

Interim Report of the
Safe Schools/Healthy Students Initiative
National Evaluation
FY 2005 and FY 2006 Cohorts

Improving Schools. Building Communities. Changing Lives.



Safe Schools
Healthy Students



Interim Report of the
Safe Schools/Healthy Students
Initiative National Evaluation
2005 and 2006 Grantees

Submitted November 4, 2010

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PROGRAM HIGHLIGHTS

The Safe Schools/Healthy Students (SS/HS) Initiative is a unique multiagency response to the goal of using research-based programs and policies to promote safe and effective learning environments for children and youth. Established by Congress in 1999 as a joint program of the U.S. Departments of Education, Health and Human Services, and Justice, SS/HS has helped more than 350 school districts to develop and implement comprehensive plans in collaboration with local mental health, law enforcement, and juvenile justice agencies.

The national cross-site evaluation of the SS/HS Initiative confirms expectations that communities can make the most effective use of limited funds through high functioning partnerships that bring together key local agencies to serve children and youth.¹ The results offer compelling evidence of the Initiative's success, including reduced violence and improved school safety; improved access to mental health services; reduced alcohol and other drug use; integrated services and systems; and increased use of data to demonstrate the effectiveness of the grant and help build local support.

SAFER STUDENTS, SCHOOLS, AND COMMUNITIES

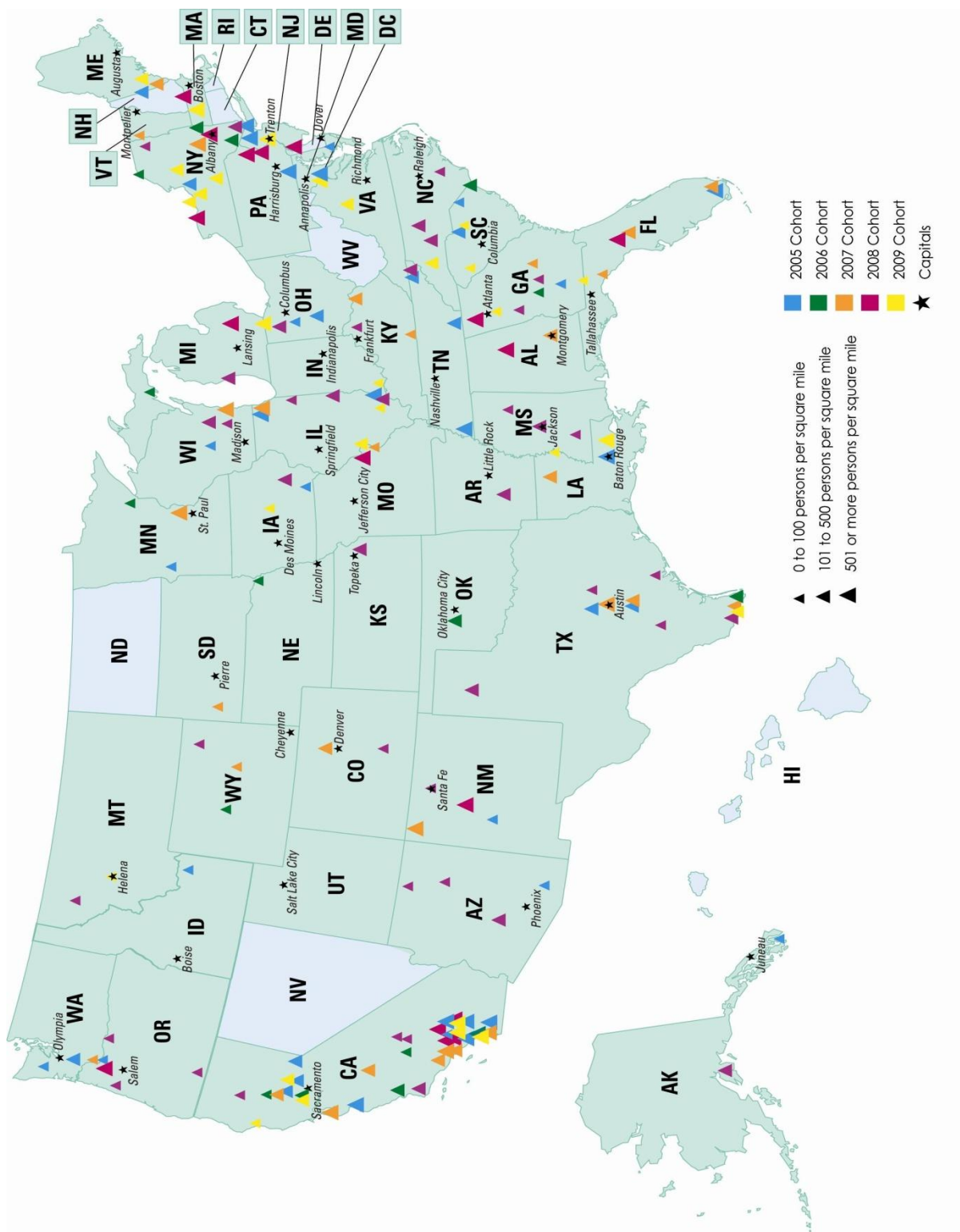
- ▶ Violent incidents decreased 11 percent.
- ▶ Fewer students reported that they had experienced violence (7 percent decrease) or witnessed violence (4 percent decrease).
- ▶ Ninety-six percent of school staff said SS/HS had improved school safety.
- ▶ More than 90 percent of school staff said SS/HS had reduced violence on campus.
- ▶ Almost 80 percent of school staff said SS/HS had reduced violence in the community.

HEALTHIER STUDENTS

- ▶ The number of students receiving school-based mental health services increased 263 percent.
- ▶ The number of students receiving community-based mental health services increased 519 percent.
- ▶ Almost 90 percent of school staff reported improved detection of mental health problems.
- ▶ More than 80 percent of school staff said they saw reductions in alcohol and other drug use.
- ▶ Almost 70 percent of school staff said early childhood development had improved.

¹ All findings are from the national evaluation of SS/HS grantees that received awards in 2005 and 2006.

Exhibit 1: Geographical Distribution of Safe Schools/Healthy Students Grantees (2005–2009 Cohorts)



INTRODUCTION

The Safe Schools/Healthy Students (SS/HS) Initiative, developed as a collaboration of the U.S. Departments of Education (ED), Health and Human Services (DHHS), and Justice (DOJ), strengthens the role of community schools as healthy environments that support the academic, social, and emotional growth of students. Since 1999, the SS/HS Initiative has awarded over \$2 billion in grants to more than 350 school districts in partnership with their local mental health, law enforcement, and juvenile justice agencies. These collaborations have, in turn, led to the implementation of locally designed, comprehensive plans that contribute to safe, respectful, and drug-free school environments while promoting vital social skills and healthy childhood development.

This report describes the SS/HS Initiative and presents interim findings from the SS/HS national evaluation, which seeks to quantify the results of the SS/HS Initiative and explore the factors that contributed to the grantees' success. These findings, focusing on 59 sites that received grant awards in 2005 and 2006 (the first cohorts under the current evaluation for which data collection has been completed), indicate that the SS/HS Initiative is making a meaningful difference in many communities. The results also show that SS/HS is meeting congressional expectations for an innovative, community-centered approach that breaks traditional bureaucratic barriers to achieving lasting improvement in our Nation's schools.

THE NEED FOR SAFE SCHOOL ENVIRONMENTS

America's schools should be secure environments where young people can develop their full potential. But schools are no longer the safest place for children and adolescents. The most recent data indicate that the incidence of violent crimes in schools decreased from 1992 to 2007. However, students are now more likely to experience non-fatal crimes (including theft, simple and aggravated assault, sexual assault, and rape) in school than outside of school. During the 2007–2008 school year, 85 percent of public schools in the United States recorded that at least one crime occurred at their school (Dinkes, Kemp, Baum, & Snyder, 2009). In 2007, for the first time in 15 years, rates of violent crime victimization were higher at school than away from school. Also, reported bullying in schools is on the rise. Whereas in 2001 only 14 percent of students ages 12 through 18 reported that they had been bullied in school (DeVoe, Kaffenberger, & Chandler, 2005), in 2007 that figure rose to 34 percent, and 4 percent reported that they had been cyber bullied (Dinkes et al., 2009).

Violence and disruptive, aggressive behaviors such as bullying create a hostile school climate that interferes with the academic performance and mental health of students. Students who are exposed to high levels of violence and aggressive behaviors at school, as either victims or witnesses, are more likely to disengage from school and to experience clinical levels of mental

and emotional disorders than students who experience either no or low levels of violence at school (Bowen & Bowen, 1999; Flannery, Wester, & Singer, 2004; Furlong & Morrison, 2000; Janosz, Archambault, Pagani, Pascal, Morin, & Bowen, 2008; Morrison, Furlong, & Morrison, 1994). In the classroom, disruptive and aggressive behaviors rob teachers and students of critical instruction and learning time.

Public and private programs that address these types of issues often take the form of grants to a specific type of agency to counteract a specific problem. An effort to address bullying, for example, might provide grant funds to schools for bullying prevention activities; a program to reduce youth substance abuse might offer grant funds to law enforcement agencies for training to prevent drug use. While some programs have made significant contributions, some have had little relevance to local needs or have encouraged competing, uncoordinated efforts by multiple grant recipients in the same jurisdiction. A concerted effort to improve school environments in a wide variety of communities required the flexibility to focus on community needs and the incentive to encourage community-wide coordination.

ORIGIN OF THE SAFE SCHOOLS/HEALTHY STUDENTS INITIATIVE

Congress enacted the SS/HS Initiative in 1999 in response to a series of tragic school incidents. During the 1997–98 school year, students killed 12 people and wounded 47 others in shooting rampages in Paducah, KY, Jonesboro, AR, Pearl, MS, and Springfield, OR. The widespread locations—in rural, suburban, and urban areas—and the absence of either gang membership or previous criminality among the shooters changed public perceptions of school violence. America’s young people appeared to be at risk. Members of Congress, senior officials in Federal agencies, and community leaders were united in seeking an innovative approach to address the issue.

In September 1998, leaders from the four communities where the shootings had occurred met at the White House with officials from ED, DHHS, and DOJ. The delegations offered suggestions for how the Federal Government could help prevent similar incidents in the future. The following month, Congress appropriated funds for ED and the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration within DHHS to work with DOJ in the creation of a new violence prevention initiative.

The design of the resulting SS/HS Initiative was based on research that shows safe school environments are essential to promoting healthy development and academic success, and ensuring that students and their families feel connected to their school and community. Three key features set SS/HS apart from other programs authorized by Congress to meet the needs of children and youth:

1. First, the grant requires schools to take an empirically driven public health approach. Grantees begin by reviewing data and talking with community stakeholders to identify the most urgent local needs. Grantees then select and implement best practices and

evidence-based interventions that match those needs. The programs are backed by research that shows they actually reduce violence, substance use, or mental health issues or enhance child development.

2. Second, SS/HS emphasizes long-term systems change. Participating schools and local agencies coordinate and integrate their services, enabling them to respond quickly and to remain engaged. Sharing information and resources potentially lowers local costs and helps the community accomplish more with existing funding.
3. Third, SS/HS stresses data-driven decisionmaking. Grantees are required to continually monitor progress in meeting their goals and to use data to make modifications to improve their SS/HS project. They are also encouraged to share those data with their partners and the community to keep them informed and involved in the project.

A cornerstone of the SS/HS Initiative is the requirement that the grant must be implemented by a school-community partnership including representatives of the local education agency (LEA; usually a public school district or consortium of districts), mental health agency, law enforcement agency, and juvenile justice agency. The partnerships often include additional community-based organizations, and each partnership is responsible for planning, implementing, and monitoring a comprehensive intervention to fulfill the vision of the SS/HS Initiative: “To promote the mental health of students, to enhance academic achievement, to prevent violence and substance use, and to create safe and respectful climates through sustainable school-family-community partnerships and the use of research-based prevention and early intervention programs, policies, and procedures.”

To ensure a comprehensive approach that builds on the strengths of community partners, SS/HS grantees are expected to integrate core elements into their projects, including:

- ▶ Creating safe and violence-free schools. The level of disruptive and aggressive behaviors of students and how schools respond to such behaviors are directly related to the potential for violence in a school. Because students’ experiences of violence and their perceptions of a school’s safety are strongly associated with their academic achievement and socioemotional and behavioral adjustment (Brand, Felner, Shim, Seitsinger, & Dumas, 2003), it is imperative that schools implement effective, comprehensive violence prevention programs that improve the safety of the school and reduce aggressive and violent behaviors in children and adolescents.
- ▶ Preventing and reducing alcohol, tobacco, and other drug use. Research has shown a strong link between alcohol and drug use and disruptive behaviors, aggression, and school violence. The use of alcohol and drugs puts children and adolescents at risk for school failure and involvement in delinquent and violent behaviors, such as fighting, carrying weapons, and stealing or damaging property (Komro, Williams, Forster, Perry, Farbaksh, & Stigler, 2000). Conversely, children and youth who witness violence are more likely than others to use or abuse substances (Sullivan, Kung, & Farrell, 2004; Taylor & Kliever, 2006).

- ▶ Enhancing early childhood social and emotional learning and development. The foundations for aggressive and disruptive behaviors and risk for being bullied develop early. Research has shown that children who enter kindergarten without the adequate capacity to develop social relationships, to focus their attention on tasks, to effectively communicate their own emotions or empathize with peers, or to solve social conflicts or problems are likely to experience academic difficulties and peer rejection during their elementary school years (Hemmeter, Ostrosky, & Fox, 2006). Inadequate socioemotional skills put young children at significant risk for becoming victims of bullying; becoming depressed, anxious, and disengaged in school; and displaying behavioral problems, aggression, delinquency, substance abuse, and a host of conduct problems during adolescence (McClelland & Morrison, 2003; Dodge & Pettit, 2003; Kochenderfer & Ladd, 1996; Laird, Jordan, Dodge, Pettit, & Bates, 2001).
- ▶ Enhancing mental, emotional, and behavioral health. Many students come to school with mental, emotional, or behavioral difficulties that put them at risk for engaging in disruptive, aggressive, and sometimes violent behaviors (Tolan & Gorman-Smith, 2002). At the same time, students who feel unsafe in school due to the aggressive, disruptive, or bullying behaviors of other students are at risk for experiencing a range of mental, emotional, and behavioral disorders including depression, anxiety, aggression, and truancy (Flannery et al., 2004). Growing evidence shows that school mental health programs improve educational outcomes by decreasing absences, reducing discipline referrals, and improving test scores (Paternite, 2005; Rones & Hoagwood, 2000).
- ▶ Connecting family, schools and communities. The factors that contribute to students' disruptive and aggressive behaviors have roots not only in the structure and operations of the school, but also in the community in which the school is embedded and the characteristics of students' families (Laub & Lauritsen, 1998). Consequently, creating a safe school environment requires more than the efforts of school personnel. Research has suggested that prevention efforts are most effective when families, schools, community organizations, and health care and service systems work together to implement programs and activities to help students (Epstein, 1995; Weissberg, Kumpfer, & Seligman, 2003).

Because of the myriad intersecting factors that potentially contribute to antisocial behaviors among young people, LEAs alone do not have the capacity to plan and implement the wide range of interventions required by the SS/HS Initiative. Efforts to optimize student well-being and coping strategies by improving access to services for students with mental, behavioral, or developmental disorders, for example, require LEAs to link with mental health professionals. Establishing processes and strategies to prevent, prepare for, or respond to threats, incidents of violence, or crisis and emergency situations requires schools systems to incorporate the insights and expertise of local law enforcement agencies. Providing an academic environment tailored to the individual needs of adjudicated students while coordinating their intervention services calls for LEAs to access the special knowledge and skills of juvenile justice agencies. Working with

families and communities to model appropriate behaviors, engage in problem solving, and break the cycle of violence necessitates partnering with parents and community organizations.

School-community partnerships bring together the varying capacities, approaches, and missions of diverse organizations and individuals to identify some of the issues that contribute to antisocial behavior, provide a platform for achieving consensus on shared goals and approaches, and establish frameworks for action (Lasker & Weiss, 2003a). However, the effectiveness of cross-agency partnerships in addressing broad health and social problems has been unclear (Mitchell & Shortell, 2000). Partnerships have the potential to falter because they are relationship based and resource intensive, and they often differ from the ways in which people are accustomed to working (Kreuter, Lezin, & Young, 2000; Mitchell & Shortell, 2000; Wandersman, Goodman, & Butterfoss, 1997).

Nonetheless, there is widespread belief that attaining common goals and sustaining collaboration expand the capacity of the partnering organizations to address multidimensional issues (Lasker & Weiss, 2003b). Federal, State, and private foundations have increasingly required agencies to collaborate in order to receive funding (Butterfoss, Goodman, & Wandersman, 1993). Research and theory suggest that there is great potential for partnerships to maximize power through joint action and to minimize duplication of services (Lasker, Weiss, & Miller, 2001; Butterfoss, 2007). Harnessing the capacities of these partners to create what Putman (2000) calls social capital may be essential to maintaining school environments that are safe and that foster the well-being of students.

GRANT ADMINISTRATION AND REQUIREMENTS

SS/HS is a collaboration of three Federal agencies: ED, DHHS, and DOJ. Together, these partners ensure that Federal funding is channeled to schools and communities that will provide comprehensive services to promote health and safety for children and youth.

To be eligible for funding in FY 2005 and 2006, grant applicants were required to be an LEA (usually a school district or group of districts) but could not be a current SS/HS grantee. Applicants proposed a plan that addressed the community's needs and gaps in each of the grant elements described below within funding levels based on the district's urbanicity designation (a measure of population density).² The LEAs were required to submit memoranda of agreement from local partners in law enforcement, juvenile justice, and mental health services to demonstrate their commitment to the SS/HS project. Applicants were eligible to receive funding for up to 3 consecutive years, with continuation funding subject to the availability of Federal funds and progress achieved by the grantee.³

² Maximum funding amounts for subsequent cohorts have been based on district enrollment rather than urbanicity.

³ The 2007 and subsequent cohorts are eligible for funding for up to 4 consecutive years.

Once awarded, grantees were required to address six grant elements:

1. Safe school environment
2. Alcohol and other drugs and violence prevention and early intervention programs
3. School and community mental health preventive and treatment intervention services
4. Early childhood psychosocial and emotional development programs
5. Supporting and connecting schools and communities
6. Safe school policies

Grantees were also required to comply with the Government Performance and Results Act (GPRA) of 1993⁴ by reporting data annually on a set of measures related to the grant goals. The measures for the 2005 and 2006 cohorts were as follows:

- ▶ Decrease in the number of violent incidents at schools
- ▶ Decrease in substance abuse
- ▶ Improvement in school attendance
- ▶ Increase in mental health services to students and families.

In FY 2007, based on preliminary findings from the national evaluation and lessons learned from grantees, Federal Project Officers, and other stakeholders, some grant requirements changed. Several key changes are highlighted below:

- ▶ **The program elements were refined.** The current program elements are as follows: safe school environments and violence prevention activities; alcohol, tobacco, and other drug prevention activities; student behavioral, social, and emotional supports; mental health services; and early childhood social and emotional learning programs.
- ▶ Due to variations in reporting, the GPRA measures were defined to ensure **standardized data collection and reporting**. The current GPRA measures are: decrease in 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; decrease in students who have been in a physical fight on school property in the 12 months prior to the survey; decrease in students who report current (30-day) marijuana use; decrease in students who report current (30-day) alcohol use; increase in the number of students receiving school-based mental health services; and increase in the percentage of mental health referrals for students that result in mental health services being provided in the community.

⁴ GPRA is intended to help improve accountability for the expenditures of public funds; enhance congressional decisionmaking through more objective information on the effectiveness of Federal programs; and promote a new Government focus on results, service delivery, and customer satisfaction.

- ▶ **Grantee awards increased from 3 to 4 years**, providing local project staff and partners more time to implement programs and services and achieve their stated goals and objectives.

For all grantees under the current evaluation (FY 2005 to 2009), there is a requirement to allocate at least 7 percent of their annual grant budget to a local evaluation. Grantees are also required to participate in the cross-site national evaluation. The local evaluation measures the performance of individual grantees, while the national evaluation measures the performance of the overall SS/HS Initiative.

NATIONAL CROSS-SITE EVALUATION

CMHS funded the current 5-year cross-site national evaluation of the SS/HS Initiative,⁵ which encompasses 175 grantees (see Appendix A) in five successive cohorts that received grants beginning in 2005. The evaluation design integrated quantitative and qualitative data drawn from the following sources:

1. Reviews of the grant applications and performance reports
2. Public information such as census data
3. Site visits in Year 1 of the grant
4. Online annual surveys of project directors and school staff
5. Telephone interviews with project directors (annually) and partners (Years 2–3)
6. Collection of annual outcome data as required by GPRA
7. Focus groups with project directors and local partners

Appendix C describes the data sources in more detail, and Appendix D describes the evaluation's methodology.

PROGRAM THEORY AND EVIDENCE-BASED INTERVENTIONS

The SS/HS national evaluation seeks in part to test assumptions about the relationships among systems change, collaboration, and individual outcomes. The assumptions are that the grant can foster change in community systems that serve children and youth through improved collaboration among schools and local agencies, and thereby improve outcomes related to violence and school safety, drug and alcohol use, and other areas of school climate and student well-being.

⁵ The members of the National Evaluation Team are MANILA Consulting Group, RMC Research Corporation, and Battelle Centers for Public Health Research and Evaluation.

It is critical to select programs that have proven to be effective in creating positive change. The Federal No Child Left Behind Act of 2001 and other grant programs require educational practitioners to use interventions based on scientifically verified evidence. Strategies, activities, curricula, programs, and services included in each SS/HS grantee's comprehensive plan are expected to meet the criteria of a well-defined theory or model; provide evidence based on sound research; and demonstrate cultural, gender, and age appropriateness for the target populations.

Research suggests that schools that put in place comprehensive violence prevention and intervention services and response plans have been shown to improve school climate and the morale of school personnel and students. These improvements, in turn, reduce dangerous and disruptive behaviors among students, including physical attacks, suicide, and use of drugs and alcohol (Dwyer & Osher, 2000).

OVERVIEW OF THIS REPORT

This report presents findings from 59 SS/HS grantees that received awards in 2005 (40 grantees) and 2006 (19 grantees), based on data collected from the time of grant award through January 2010. As noted above, these two cohorts are the first under the current national evaluation for which data collection has been completed.⁶

The report describes the grant's impact on students, schools, and communities; characteristics of the grantees and their local communities and partnerships; and the activities they implemented as part of the grant. The report reveals what the grantees achieved, who they were, and what they did with the grant funding. Taken together, these findings contribute to our understanding of the overall impact of the SS/HS Initiative and provide information for future decisionmaking.

⁶ There was no SS/HS program announcement in 2006. Based on the availability of additional funds from the FY 2005 competition, the Federal SS/HS partners made 19 awards in FY 2006 from the rank-ordered list of more than 400 unfunded applications received during FY 2005.

IMPACT OF THE INITIATIVE ON STUDENTS AND SCHOOLS

The SS/HS Initiative is designed to produce long-term improvements in the health and safety of young Americans by changing local systems that serve children and youth. Interim findings from the 2005 and 2006 grantees suggest this approach works. On the whole, in schools that received SS/HS funds, violence and unhealthy behaviors such as underage alcohol use decreased, early detection of mental health problems increased, and access to mental health services increased. The grantees exceeded all SAMHSA GPRA targets for 2009. In addition, many have taken steps toward ensuring the sustainability of the SS/HS partnership, activities, and infrastructure through other funding sources.

SAFER STUDENTS, SCHOOLS, AND COMMUNITIES

- ▶ Violent incidents decreased 11 percent.
- ▶ Fewer students reported that they had experienced violence (7 percent decrease) or witnessed violence (4 percent decrease).
- ▶ Ninety-six percent of school staff said SS/HS had improved school safety.
- ▶ More than 90 percent of school staff said SS/HS had reduced violence on campus.
- ▶ Almost 80 percent of school staff said SS/HS had reduced violence in the community.

HEALTHIER STUDENTS

- ▶ The number of students receiving school-based mental health services increased 263 percent.
- ▶ The number of students receiving community-based mental health services increased 519 percent.
- ▶ Almost 90 percent of school staff reported improved detection of mental health problems.
- ▶ More than 80 percent of school staff said they saw reductions in alcohol and other drug use.
- ▶ Almost 70 percent of school staff said early childhood development had improved.

GOVERNMENT PERFORMANCE AND RESULTS ACT DATA

Grantees were required to report annually on four GPRA indicators. The evaluation recommended 12 specific measures to report on these indicators (3 violence, 6 substance use, 1

school attendance, and 2 mental health services measures) to facilitate comparison across sites. Grantees used a range of data sources to meet their GPRA reporting obligations, including surveys, incident reports, and service delivery logs, and reported their data in highly variable ways (e.g., by school, school type, grade level, and districtwide). Meta-analytic techniques permitted the data to be summarized in a common index. The SS/HS Initiative exceeded all GPRA targets in FY 2009, the most recent year for which data were available (see Exhibit 2).

Exhibit 2: GPRA Results for Fiscal Year 2009

MEASURE		FY 2009 TARGET	FY 2009 RESULT
Outcome	Increase the number of children served	2,328,500	3,154,305 <i>Target Exceeded</i>
	Decrease the percentage of middle school students who have been in a physical fight on school property	30%	23.8% <i>Target Exceeded</i>
	Decrease the percentage of high school students who have been in a physical fight on school property	24%	16.1% <i>Target Exceeded</i>
	Decrease the percentage of middle school students who report current substance use	16%	13.3% <i>Target Exceeded</i>
	Decrease the percentage of high school students who report current substance use	35%	31.1% <i>Target Exceeded</i>
	Increase the percentage of students attending school	93%	94.5% <i>Target Exceeded</i>
	Increase the percentage of students who receive mental health services	66%	74.4% <i>Target Exceeded</i>
Output	Percentage of grantees that provided screening and/or assessments that are coordinated among two or more agencies or shared across agencies.	69%	73.9% <i>Target Exceeded</i>
	Percentage of grantees that provide training of school personnel on mental health topics	69%	73.9% <i>Target Exceeded</i>

SUSTAINABILITY

A key goal of the SS/HS grant is to sustain the programs, activities, partnerships, and infrastructure that were developed or expanded with the grant. Research supports the idea that collaboration by community coalitions may lead to increased support and integration of services in schools (Domitrovich and Greenberg, 2000). Research also stresses the importance of identifying long-range sources of financing, particularly from local funding sources (Shediac-Rizkallah & Bone, 1998). By the end of the third year of the SS/HS grant, all of the grantees developed a plan for sustainability, and more than half secured additional funding for programs and services.

Grantees reported the following strategies in working toward sustainability:

- ▶ Creating a sustainability plan early in the grant encompassing capacity building and system changes
- ▶ Creating awareness of the SS/HS project outside the partnership
- ▶ Integrating the responsibilities of grant staff into existing school or community organization positions
- ▶ Utilizing data on outcomes and cost savings to inform stakeholders and potential funders

Grantees that showed the most progress toward sustainability by the end of the grant reported using diverse, creative strategies such as using Web-based training and applying for nonprofit status so they could become eligible for specific types of funding. Grantees that made less progress toward sustainability tended to rely on funding from the school district.

Backing from the superintendent of schools may be an important factor in sustainability. Superintendents can increase the SS/HS project's visibility and harness key institutional and political support throughout the school district and the greater community. Project directors were questioned about the role of the superintendent in their SS/HS project. The results suggest that most projects had strong superintendent support, but for at least half of the grantees, there was room for improvement.

CHARACTERISTICS OF SAFE SCHOOLS/HEALTHY STUDENTS GRANTEES AND PROJECTS

The 59 grantees funded by the SS/HS Initiative in 2005 and 2006 are located in urban, rural, suburban, and tribal areas in 30 States and the District of Columbia. They serve more than 1 million students in 1,473 schools in 125 school districts. The grantees received grant funding that ranged from \$557,404 to \$2,902,497. The number of students targeted by the grant, as measured by enrollment in schools with SS/HS programs and services, ranged from 313 to 342,395, with a median of 6,641 students. Exhibit 3 on the following page highlights the range of characteristics of the grantee communities, students, and schools served. Additional information collected through the national evaluation included challenges to grant implementation, the involvement of schools, and the importance of grant resources in the schools. The grantees also reported on the implementation of comprehensive, coordinated, and integrated programs and activities and enhanced services to provide an understanding of the changes grantees made in their schools and communities using grant funds.

CHARACTERISTICS OF THE PARTNERSHIPS

Partnership History in the Community

The SS/HS Initiative requires the LEA to partner with the local public mental health, law enforcement, and juvenile justice agencies to develop and implement a comprehensive plan. The school district(s) must have had a relationship with at least two of those three agencies for at least 6 months preceding the grant application, with a record of previous accomplishments. In fact, the partnerships exhibited wide variation in both duration and level of agency involvement prior to the grant award; some LEAs were just beginning to work with one of the required partners, while others had worked with all three partners for an extended period of time. Exhibit 4 shows the distribution of 2005 and 2006 grantees with respect to partnership history. More than 40 percent of the grantees had longstanding, mature partnerships in place before they were awarded the grant, while relatively few (7 percent) represented newer partnerships.

Exhibit 3: Grantee Characteristics

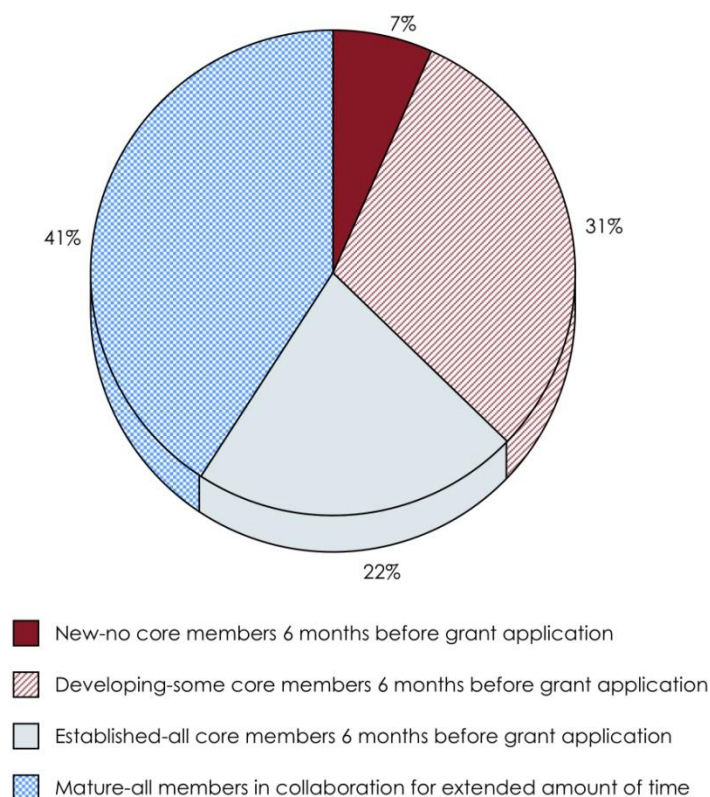
SS/HS COMMUNITY CHARACTERISTICS^a	
Percent of households (with children under the age of 18) below the poverty level	
Mean	17.7%
Median	16.2%
Range	6.1% to 69.7%
Percent of population over age 25 with a high school degree or higher	
Mean	76.1%
Median	78.1%
Range	29.7% to 94.7%
Percent of population over age 16 that is unemployed	
Mean	8.1%
Median	6.3%
Range	2.3% to 39.8%
STUDENT CHARACTERISTICS^b	
Gender	
Male	51.5%
Female	48.5%
Race and Ethnicity	
African American	17.3%
Asian	2.6%
Hispanic	24.5%
Native American	5.1%
White	50.6%
SCHOOL CHARACTERISTICS^c	
Number of Targeted Schools	
Total	1,478
2005 cohort	1,157
2006 cohort	321
School Type	
Elementary	52.1%
Middle	19.7%
High	17.0%
Elementary/middle	4.2%
Middle/high	3.7%
K to 12	1.2%
Pre-K only	2.0%

^a Source: American Community Survey, U.S. Census Bureau.

^b Source: National Center for Education Statistics. District-level data on race and ethnicity were limited to the categories shown.

^c Source: Grant application and School-Level Survey.

Exhibit 4: Partnership History Prior to Grant



PARTNERSHIP STRUCTURE AND ACTIVITIES

The SS/HS Initiative encourages collaboration among agencies and organizations whose programs and services can affect outcomes among children and youth. Schools and partner agencies are expected to work together to coordinate services, and it is expected that the resulting collaboration will fundamentally change how the organizations operate. Partnerships have also been shown to improve delivery of needed school and community services (Florin, Mitchell, Stevenson, & Klein, 2000). When carried out in combination with effective partnership leadership, grant activities are expected to result in improvements in individual student outcomes and school climate and contribute to sustainability (Putnam, 2000; Wagenaar, Erickson, Harwood, & O'Malley, 2006).

In terms of partnership composition, research suggests that diversified membership in coalitions and partnerships predicts a successful community collaboration (Cranwell, Kolodinsky, Anderson, & Schmidt, 2004). As noted above, grantees were required to partner with local law enforcement, mental health, and juvenile justice agencies to implement the grant. SS/HS grantees expanded their partnerships beyond the required agencies to include faith-based groups, civic groups, local businesses, chambers of commerce and other business groups, and/or other existing coalitions. The partnerships also sought out organizations that worked with young people, were

influential in the community, or could help expand services. Most of the grantees built upon existing partnerships and used the grant as a stepping stone to broader collaboration, bringing in community-based organizations such as the following:

- ▶ Boys and Girls Club
- ▶ Big Brothers Big Sisters
- ▶ YMCA
- ▶ Emergency management services
- ▶ Hospitals
- ▶ Parks and recreation
- ▶ Universities
- ▶ Faith-based organizations
- ▶ Substance use prevention organizations
- ▶ Chambers of commerce

The evaluation also assessed changes in the organization of the SS/HS partnerships, given the central role of partnerships in the grant as well as guidance from the literature. For example, Jasuja, Chou, Bernstein, Wang, McClure, and Pentz (2005) examined the structure of coalitions and found that the presence of a steering board or committee and working subcommittees positively predicted progress in adopting evidence-based interventions. Analyses by Kegler, Steckler, Mcleroy, and Malek (1998) further supported the importance of the complexity of coalition structure (operationalized by the number of functioning committees and task forces), which they found was associated with the number of activities completed during the first year of implementation. The evaluation defined SS/HS partnerships as having one, two, or all of the following three structures:

- ▶ Single group (the entire SS/HS partnership)
- ▶ Executive/management team (a group of individuals that serves in an executive or steering committee function)
- ▶ Committees/subcommittees that assist in implementation at schools; focus on specific content areas such as gang intervention, early childhood, or partnership operations and bylaws; or serve in an advisory capacity such as advisory council board, student advisory board, or existing community coalition

Most SS/HS sites (59 percent) began as single group partnerships and did not change their organizational configurations over time. However, of those that did, most (67 percent) decentralized their partnership between Years 2 and 3 of the grant, typically by adding committees. Exhibit 5 on the next page outlines the organizational structures by year.

The SS/HS partnerships often made decisions about their structure to maximize their ability to conduct key grant functions. For example, some partnerships established a subcommittee to lead planning tasks associated with each grant element. As roles and responsibilities changed later in

the grant, some partnerships added an executive team to ensure agency decisionmakers were at the table.

Partners had varying levels of responsibility for core grant areas such as planning, implementation, monitoring and tracking, formulating policy change, and sustainability planning, depending on factors such as the grant year. For example, in Year 1 of the grant, partners had higher contribution levels on average for planning and implementation activities compared to Year 3, when contribution levels were higher for monitoring activities and planning for sustainability.

Exhibit 5: Partnership Organization by Grant Year

PARTNERSHIP ORGANIZATION	
Year 1	
Single group	43%
Single group and executive team	12%
Single group and committees	20%
Single group, executive team, and committees	25%
Year 2	
Single group	25%
Single group and executive team	12%
Single group and committees	32%
Single group, executive team, and committees	31%
Year 3	
Single group	24%
Single group and executive team	15%
Single group and committees	25%
Single group, executive team, and committees	36%

Perceptions of the local SS/HS partnership by participating organizations varied significantly by grantee site. In general, sites with the most favorable perceptions of the partnership were likely to have a well-defined partnership structure that devoted serious effort to resolving barriers and addressing sustainability. Exhibit 6 on the next page shows the patterns that emerged.

Exhibit 6: Factors Associated With Partnership Ratings

THEME	SITES WITH MOST FAVORABLE PERCEPTIONS OF PARTNERSHIP	SITES WITH LEAST FAVORABLE PERCEPTIONS OF PARTNERSHIP
Barriers	<ul style="list-style-type: none"> ▶ Reported few barriers ▶ Articulated proactive steps to address identified barriers 	<ul style="list-style-type: none"> ▶ Reported multiple unresolved barriers ▶ Did not articulate strategies to address barriers
Partnership Structure	<ul style="list-style-type: none"> ▶ Articulated a clearly organized partnership structure with clearly defined roles ▶ Reported engaging all level of personnel in the decisionmaking process 	<ul style="list-style-type: none"> ▶ Described a partnership that is loosely defined, not highly structured or organized ▶ Did not clearly articulate or define partners' roles
Sustainability	<ul style="list-style-type: none"> ▶ Reported focusing on sustainability from the very beginning ▶ Articulated a long-term goal and vision for the project 	<ul style="list-style-type: none"> ▶ Did not articulate a plan for sustainability in Year 1 ▶ Did not articulate a long-term plan or vision for the project

CHARACTERISTICS OF THE OPERATING ENVIRONMENT

School-Level Involvement and Priorities

Individual schools reported varying levels of involvement in planning and implementing the grant. This variation may be related to organizational structure within the school district(s) or district size. For example, a site with only a few small schools may be able to actively engage many staff in grant decisions, unlike sites with more than 100 schools.

School staff were often involved in decisions related to:

- ▶ Selecting programs and/or curricula to be implemented at the school
- ▶ Program implementation
- ▶ Ongoing, informal program monitoring and feedback
- ▶ SS/HS-related protocols, such as crisis response plans
- ▶ Long-term plans for enhancement or continuation of SS/HS activities at the school
- ▶ Procedures/operations (e.g., steps to refer students to outside help)

In contrast, school staff were relatively less likely to be involved in decisions regarding funding and/or resource allocations, regularly scheduled evaluation and data collection, and technical assistance and training compared to other areas.

School staff generally reported that grant implementation helped to improve relations between district-level and school-level staff; promote cohesiveness and respect; and facilitate combined resources from a wide range of professionals in the school. In Year 3 of the grant, most school staff reported that the following grant activities received a high priority at their school:

Violence Prevention

- ▶ Providing curricula or programs to students involving knowledge, skills, attitudes, or values intended to prevent violence (90 percent)
- ▶ Tracking students' behavior in achieving the goals on violence prevention (85 percent)
- ▶ Providing feedback or consequences to affect behavior related to prevention of violence (91 percent)
- ▶ Setting behavioral goals for preventing violence for students (90 percent)
- ▶ Communicating school's expectations on violence issues (92 percent)
- ▶ Providing training to school staff on violence prevention issues (76 percent)

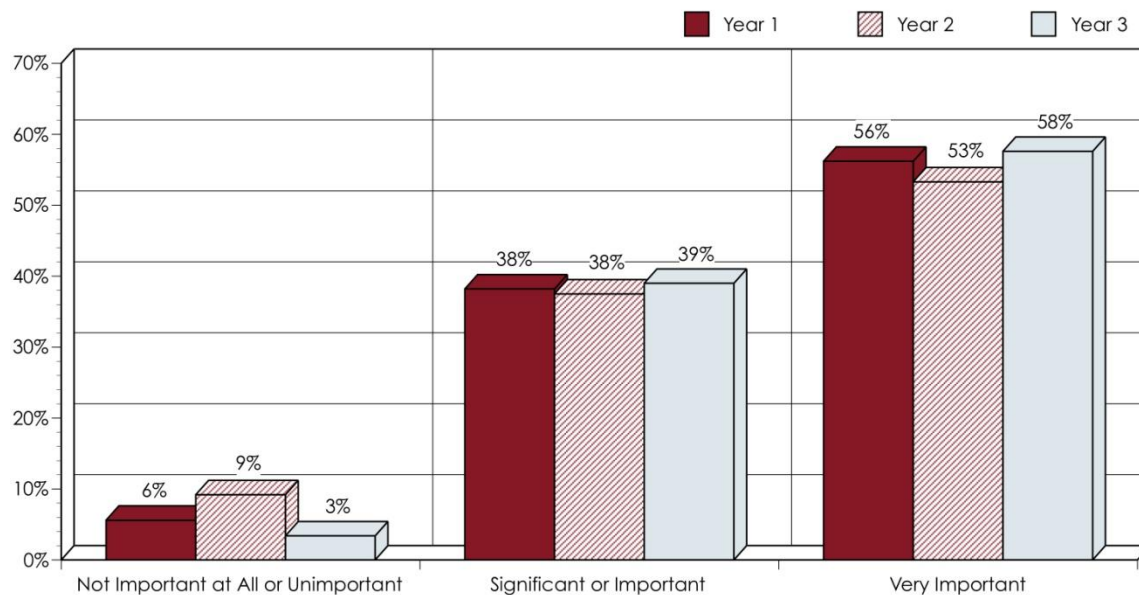
Substance Use Prevention

- ▶ Providing curricula or programs to students involving knowledge, skills, attitudes, or values related to preventing alcohol or drug use (84 percent)
- ▶ Providing feedback or consequences to reinforce prevention of the use of alcohol and other drugs (80 percent)
- ▶ Tracking students' behavior in achieving the goals on alcohol and other drug use (74 percent)
- ▶ Setting behavior goals for creating and maintaining alcohol- and drug-free students (74 percent)
- ▶ Using outside resources in classrooms such as parents or community volunteers to convey information on alcohol and other drug use (68 percent)
- ▶ Providing families with information on alcohol and other drug use prevention activities (68 percent)
- ▶ Providing training to school staff on alcohol and other drug issues (61 percent)

IMPORTANCE OF GRANT RESOURCES IN SCHOOLS

In each year of the grant, taking into account financial support and other kinds of resources, the majority of school staff surveyed thought the resources provided through the grant were very important in improving safety and preventing problem behavior (see Exhibit 7 on the next page).

Exhibit 7: School Staff Ratings of the Importance of SS/HS Resources in Relation to Other Sources of Support in Schools



CHALLENGES TO IMPLEMENTATION

While school-level factors are important, challenges to implementation occurred both at the school and project levels. Project directors and partners most often reported financial and human resource issues as barriers to implementing the grant and developing partnerships. Grantees often reported problems with managing increased caseloads, hiring quality staff, and obtaining funding for services or staff. They also reported programming challenges, such as problems merging existing and new programs and finding time in the school day for new programs. Grantees cited several factors as important in overcoming challenges to implementation, including effective communication, strong partnerships, and the partners' commitment to the SS/HS project. Grantees also used data to demonstrate the effectiveness of the grant and help build local support.

IMPLEMENTATION OF COMPREHENSIVE, COORDINATED, AND INTEGRATED PROGRAMS AND ACTIVITIES

Comprehensive Programs and Activities

All 2005 and 2006 grantees documented implementation of a comprehensive plan to address the grant elements, as required. In general, the number of activities implemented increased with each successive year of the grant, from an average of 14.3 activities per grantee in Year 1 to 22.0 in Year 2 to 24.1 in Year 3 (see Exhibit 8). Exhibit 9 identifies the kinds of activities implemented.

Exhibit 8: Number of Activities Implemented by Grant Year

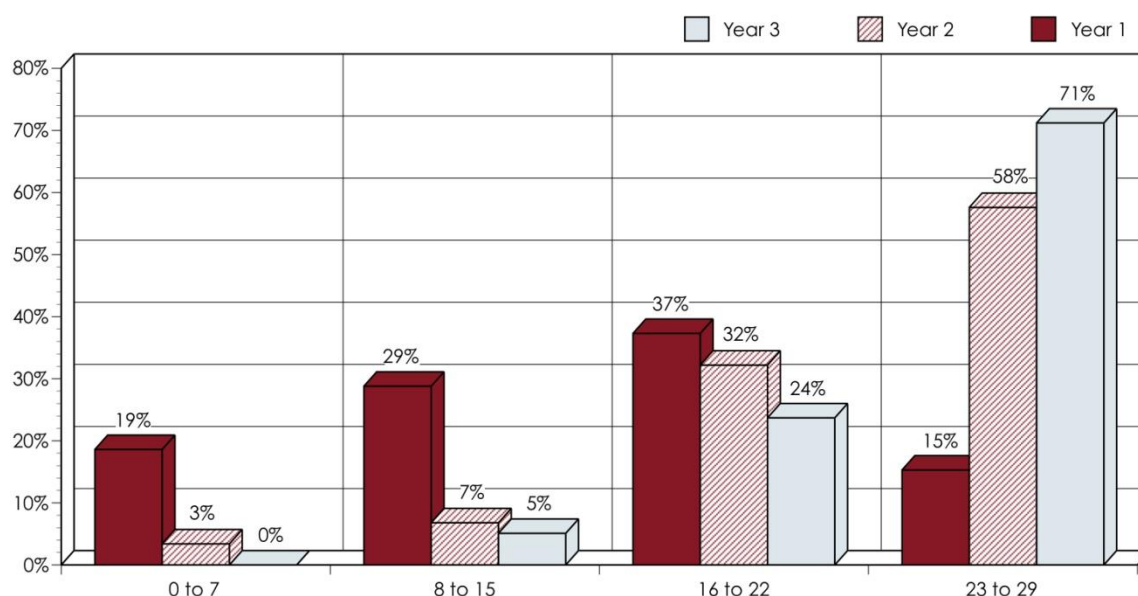


Exhibit 9: Types and Frequency of Activities Implemented

ACTIVITY	PERCENTAGE OF GRANTEES THAT IMPLEMENTED THE ACTIVITY
Safe School Environment and Policies	
Child and family support services	99%
Student conduct	98%
Crisis preparedness plan	95%
Community involvement	95%
Physical security of grounds and facilities	93%
School safety and security incident reporting	92%
Setting standards for student behavior	87%
Parental involvement	86%
Student discipline	85%
Reintegration of students from the juvenile justice system	68%
Substance Use and Violence Prevention and Early Intervention	
Substance use and violence prevention services	99%
Parental and community involvement	96%
Social and recreational activities	88%
Mentoring	80%
Mental Health Prevention and Intervention	
Screening and assessment	100%
School-based mental health services	100%

ACTIVITY	PERCENTAGE OF GRANTEES THAT IMPLEMENTED THE ACTIVITY
Child and family support services	100%
Referral and follow-up in school	100%
Referral and follow-up outside of school	97%
Training school staff	87%
Early Childhood Development	
Parenting programs and services	100%
Child and family support services	100%
School readiness	96%
Training school staff	86%
Health services for mothers	64%
Supporting and Connecting Schools and Communities	
Sharing resources with other agencies	95%
Afterschool programs	86%
Training school staff	86%
Alternative education placement and programs	72%

COORDINATION AND SERVICE INTEGRATION

A main focus of SS/HS is on helping agencies coordinate and integrate their services so they can improve outcomes among students and schools. The 2005 and 2006 grantees made significant progress in this regard. The majority of grantees now have **coordinated data systems**:

- ▶ More than 97 percent of the grantees established processes for sharing data to evaluate activities.
- ▶ More than 70 percent of the grantees established a process for monitoring the quality of screening and assessments.
- ▶ More than 70 percent of the grantees established a system for tracking outcomes.
- ▶ More than 60 percent of the grantees established a treatment monitoring information system that is shared across agencies.

The majority of grantees also have **more integrated services**:

- ▶ More than 98 percent of the grantees established processes for identifying and linking students to services.

- ▶ More than 76 percent of the grantees established service delivery teams that include members from various systems.

Examples of common service integration and coordination activities included the following:

- ▶ Wellness coordinators or intervention specialists working to reintegrate students from the court system back into school
- ▶ Case managers or social workers acting as liaisons to refer students to appropriate services

The number of coordination and service integration activities implemented increased significantly, from an average of 9.9 in Year 1 to 14.0 in Year 2 to 16.1 in Year 3. In Year 3, 63 percent of the grantees had implemented between 16 and 20 coordination and service integration activities.

ENHANCED SERVICES

The SS/HS grant strongly encourages sites to use evidence-based interventions as part of their comprehensive approach. Thirty-six specific evidence-based interventions were used by two or more of the grantees. These interventions ranged in scope and complexity from specific curricula with proven outcomes in preventing substance abuse or violence, to community-wide interventions that require the recruitment of private sector participants. Exhibit 10 shows the interventions grantees used most frequently and the areas each intervention addressed.

Exhibit 10: Most Frequently Implemented Evidence-Based Interventions

EVIDENCE-BASED INTERVENTION (EBI)	AREAS ADDRESSED	PERCENTAGE OF GRANTEES THAT IMPLEMENTED THE EBI
Second Step	Violence prevention	42%
Positive Behavioral Interventions and Supports	Academics and behavior	31%
Student Assistance Program	Mental health promotion, substance use prevention	29%
Too Good for Drugs	Substance use prevention	29%
LifeSkills Training	Substance use and violence prevention, behavior	25%
Project ALERT	Substance use prevention	20%
Parents as Teachers	Early childhood development	19%
Strengthening Families Program	Mental health promotion, substance use prevention, and behavior	19%
Olweus Bullying Prevention Program	Violence prevention/bullying	19%

The grantees also enhanced services by addressing specific local or cultural needs in ways that included the following:

- ▶ Providing information in multiple languages and/or providing translation services
- ▶ Including local councils or community groups in program planning or implementation
- ▶ Organizing workgroups or dedicating agency departments to address specific cultural or local needs
- ▶ Providing staff training to increase cultural competency
- ▶ Ensuring staff are diverse and culturally sensitive
- ▶ Engaging in community outreach activities

CONCLUSION

There is a good deal of evidence that SS/HS grantees are partnering and collaborating with their communities and integrating services. The grantees expanded their partnerships beyond the grant-required agencies to include a variety of community-based organizations or groups in program planning, implementation, and resource sharing. These organizations worked with the grant administration and schools to implement comprehensive services across the grant element areas and incorporated evidence-based interventions and other enhancements to address specific local needs. Grantees also made significant progress over the duration of the grant in regard to coordination and service integration. Nearly all of the grantees established processes for identifying and linking students to services, coordinated data systems, and formed or enhanced multidisciplinary service teams to address student and community needs.

FACTORS THAT INFLUENCE THE EFFECTIVENESS OF THE SAFE SCHOOLS/HEALTHY STUDENTS GRANT

The SS/HS grantees are a highly diverse group. Each grantee faces its own unique circumstances and has addressed these challenges using its own combination of strategies. Nevertheless, evaluation and research to date suggest that a limited number of factors affect the ability of the SS/HS grantees to achieve the grant goals. When grantees described factors that contributed to the success of their SS/HS project, many cited the following:

- ▶ Building strong partnerships, communicating regularly with partners and other stakeholders, understanding each other's needs and challenges, and getting buy-in early.
- ▶ Developing a clear partnership structure with defined roles, a clear mission and vision, teams or committees, and shared decisionmaking.
- ▶ Getting strong support from the superintendent of schools and board of education.
- ▶ Hiring and retaining a project director with strong leadership skills and close ties to the community.
- ▶ Collecting and using data to choose the right programs, make sure they are carried out properly, monitor results, and market the project to stakeholders and potential funders.
- ▶ Developing a sustainability plan as early as possible.
- ▶ Helping partners integrate services by educating them about how to share information and streamline referrals without violating privacy laws.
- ▶ Networking with counterparts from other grantee school districts.
- ▶ Being respectful of cultural differences in the community and using effective outreach and hiring practices.

The national evaluation of the grantees examined quantitative relationships between factors such as partnership characteristics and the number of activities implemented to greater or lesser improvement in specific areas targeted by the grant, as reported by school staff. Three areas of findings are presented below: the impact of the pre-grant environment; the impact of comprehensive, coordinated, and integrated services; and the impact of grant operations.

IMPACT OF THE PRE-GRANT ENVIRONMENT

No significant associations were found between the pre-grant environment and behavioral outcomes. However, certain pre-grant characteristics did predict improvements reported by school staff in a number of areas. Specifically:

- ▶ Grantees in communities with lower educational attainment saw greater improvement across all grant elements, particularly safety and violence.
- ▶ Grantees in communities where more families with children are below the poverty line saw greater improvement across all grant elements, particularly substance use prevention, mental health services, and the school's relationship with the community.
- ▶ Grantees with more funding per targeted student saw greater improvement in mental health services.

In addition, qualitative data indicated that having a **robust, longstanding partnership history** prior to the grant is another factor that predicted greater success in terms of perceived improvements. Grantees with lower levels of improvement were more likely to report they had used the grant as an opportunity to learn how to collaborate.

Grantees that saw relatively strong improvement across all grant areas also usually employed a wide range of **local resources** prior to grant award, and many focused on expanding existing resources rather than implementing new programs. Grantees that had lower levels of improvement consistently reported a significant lack of resources prior to grant award.

IMPACT OF COMPREHENSIVE, COORDINATED, AND INTEGRATED SERVICES

Among programs and activities designed to coordinate, improve, or expand services, a few types in particular appeared to have more of an effect than others on staff-reported improvements. Implementing a higher number of early childhood development-related programs and activities was associated with higher school staff ratings of improvement across all areas of the grant. In particular, these programs appeared to have a significant effect on safety, violence prevention, improved mental health services, and improved school-community relationships.

IMPACT OF GRANT OPERATIONS

Grantees that reported more activities directed at coordination and service integration reported greater overall perceptions of improvement at the end of Year 1. These grantees also differed in other key ways from those that reported fewer of those types of activities. Exhibit 11 on the next page compares the characteristics of grantees that scored high and low in coordination and service integration in three areas of grant operations—pre-grant planning, communication, and sustainability planning.

Exhibit 11: Factors Associated With Higher and Lower Coordination and Service Integration Ratings

THEME	HIGHEST SCORING SITES	LOWEST SCORING SITES
Pre-Grant Planning	▶ All individuals or groups involved in planning for the grant and developing the application remained involved post-grant award	▶ Only one reported continued involvement of individuals or groups involved in planning for the grant and developing the application post-grant award
Communication	▶ Reported consistent communication about grant goals and activities	▶ None reported good communication; all indicated communication was a barrier
Sustainability Planning	▶ Reported taking some action toward planning for sustainability in Year 1	▶ None reported any sustainability planning activity in Year 1

Aspects of grant operations also had apparent effects on staff-perceived improvement in specific grant areas, as shown in Exhibit 12. The variables most strongly linked to perceived improvement were higher average partnership functioning scores, higher perceived importance of SS/HS resources in the school, and more positive perceptions of the implementation process in the school.

Qualitative data indicated that grantees that saw greater improvements frequently had **clear partner roles**, which involved having a clear implementation plan and a shared understanding about roles. Conversely, grantees that saw lesser improvement indicated there was confusion about the roles of partners.

Good communication and collaboration throughout the grant was another positive factor. Grantees that saw lesser improvement usually reported poor communication or indicated only late in the grant that communication was improving.

Implementation changes appeared to have a negative effect on the grant’s effectiveness. In Year 3, only one of the grantees reporting the highest levels of improvement reported replacing a program or activity during the grant. In contrast, four of the five grantees with the lowest levels of improvement said they added new programs or removed inappropriate or unsuccessful programs during Years 2 and 3.

Exhibit 12: Factors Associated With More Staff-Reported Improvement in Grant Areas

GRANT AREA	FACTORS POSITIVELY INFLUENCING PERCEPTIONS OF IMPROVEMENT
<p>Violence and Substance Use Prevention</p>	<ul style="list-style-type: none"> ▶ Partnerships with higher average functioning scores ▶ Higher perceived importance of SS/HS resources ▶ More positive perceptions of the implementation process in the school
<p>Mental Health</p>	<ul style="list-style-type: none"> ▶ Greater key partner involvement in decisionmaking ▶ Fewer communication-related barriers to implementation ▶ Higher perceived importance of SS/HS resources ▶ More positive perceptions of the implementation process in the school
<p>Early Childhood Development</p>	<ul style="list-style-type: none"> ▶ Partnerships without committees had more positive perceptions of improvements ▶ Higher perceived importance of SS/HS resources ▶ More positive perceptions of the implementation process in the school
<p>School, Family, and Community Connections</p>	<ul style="list-style-type: none"> ▶ Fewer barriers to collaboration among the partnership ▶ More positive perceptions of the implementation process in the school

Finally, several factors were associated with greater progress toward sustainability by the end of the grant. Partnership functioning scores at Year 2 were positively and significantly correlated with progress toward sustainability. For those sites that secured funding compared to those that did not, partnership functioning scores at Year 2 were significantly greater. In addition, grantees that scored high in sustainability were also those that:

- ▶ Reported well-established partnerships at the beginning of the grant period
- ▶ Reported that money from the SS/HS grant was being pooled with funds from several other grant awards
- ▶ Created committees to serve in an advisory role or address topical areas
- ▶ Reported few barriers

CONCLUSION

This report provides evidence of the effectiveness of the SS/HS Initiative based on findings from the 2005 and 2006 cohorts of SS/HS grantees. The results indicate that the SS/HS Initiative is achieving its goals and supporting the development of comprehensive plans and the delivery of integrated, coordinated services. The activities the grantees implemented, combined with increased collaboration among the SS/HS partners, were associated with improvements in school safety, violence and substance use prevention, and access to mental health services. The improved long-term outcomes, including the sustainability of SS/HS partnerships and activities after grant funding ends, highlight the importance of expanding the Initiative's reach into more communities and schools. The improvements among SS/HS grantees since 2005 are in contrast to national trends. Data for the same period from sources such as the Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 2010) showed no significant improvements in violence, school safety, or current substance use.

Cross-site analyses did not find any pre-grant conditions or resources that influenced behavioral outcomes achieved under the grant. This is encouraging because it supports the assumption that any community can implement comprehensive, coordinated, and integrated plans to address and meet the social, emotional, and behavioral needs of students and families and improve the connection between schools and the community, if appropriate funding and guidance are provided. However, some school districts and communities may value the grant more highly than others; school staff reported greater improvements across all grant elements in communities where fewer adults have a high school diploma and where more families with children are below the Federal poverty level.

The success of grantees is strongly influenced by communication among project partners, school administrators and staff, and the community. Grantees that clearly communicated roles and responsibilities to partners and actively engaged school staff in the implementation of the grant reported greater improvements in school safety, violence and substance use prevention, early childhood development, and access to mental health services than those with unclear roles and responsibilities and poor communication.

The value of the partnerships developed or enhanced through the SS/HS grant should not be understated. Across all of the core grant areas (i.e., safety, violence prevention, substance use prevention, mental health access, early childhood development, and supporting and connecting schools), higher functioning partnerships were associated with greater improvements reported by school staff. In addition, greater partner involvement in decisionmaking regarding grant-related activities was associated with greater improvements in mental health and early childhood development reported by school staff.

Not surprisingly, the amount of funding and resources available to grantees influenced their outcomes. School staff who reported that grant resources were important in their school also reported improvements in violence and substance use prevention, mental health, and school, family, and community connections; they may have valued the grant more highly because of those perceived improvements. The amount of grant funding per targeted student was significantly related to improved access to mental health services, which may simply indicate that mental health services cost more than other activities and therefore require more funding.

CMHS will continue to collect and analyze available data from the 2007 and subsequent cohorts, whose grants are still in progress, and integrate it with analyses of data from the 2005 and 2006 cohorts to enhance understanding of the overall SS/HS Initiative and its results.

APPENDIX A: SAFE SCHOOLS/HEALTHY STUDENTS GRANTEES (2005–2009 COHORTS)

STATE	CITY	LOCAL EDUCATION AGENCY (LEGAL NAME)	COHORT
Alabama	Ashville	St. Clair School District	2008
	Montgomery	Montgomery Public Schools	2007
Alaska	Anchorage	Chugach School District	2008
	Ketchikan	Ketchikan Gateway Borough School District	2005
Arizona	Flagstaff	Painted Desert Demonstration Project	2008
	Page	Page Unified School District	2008
	Surprise	Dysart Unified School District	2008
	Vail	Vail School District #20	2005
Arkansas	Hot Springs	Hot Spring School District	2008
California	Alhambra	Alhambra Unified School District	2008
	Anaheim	Anaheim School District	2006
	Bakersfield	Kern County Superintendent of School	2008
	Carpinteria	Carpinteria Unified School District	2007
	Corning	Corning Union High School District	2009
	Costa Mesa NM	Newport-Mesa Unified School District	2005
	Costa Mesa OC	Orange County Department of Education, Division of Alternative Education	2005
	Escondido	Escondido Union School District	2009
	Georgetown	Black Oak Mine Unified School District	2005
	La Mesa	Grossmont Union High School District	2007
	Lamont	Lamont School District	2006
	Lemoore	Central Union Elementary School District	2007
	Lennox	Lennox School District	2007
	Los Angeles	Los Angeles Unified School District	2008
	Montebello	Montebello Unified School District	2008
	Nevada City	Nevada County Superintendent of Schools	2009
	Ontario	Ontario-Montclair School District	2005
	Oroville	Butte County Office of Education	2005
	Paradise	Paradise Unified School District	2007
	Pico Rivera	El Rancho Unified School District	2009
	Pomona	Pomona Unified School District	2005
	Redding	Shasta County Office of Education	2008

STATE	CITY	LOCAL EDUCATION AGENCY (LEGAL NAME)	COHORT
	San Diego	San Diego County Schools	2005
	San Francisco	San Francisco Unified School District	2007
	San Juan Capistrano	Capistrano Unified School District	2006
	Santa Maria	Santa Maria Joint Union	2008
	Soledad	Soledad Unified School District	2006
	Vienna	Dooly County Board of Education	2006
	Watsonville	Pajaro Valley Unified School District	2005
	Whittier	East Whittier City School District	2008
	Willits	Willits Unified School District	2009
	Woodland	Woodland Joint Unified School District	2006
	Woodland	Yolo County Office of Education	2009
Colorado	Pueblo	Pueblo City Schools	2008
	Westminster	Adams 12 Five Star Schools	2007
District of Columbia	Washington	Mary McLeod Bethune Day Academy Public Charter School	2005
	Washington	Washington Latin Public Charter School	2009
Florida	Fort Lauderdale	School Board of Broward County	2007
	Kissimmee	School District of Osceola County	2007
	Madison	Madison County School District	2009
	Mayo	Lafayette School District	2006
	Miami	School Board of Miami - Dade County	2005
	Orlando	School Board of Orange County	2008
Georgia	Ashburn	Turner County Board of Education	2005
	Butler	Taylor County Board of Education	2008
	Cochran	Bleckley County Board of Education	2008
	Conyers	Rockdale County Public Schools	2009
	Eastman	Dodge County Board of Education	2007
	Marietta	Cobb County School District	2008
Idaho	Rexburg	Madison School District	2005
Illinois	Alton	Alton Community Unit School District #11	2009
	Chicago	Chicago Public School District #299	2007
	East Saint Louis	East Saint Louis District #189	2007
	Mt. Carmel	Wabash Community Unit School District #348	2009
	West Chicago	West Chicago Elementary Schools District #33	2005
Indiana	Decatur	North Adams Community Schools	2008
	Evansville	Evansville-Vanderburgh School Corporation	2005
	Leopold	Perry Central Community School Corporation	2009
	Mount Vernon	Metropolitan School District of Mount Vernon	2008
	Richmond	Richmond Community School	2008

STATE	CITY	LOCAL EDUCATION AGENCY (LEGAL NAME)	COHORT
Iowa	Iowa City	Iowa City Community School District	2008
	Keosauqua	Van Buren Community Schools	2005
	Marshalltown	Marshalltown Community School District	2009
Kansas	Eudora	Eudora Unified School District	2008
Kentucky	Albany	Clinton County Board of Education	2007
	Ashland	Ashland Independent School District	2009
	Paris	Bourbon County Schools	2008
Louisiana	Baton Rouge	East Baton Rouge Parish School System	2005
	Monroe	Monroe City Schools	2007
	New Orleans	Recovery School District - LDE	2009
Maine	Hiram	Maine School Administrative District 55	2005
	Lewiston	Lewiston-Auburn School Departments	2008
	Sanford	Sanford Maine School District	2007
Maryland	Westover	Somerset County Schools	2005
Massachusetts	Newton	Newton Public Schools	2008
	Pittsfield	Pittsfield Public Schools	2006
	Wilbraham	Hampden-Wilbraham Regional School District	2009
Michigan	Escanaba	Delta-Schoolcraft Intermediate School District	2006
	Flint	Flint Community Schools	2005
	Muskegon	Public Schools of the City of Muskegon	2008
	Waterford	Waterford School District	2008
Minnesota	Duluth	Independent School District #709	2006
	New London	New London - Spicer Public Schools ISD #345	2005
	Roseville	Independent School District 623	2007
Mississippi	Jackson	Jackson Public School District	2008
	Monticello	Lawrence County School District	2008
	Starkville	Starkville School District	2008
	Vicksburg	Vicksburg Warren School District	2009
Missouri	Florissant	Hazelwood School District	2008
Montana	Helena	Helena School District One	2009
	Ronan	Ronan School District #30	2008
Nebraska	South Sioux City	South Sioux City Community Schools	2006
New Jersey	Clayton	Clayton Public Schools	2008
	Newark	Newark Public Schools	2005
	Trenton	Trenton Public Schools	2009
New Mexico	Albuquerque	Albuquerque Public Schools	2008
	Farmington	Farmington Municipal Schools	2007
	Magdalena	Alamo Navajo School Board, Inc.	2005
	Santa Fe	Santa Fe Public Schools	2008
New York	Albany	City School District of Albany	2008

STATE	CITY	LOCAL EDUCATION AGENCY (LEGAL NAME)	COHORT
	Binghamton	Broome-Delaware-Tioga Board of Cooperative Services (BOCES)	2009
	Canton	St. Lawrence-Lewis BOCES	2006
	Middletown	Enlarged City School District of Middletown	2006
	New Hartford	Oneida-Herkimer-Madison Board of Cooperative Services (BOCES)	2009
	New Rochelle	City School District of New Rochelle	2008
	Plattsburgh	Clinton-Essex-Warren-Washington BOCES	2008
	Rochester City	Rochester City School District	2008
	Rome	Rome City School District	2005
	Schenectady	Schenectady City School District	2007
	Sodus	Sodus Central School District	2009
	Uniondale	Uniondale Union Free School District	2005
	Union Springs	Union Springs Central School District	2009
North Carolina	Asheboro	Randolph County Schools	2008
	Burgaw	Pender County Schools	2008
	Morganton	Burke County Public Schools	2009
	Murphy	Cherokee County Schools	2006
	Salisbury	Rowan-Salisbury School System	2008
Ohio	Bellaire	Bellaire Local School District	2008
	Bowling Green	Wood County Educational Services Center	2009
	Ottawa	Putnam County Educational Service Center	2008
	Sparta	Highland Local Schools	2005
	Springfield	Springfield City Schools	2005
Oklahoma	El Reno	El Reno Public Schools	2006
Oregon	Albany	Linn Benton Lincoln Education Service District	2008
	Hillsboro	Hillsboro School District	2005
	Klamath Falls	Klamath Falls City Schools	2008
	The Dalles	North Wasco Co. School District #21	2008
	Tigard	Tigard-Tualatin School District 23J	2008
Pennsylvania	Allentown	Allentown City School District	2008
	Lancaster	School District of Lancaster	2005
	Lansdowne	William Penn School District	2006
	Norristown	Norristown Area School District	2008
South Carolina	Camden	Kershaw County School District	2009
	Conway	Horry County School District	2006
	Lancaster	Lancaster County School District	2005
	Mullins	Marion County School District #2	2005
	Saluda	Saluda County School District	2009
South Dakota	Mission	Todd County School District	2007

STATE	CITY	LOCAL EDUCATION AGENCY (LEGAL NAME)	COHORT
Tennessee	Bristol	Bristol, Tennessee, City Schools	2005
	Cleveland	Bradley County School District	2005
	Johnson City	Johnson City Public Schools	2008
	Memphis	Shelby County Schools	2005
Texas	Amarillo	Amarillo Independent School District	2008
	Austin	Austin Independent School District	2007
	Cuero	Cuero Independent School District	2008
	Donna	Donna Independent School District	2007
	McAllen	McAllen Independent School District	2008
	Mission	Mission Consolidated Independent School District	2009
	New Braunfels	New Braunfels Independent School District	2005
	New Braunfels	Comal Independent School District	2007
	Pleasanton	Pleasanton Independent School District	2008
	Round Rock	Round Rock Independent School District	2005
	San Benito	San Benito Consolidated Independent School District	2006
	Temple	Temple Independent School District	2008
Vermont	Lyndonville	Caledonia North Supervisory Union	2007
Virginia	Charlottesville	Albemarle County Public Schools	2009
Washington	Anacortes	Northwest Educational Services District #189	2005
	Lacey	North Thurston Public Schools	2005
	Vancouver	Educational Service District #112	2007
Wisconsin	Beaver Dam	Beaver Dam Unified School District	2008
	Fond du Lac	Fond du Lac School District	2008
	Milwaukee	Milwaukee Public Schools	2007
	Wautoma	Wautoma Area School District	2005
Wyoming	Arapahoe	Fremont County School District #38	2006
	Casper	Natrona County School District #1	2007
	Gillette	Campbell County School District	2008

APPENDIX B:

REFERENCES

- Bowen, B.K., & Bowen, G.L. (1999). Effects of crime and violence in neighborhoods and schools on the school behaviors and performance of adolescents. *Journal of Adolescent Research*, 14, 319–342.
- Brand, S., Felner, R.D., Shim, M., Seitsinger, A., & Dumas, T. (2003). Middle school improvement and reform: Development and validation of a school-level assessment of climate, cultural pluralism, and school safety. *Journal of Educational Psychology*, 95, 570–588.
- Butterfoss, F.D. (2007). *Coalitions and Partnerships in Community Health*. San Francisco, CA: Jossey-Bass.
- Butterfoss, F.D., Goodman, R.M., & Wandersman, A. (1993). Community coalitions for health promotion and disease prevention. *Health Education Research*, 8(3), 315–330.
- Centers for Disease Control and Prevention. (2010). 1991–2009 High School Youth Risk Behavior Survey data. Available at <http://apps.nccd.cdc.gov/youthonline>
- Cranwell, M., Kolodinsky, J., Anderson, K., & Schmidt, F. (2004). Evaluating a domestic violence task force: Methods to strengthen a community collaboration. *Journal of Extension*, 42(6).
- DeVoe, J. F., Kaffenberger, S., & Chandler, K. (2005). Student reports of bullying results: From the 2001 School Crime Supplement to the National Crime Victimization Survey (NCES 2005–310). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC: U.S. Government Printing Office.
- Dinkes, R., Kemp, J., Baum, K. & Snyder, T.D. (2009). Indicators of school crime and safety: 2009 (NCES 2010-012/NCJ 228478). National Center for Education Statistics, Institute for Education Sciences, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Washington, DC: U.S. Government Printing Office.
- Dodge, K., & Petit, G. (2003). A biopsychosocial model of the development of chronic conduct problems in adolescence. *Developmental Psychology*, 39, 349–371.

Domitrovich, C.E., & Greenberg, M.T. (2000). The study of implementation: Current findings from effective programs that prevent mental disorders in school-aged children. *Journal of Educational and Psychological Consultation*, 11(2), 193–221.

Dwyer, K., & Osher, D. (2000). *Safeguarding our children: An action guide*. Washington, DC: U.S. Departments of Education and Justice, American Institutes for Research.

Epstein, J.L. (1995). School/family/community partnerships: Caring for the children we share. *Phi Delta Kappan*, 76, 701–712.

Flannery, D.J., Wester, K.L., & Singer, M.I. (2004). Impact of exposure to violence in school on child and adolescent mental health and behavior. *Journal of Community Psychology*, 32, 559–573.

Florin, P., Mitchell, R., Stevenson, J., & Klein, I. (2000). Predicting intermediate outcomes for prevention coalitions: A developmental perspective. *Evaluation and Program Planning*, 23, 341–346.

Furlong, M.J., & Morrison, G.M. (2000). The school in school violence: Definitions and facts. *Journal of Emotional and Behavioral Disorders*, 8, 71–82.

Goldstein, I.S. (2004). *Collaboration Redefined: The Federal Safe Schools/Healthy Students Initiative. A Brief History*. Unpublished manuscript. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Hemmeter, M.L., Ostrosky, M., & Fox, L. (2006). The social and emotional foundation for early learning: A conceptual model for intervention. *School Psychology Review* 35, 583–601.

Janosz, M., Archambault, I., Pagani, L.S., Pascal, S., Morin, A.J.S., & Bowen, F. (2008). Are there detrimental effects of witnessing school violence in early adolescence? *Journal of Adolescent Health*, 43, 600–608.

Jasuja, G.K., Chou, C.P., Bernstein, K., Wang, E., McClure, M., & Pentz, M.A. (2005). Using structural characteristics of community coalitions to predict progress in adopting evidence-based prevention programs. *Evaluation and Program Planning*, 28, 173–184.

Kegler, M.C., Steckler, A., Mcleroy, K., & Malek, S.H. (1998). Factors that contribute to effective community health promotion coalitions: A study of 10 Project ASSIST coalitions in North Carolina. *Health Education and Behavior*, 25, 338–353.

Kochenderfer, B.J., & Ladd, G.W. (1996). Peer victimization: Cause or consequence of school maladjustment? *Child Development*, 67, 1305–1317.

Komro, K. A., Williams, C. L., Forster, J. L., Perry, C. L., Farbakhsh, K. & Stigler, M. H. (2000). The relationship between adolescent alcohol use and delinquent and violent behaviors. *Journal of Child and Adolescent Substance Abuse*, 9(2): 13–28.

Kreuter, M.W., Lezin, N.A., & Young, L.A. (2000). Evaluating community-based collaborative mechanisms: Implications for practitioners. *Health Promotion Practice*, 1(1), 49–63.

Laird, R. D., Jordan, K. Y., Dodge, K. A., Pettit, G. S., & Bates, J. E. (2001). Peer rejection in childhood, involvement with antisocial peers in early adolescence, and the development of externalizing behavior problems. *Development and Psychopathology*, 13, 337–354.

Lasker, R. D., & Weiss, E. S. (2003a). Broadening participation in community problem solving: A multidisciplinary model to support collaborative practice and research. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 80, 14–59.

Lasker, R. D., & Weiss, E. S. (2003b). Creating partnership synergy: The critical role of community stakeholders. *Journal of Health and Human Services Administration*, 26, 119–139.

Lasker, R.D., Weiss, E.S., & Miller, R. (2001). Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *Milbank Quarterly*, 79(2), 179–205.

Laub, J.H., & Lauritsen, J.L. (1998). The interdependence of school violence with neighborhood and family conditions. In D.S. Elliott & B.A. Hamburg (Eds.), *Violence in American Schools*. New York, NY: Cambridge University Press.

McClelland, M.M., & Morrison, F.J. (2003). The emergence of learning-related social skills in preschool children. *Early Childhood Research Quarterly*, 18, 206–224.

Mitchell, S.M., & Shortell, S.M. (2000). The governance and management of effective community health partnerships: A typology for research, policy, and practice. *The Milbank Quarterly*, 78(2), 241–289.

Morrison, G.M., Furlong, M.J., & Morrison, R.L. (1994). From school violence to school safety: Reframing issues for school psychologists. *School Psychology Review*, 23, 236–256.

Paternite, C. E. (2005). School-based mental health programs and services: Overview and introduction to the special issue. *Journal of Abnormal Child Psychology*, 33, 657–663.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.

Rones, M., & Hoagwood, K. (2000). School-based mental health services: a research review. *Clinical Child and Family Psychology Review*, 3(4), 223–241.

Shediac-Rizkallah, M., & Bone, L. (1998). Planning for the sustainability of community-based health programs: Conceptual frameworks and future directions for research, practice and policy. *Health Education Research Theory and Practice*, 13(1), 87–108.

Sullivan, T.N., Kung, E.M., & Farrell, A.D. (2004). Exposure to violence and drug use initiation in early adolescence: Parent monitoring and family supports as protective factors. *Journal of Clinical Child and Adolescent Psychology*, 33, 488–498.

Taylor, W., & Kliewer, W. (2006). Violence exposure and early adolescent alcohol use: An exploratory study of family risk and protective factors. *Journal of Child and Family Studies*, 15(2), 207–221.

Tolan, P.H., & Gorman-Smith, D. (2002). What violence prevention can tell us about developmental psychopathology. *Development and Psychopathology*, 14, 713–729.

Wagenaar, A.C., Erickson, D.J., Harwood, E.M., & O'Malley, P.M. (2006). Effects of State coalitions to reduce underage drinking: A national evaluation. *American Journal of Preventive Medicine*, 31(4):307–315.

Wandersman, A., Goodman, R., & Butterfoss, F. (1997). Understanding coalitions and how they operate. In M. Minkler (Ed.) *Community organizing and community building for health*. New Brunswick, NJ: Rutgers University Press.

Weissberg, R.P., Kumpfer, K.L., & Seligman, M.E.P. (2003). Prevention that works for children and youth. *American Psychologist*, 58, 425–432.

APPENDIX C: DATA SOURCES

Data for the SS/HS national evaluation are obtained using a variety of mechanisms. In addition to using existing data sources, such as grant applications, the NET collects data from the grantees using a series of telephone and on-site interviews, approved survey instruments, and focus groups. The table below describes the timing, administration, and data collected using each source or method.

DATA SOURCE	DESCRIPTION OF DATA SOURCE AND METHOD OF DATA COLLECTION	PURPOSE/INFORMATION COLLECTED
Existing Data Sources	<ul style="list-style-type: none"> ▶ Grant application ▶ Performance reports provided by grantee ▶ U.S. Census Data/American Community Survey 	<ul style="list-style-type: none"> ▶ Describe community contexts in which the grant projects are operating ▶ Assess pre-grant conditions such as unemployment, education, and poverty rates in grantee communities ▶ Explore history and extent of collaboration with key community agencies and project-level programs and activities
Year 1 Site Visit	<ul style="list-style-type: none"> ▶ One-day visit to grantee site during Year 1 ▶ Two-person team from NET meets with key managers and stakeholders from grantee site 	<p>Clarify information from the grant application and collect additional information in the following areas:</p> <ul style="list-style-type: none"> ▶ Planning for the SS/HS project ▶ Status of project implementation ▶ Status of local evaluation ▶ Partnership history/update ▶ Enhanced interagency service systems and structures ▶ Sustainability
Project Director Interview	<ul style="list-style-type: none"> ▶ Telephone interview ▶ Annual ▶ Conducted with project director ▶ Takes 45 minutes to 1 hour to complete 	<p>Assess contributions of the SS/HS required partners in 10 core areas. Project directors are asked to rate the partners' level of contribution in each area:</p> <ul style="list-style-type: none"> ▶ Assessing needs ▶ Searching for program and practice solutions ▶ Meeting implementation requirements of prospective program and practice solutions ▶ Selecting program and practice solutions ▶ Supporting the implementation of program and practice solutions ▶ Monitoring implementation ▶ Using outcome evaluations ▶ Formulating policy changes ▶ Planning to sustain SS/HS programs and activities ▶ Planning to sustain the SS/HS infrastructure

DATA SOURCE	DESCRIPTION OF DATA SOURCE AND METHOD OF DATA COLLECTION	PURPOSE/INFORMATION COLLECTED
Group Telephone Interviews	<ul style="list-style-type: none"> ▶ Telephone interviews ▶ Annual starting in Year 2 ▶ Two interviews are conducted: one with project director and local evaluator and one with local partners. All required partners must participate in the partner interview. Participation is optional for other key partners that were involved in activities such as planning the grant, selecting programs and services, and collecting data. ▶ Takes 1 hour to 90 minutes to complete 	<p>Update information regarding activities, planning and implementation processes, system changes, and sustainability</p> <p>Project director/local evaluator interview focuses on:</p> <ul style="list-style-type: none"> ▶ Status of implementation ▶ Partnership update, including changes in structure, composition and operation ▶ Barriers to collaboration ▶ Sustainability ▶ Enhanced interagency services ▶ Project evaluation <p>Partner interview provides an opportunity for the required partners and other key partners to provide their perspectives on topics such as:</p> <ul style="list-style-type: none"> ▶ Status of implementation ▶ Implementation and collaboration barriers or challenges ▶ Partnership changes ▶ Resource sharing among partners ▶ Implementation monitoring ▶ Sustainability plans
School Climate Survey	<ul style="list-style-type: none"> ▶ Web-based survey ▶ Completed by staff at schools targeted by grant ▶ Annual ▶ Takes 7-8 minutes to complete ▶ Per Office of Management and Budget recommendation to reduce burden, the NET samples school staff by school type (elementary, middle, high, and alternative); the number of schools within each type determines the number of staff who are asked to complete the survey 	<p>Assess school staff perceptions of the school learning environment in the following areas:</p> <ul style="list-style-type: none"> ▶ Academic norms, standards, and priorities ▶ Working environment in the school ▶ Learning supports and barriers ▶ Staff-student relationships and staff supportive relationships ▶ Student connectedness to the school ▶ Problems posed by student risk behaviors (substance use, violence, and truancy) ▶ Staff and student safety ▶ Nature, communication, and enforcement of school rules/policies ▶ Availability of health and counseling services about perceived safety, learning environment, policies, services, and ATOD problems at each school
School-Level Survey	<ul style="list-style-type: none"> ▶ Web-based survey ▶ Annual ▶ Completed by person most familiar with grant activities at each school; typical respondents include principals and SS/HS coordinators ▶ Takes 30-40 minutes to complete 	<ul style="list-style-type: none"> ▶ Solicit information about: ▶ Each targeted school's efforts related to the SS/HS grant ▶ School's involvement in implementing and supporting a range of programs and activities and the nature of the school's involvement ▶ Local partners that have worked in the school, such as law enforcement, juvenile justice, and prevention and treatment professionals

DATA SOURCE	DESCRIPTION OF DATA SOURCE AND METHOD OF DATA COLLECTION	PURPOSE/INFORMATION COLLECTED
Project-Level Survey	<ul style="list-style-type: none"> ▶ Web-based survey ▶ Annual ▶ Completed by project director ▶ Takes 30-45 minutes to complete 	<ul style="list-style-type: none"> ▶ Solicit information on: ▶ Information about planned or implemented activities, programs, and operations related to the SS/HS grant elements ▶ Decisionmaking, technical assistance and training, coordination and service integration, and sustainability
Partnership Inventory	<ul style="list-style-type: none"> ▶ Web-based survey ▶ Annual ▶ Completed by project director (Years 1-3) and required and key partners (in Years 2-3) ▶ Takes 5-10 minutes to complete 	Assess each partner's perceptions of the local SS/HS partnership, contribution levels to varying activities, and frequency of interaction with other partners
GPRA Data	<ul style="list-style-type: none"> ▶ Grantees provide data annually using a customized template that contains the recommended GPRA measures by grade, school type, or the lowest level of aggregation possible ▶ Template requests demographic information such as gender and ethnicity if available; also requests definitions of the GPRA measures, data sources, dates of data collection, and information on sampling strategy for each measure ▶ Explanations are requested for any missing data 	<p>Primary data source used to assess the overall effectiveness of the SS/HS Initiative; specific GPRA requirements for 2005 and 2006 cohorts are:</p> <ol style="list-style-type: none"> 1. A decrease in the number of violent incidents at schools 2. A decrease in substance abuse 3. Improvement in school attendance 4. An increase in mental health services to students and families
Focus Groups	<ul style="list-style-type: none"> ▶ Composed of project directors from various cohorts ▶ Ad hoc 	<ul style="list-style-type: none"> ▶ Explore topics identified during discussions with the SS/HS Federal partners, the External Work Group (an external group of experts that provides advice on the national evaluation), and grantees ▶ Recent focus groups have explored sustainability and recommended improvements to the grant's program announcement

APPENDIX D: METHODOLOGY

As with many large-scale, cross-site evaluations, the SS/HS national evaluation presents both a major opportunity for expanding knowledge and significant methodological challenges. The key difficulty is deriving meaningful, cross-cutting data collected from dozens of grantee sites, each with its own unique operating environment, programs and activities, and objectives. How are valid conclusions drawn from such a large and complex data set? Rigorous study design and processes to ensure data quality are critical. The NET is using a variety of methods to ensure that the data being collected are as uniform as possible, despite the considerable variability across the sites being evaluated. In addition, the NET is applying sophisticated and well-grounded analytic techniques to transform these data into useful information. The result is that we are beginning to understand where, how, and why the SS/HS Initiative is succeeding and how these lessons learned can, in turn, guide future Federal and local efforts to improve student safety and well-being.

DATA QUALITY

All data collected for the national evaluation undergo extensive quality control checks. For example, before the Web-based survey data are analyzed, they are downloaded and prepared as SPSS data sets, and frequencies are then generated and reviewed to confirm the accuracy of the data set. In addition, detailed checks are applied to verify the consistency of “missing” and “not applicable” coding arising from skip patterns in survey instruments. Inconsistent skip patterns and missing-value codes can waste research hours and increase the likelihood of errors. For all data, the NET uses highly detailed data dictionaries that clearly document variable names, values, and labels for all quantitative data.

Similarly, data generated by the NET staff through interviews are subject to their own quality review and validation process. A team of specially trained associates conducts quality control reviews of all site visit notes and annual group telephone interview notes. Using established guidelines, notes are reviewed to determine whether they are clear, complete, well organized, and objective. The site leads who drafted the notes are given the opportunity to respond to inquiries that have arisen during the quality control process. This may include providing additional information from data sources such as performance reports, other interview notes, site visit notes, or ongoing interactions with the grantee. Upon final resolution, the notes are entered into the national evaluation database.

GPRA data are submitted to the NET by grantees using site-specific templates designed to standardize the data to the maximum degree possible. One NET staff member receives, tracks, and manages all GPRA data. This person is available to answer all grantee questions about

GPR data submission and follows up with them as necessary. For complex issues or questions, the designated staff member may consult with a senior technical staff member or arrange for a consultation between the grantee and a senior technical staff member. Once the NET receives data on the recommended GPR measures from local grantees, it assesses the quality and usability of the data by conducting data processing and quality assurance procedures.

ANALYTIC TECHNIQUES

Data analyses explored characteristics of different measures and used analytic techniques such as regressions to examine whether relationships exist between variables, and if so, to describe those relationships. Because of the complexity of the Initiative and the potential for change at the student, school, and project levels, the NET used more advanced statistical approaches, such as multilevel modeling and meta-regression, to assess patterns of change over time. These advanced analyses also take into account the characteristics of individual grantees and the potential effect on outcomes. The NET analyzed qualitative data to supplement these quantitative analyses and identify major themes and patterns across sites.

GPR data are perhaps the most important collected from grantees, as they provide the most direct evidence of long-term outcomes. However, these data also pose the greatest difficulty for analysis because each SS/HS grantee can use its own unique data sources, and reporting format, sample sizes, and effect sizes vary widely. The NET is using meta-analysis to examine the GPR data, which allows the team to report comprehensive and valid overall findings despite great variability across grantees. The NET is also using meta-regression to assess the influence of grantee operations on changes in the 12 GPR outcome measures. The meta-regression analysis focuses on the meta-analyzed GPR data as the dependent variable.

The NET is using longitudinal multilevel growth curve modeling to examine changes over time in the relationship between SS/HS programs and activities and how school-level staff perceive the SS/HS project's effectiveness, while accounting for the effects of control variables. By estimating change across three measurement periods, multilevel modeling generates a more sensitive estimate of program effectiveness than conventional analytic strategies. In addition to multilevel modeling, meta-analysis of GPR data, and meta-regression, analysts run regressions and descriptive statistics such as counts, frequencies, percentage differences, measures of central tendency, and bivariate correlational coefficients to determine the relative explanatory power of each independent variable on the dependent variables. The descriptive analyses also help analysts understand the distribution of variables of interest. For example, if the central tendency and deviation from the mean for a given variable reveal a skewed distribution of data, the NET can correct the distribution of the data prior to conducting further analyses.

With this combination of methodological approaches, the NET is able to ascertain patterns and relationships across the very different SS/HS grantees and thereby reach some generalizable conclusions about the effectiveness of the grant under varied circumstances. In this way, the core questions of the national evaluation are being answered.



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