case planning. (Warrick County)
- Youth First, Inc. is providing a limited number of services and research-based programs in Warrick County and some Catholic Schools. Programs include: School Social Workers, Reconnecting Youth, Why Try, Project Success, Strengthening Families, SMART Moves, Sober-up Forums and the Adventure Based Challenge. (Warrick County and Catholic Schools)

(c) The extent to which the applicant describes, in the project narrative and in the preliminary MOA, a core management team that is appropriate and adequate to achieve the project’s objectives and support the project director in day-to-day management of the project. (5 points)

The Southwest Indiana Schools and Community Collaborative will have a Core Management Team that consists of the SSHS Project Director; Keith Spurgeon, Superintendent, MSD Mt. Vernon; Loren Evans, Business Manager, MDS Mt. Vernon; Fran Thoele, Superintendent, New Harmony Town and Township Consolidated School; John Wood, Superintendent, MSD North Posey County; Franzy Fleck, Superintendent East Gibson School Corporation; Linda Coleman, Asst. Superintendent, North Gibson School Corporation; Stacey Humbaugh, Superintendent, South Gibson School Corporation; Jane Wilhelmus, Dir. Of Instruction and Curriculum, Warrick County School Corporation; Phyllis Bussing, Director, Catholic Diocese of Evansville Schools; John Browning, President & CEO, Southwestern Indiana Mental Health Center, Inc.; Parri Black, President & CEO, Youth First, Inc.; Posey County Sherriff’s Department, Posey County Circuit Court and Juvenile Probation Office, Gibson County Sheriff’s Office, Princeton Police

Department, Gibson County Circuit Court and Juvenile Probation Office, Warrick County Sheriff's Office, Warrick County Circuit Court and Juvenile Probation Office and the Project Evaluator. The Core Management team will meet monthly. Decision-making and communication between meetings will be accomplished via email, phone calls/conferences, and additional meetings when warranted. Meeting notes and other documentation will track the issues discussed by the team and areas in which the team is providing ongoing support to the Project Director.

The Core management team will make decisions related to program development, implementation, evaluation and sustainability needed to ensure the success of the program and support for the Project Director. When a core management team member is unavailable, that member will appoint someone from their agency to represent them and make decisions on their behalf. Leadership and support will also be sought beyond the Core Management Team. The Collaborative will engage multiple and diverse sectors of the community including businesses, local foundations, parents, student representatives, politicians and other community representatives in the ongoing Collaborative meetings that will inform decision-making by the Core Management team.

(d) The extent to which the applicant describes, in the project narrative and in the preliminary MOA, how multiple and diverse sectors of the community, including students and families, have been and will continue to be involved in the design, implementation, and continuous improvement of the project. *(5 points)*

The Southwest Indiana Schools and Community Collaborative is a consortia consisting of eight school districts in the following Indiana counties: Gibson County, Posey County, and Warrick County. The Lead LEA is the Metropolitan School District of Mt. Vernon (MSD Mt. Vernon) who will serve as the primary fiscal agent for the collaboration. The other participating school districts are the East Gibson School Corporation, the Metropolitan School District of North Posey County, the New Harmony Town and Township Consolidated School, the North Gibson School Corporation, the South Gibson School Corporation, and the Warrick County School

Corporation. All of these corporations will be sharing SSHS resources with the Catholic Diocese of Evansville Schools that are located within the boundaries of their district. Local juvenile justice, law enforcement agencies, and mental health agencies for each county will be partnering with each LEA as required by the grant (see MOA Appendix 1). Youth First, Inc. is a current partner with all LEA's involved in the consortia and will continue to take a lead role in this collaborative project. All LEA's and the Catholic Diocese met as a group since fall 2007 to design the program and approve all aspects of the narrative including reading drafts of the proposal. Individual and small group meeting with required partners began in fall 2007. Required partners were kept up to date on the development and design of the grant narrative. All LEA's and required partners agree as part of the MOA to attend Core Team and Collaborative meetings and be an integral part of decision making related to grant activities. Additional community partners who have expertise specifically related to the five grant elements and those that may impact the sustainability of project components will be identified throughout project development and implementation process. Efforts will be made to engage partners that represent the diverse populations in the communities through personal invitations to participate in the Collaborative. All additional partners will be included in the Final Memorandum of Agreement and updated as new partners join the Collaborative. Students and parents have historically been a part of Collaborative projects. Their participation is and will continue to be sought in meeting formats that fit their busy schedule. These alternative methods of soliciting input on the design, implementation and the evaluation results will include focus groups, evening meetings, surveys, and speaking at parent and student organizational meetings.

(e) The extent to which the applicant describes a plan to develop data systems that will be used to support decision making processes established for the grant, including the use of technology. (5 points)

Technology will be utilized to efficiently record and analyze data. Most data analysis will be conducted by entering data into SPSS. Other software packages will be utilized to analyze qualitative data. Additionally, technology will be used to capture school social work services data. The School Social Work Data System is a web based data collection program that provides users with direct access to enter program evaluation data, including all social work evaluation instruments, monthly reports, and service summaries. Key features include web based data entry allowing for data to be entered on most computers. Data entry is based on code numbers and no names will be entered into the database and the system includes secured access to data entry.

A program management report will be available allowing program administration to track completion of data entry on a monthly basis

Monthly social work report data will be aggregated and a report created

Future enhancements: Diehl Consulting is committed to ongoing improvement based on client feedback. During phase two (year two), a site based report will be developed allowing social workers to view single case reports.

6. Budget. The budget supports the project design in its designation of funds for personnel to manage the implementation (6 FTE's), fidelity and evaluation of the project. Funds are included to train project staff, LEA personnel and community partners in the identified research proven strategies such as Reconnecting Youth, Strengthening Families, Why Try, and Positive Behavior Supports. Funding for 8.5 FTE's for school social work personnel who will be integral in implementation of research based programs is included. As required, 7% of the funds are allocated toward evaluation services and an additional 10% has been designated for school safety audits and purchases to implement audit recommendations. Detailed budgets and narratives are included in Appendix D. Requested funding is reasonable in relation to project design.