

## **UNDERSTANDING SPECIAL EDUCATION**

- Oklahoma State Department of Education, Special Education: websites for guidance materials.
- Resources in Special Education
- Opinion of SDE returning children in shelters to home school, October 16, 2007
- Tools for Promoting Educational Success and Reducing Delinquency, prepared by NASDSE and NDRN, 2007
- 10 Tips: How to Use IDEA 2004 to Improve Your Child's Special Education
- GAO Concerns Regarding Abuse and Death, Residential Treatment Program, 2007
- Teaming Up: Using IDEA and Medicaid



# **Oklahoma State Department of Education Special Education**

## **Special Education Policies:**

**<http://ok.gov/sde/sites/ok.gov.sde/files/OSDE%20SES%20Policies.pdf>**

## **Special Education Handbook:**

**[http://ok.gov/sde/sites/ok.gov.sde/files/documents/files/Oklahoma%20Special%20Education%20Handbook\\_0.pdf](http://ok.gov/sde/sites/ok.gov.sde/files/documents/files/Oklahoma%20Special%20Education%20Handbook_0.pdf)**

## **Special Education Process Guide:**

**<http://ok.gov/sde/documents/2013-11-18/special-education-process-guide>**

**US Department of Education's IDEA Website**

<http://idea.ed.gov>

**US Department of Education's Technical Assistance Center for Positive Behavioral Interventions and Supports**

<http://www.pbis.org>

**US Department of Education's National Early Childhood Technical Assistance Center**

<http://www.nectac.org>

**Oklahoma State Department of Education**

Special Education Services,

<http://www.ok.gov/sde/special-education>

**Oklahoma Disability Law Center, Inc.**

<http://www.okdlc.org>

<http://www.peapods.us>

**National Disability Rights Network**

<http://www.ndrn.org>

**Wrightslaw**

<http://www.wrightslaw.com>

<http://www.feta.com>

**Dr. Laura Riffel's Website (with free PBIS downloads)**

<http://www.behaviordocor.org>



SANDY GARRETT  
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION  
STATE OF OKLAHOMA

October 16, 2007

CONFIDENTIAL

Ms. Kayla Bower  
Oklahoma Disability Law Center  
2915 Classen Boulevard, #300  
Oklahoma City, Oklahoma 73106

Dear Ms. Bower:

The Oklahoma State Department of Education (OSDE), Special Education Services (SES), conducted state level complaint procedures for your formal complaint against the \_\_\_\_\_ Public School district, regarding children residing at the \_\_\_\_\_ Emergency Shelter. The complaint procedures addressed allegations pertaining to requirements of the Individuals with Disabilities Education Act (IDEA) Part B. Complaint procedures conducted by this office included obtaining and reviewing all pertinent documentation from you and the \_\_\_\_\_ Public School district including a written response to complaint allegations, an on-site visit, confidential file reviews, and interviews with \_\_\_\_\_ Public School district personnel and you. Your issues as addressed by IDEA Part B are outlined below.

**IDEA Issues Presented By You:**

*"(1) Child Find*

*The children with disabilities who reside at the shelter are not identified by the school district as being eligible for IDEA...*

*(2) Failure to ensure that requirements for McKinney-Vento are met*

*Children at the shelter are housed on the grounds of the shelter and required by the school district to stay at that location in an environment separates (sic) them from the mainstream school environment and segregates them with only homeless children. They are relegated to two classrooms based on the model of a 'one room school' for multiple grades, with no provision of qualified teachers for the students. School district takes no action to ensure that homeless children have equal access to the same free appropriate public education as other children. Students at the shelter do not have access to the educational and other services that they need to enable them to meet the same challenging State student academic standards to which all students are held. School district has failed to take action to review and revise practices and policies that act as a barrier to the enrollment, attendance or success in school of children at the shelter. School district fails to ensure that transportation is provided to and from the student's school of origin.*

*(3) Failure to Evaluate (or respond to existing evaluations)*

*Children at the shelter are not evaluated by the school district when it is suspected that they have disabilities. There is no indication that any evaluations are conducted by school district. Psychologists and medical personnel for the*

OKLAHOMA STATE DEPARTMENT OF EDUCATION  
3500 NORTH LINCOLN BOULEVARD, OKLAHOMA CITY, OK 73105-4599  
(405) 521-3301, FAX: (405) 521-6205  
[HTTP://SDE.STATE.OK.US](http://sde.state.ok.us)

*FIRST IN THE TWENTY-FIRST*

recy2011.pawer

shelter conduct regular evaluations (usually within one week of a child arriving at the shelter), many of which document existing educational and behavioral delays and none of which are responded to by school district with appropriate educational services.

(4) Failure to provide any education or related services to children between the ages of three and five

School district provides only two teachers, who divide the students into two groups and place them into two classrooms at the shelter – one for kindergarten through fifth grade and one for sixth grade through twelfth grade. No educational services are offered to children between the ages of three and five...

(5) Failure to provide free appropriate public education

Students are provided only a three hour per day education. Children in the shelter known to be on IEPs are immediately reduced to a three hour program, inconsistent with the stated terms of their IEPs without any IEP team determination that a reduced program is appropriate... The reduction in educational services for all students at the shelter did not result from a meeting of a duly constituted IEP team and are not even superficially related to the individual needs of a student but rather for the administrative convenience and benefit of the school district...

Students at the shelter have no access to full educational opportunities, such as elective classes, extracurricular activities, etc. of the school district...

(6) Failure to evaluate for or provide extended school year services

Children at the shelter were not considered or evaluated for extended school year services nor were they provided any extended school year services...

(7) Procedural safeguards are not followed

No prior written notice is given that school district is substantially reducing the number of hours and nature of education provided to students with disabilities. Nor does the school district identify the evaluation procedure, assessment, record or report which forms the basis of the change in provision of educational services. Nor does the school district provide any indication of other options considered or a description of factors relevant to the district's action..."

**IDEA Requirements:**

**34 CFR § 300.17 Free appropriate public education. (August 3, 2006)**

"Free appropriate public education or FAPE means special education and related services that--

- (a) Are provided at public expense, under public supervision and direction, and without charge;
- (b) Meet the standards of the SEA, including the requirements of this part;
- (c) Include an appropriate preschool, elementary school, or secondary school education in the State involved; and
- (d) Are provided in conformity with an individualized education program (IEP) that meets the requirements of §§ 300.320 through 300.324."

**34 CFR § 300.19 Homeless children. (August 3, 2006)**

Homeless children has the meaning given the term homeless children and youths in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.

- \* Section 725 of the McKinney-Vento Act defines the following terms:
  - "(a) Homeless children and youth means individuals who lack a fixed, regular, and adequate nighttime residence. The term includes--
    - (1) Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

- (2) Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
  - (3) Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings and
  - (4) Migratory children (as defined in section 1309 of the Elementary and Secondary Education Act of 1965, as amended) who qualify as homeless because they are living in circumstances described in this definition.
- (b) Enroll and enrollment include attending classes and participating fully in school activities.
- (c) Unaccompanied youth includes a youth not in the physical custody of a parent or guardian."

**34 CFR § 300.101 Free appropriate public education (FAPE). (August 3, 2006)**

"(a) General. A free appropriate public education must be available to all children residing in the State between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school, as provided for in § 300.530(d).

(b) FAPE for children beginning at age 3. (1) Each State must ensure that—

(i) The obligation to make FAPE available to each eligible child residing in the State begins no later than the child's third birthday; and

(ii) An IEP or an IFSP is in effect for the child by that date, in accordance with § 300.323(b).

(2) If a child's third birthday occurs during the summer, the child's IEP Team shall determine the date when services under the IEP or IFSP will begin.

(c) Children advancing from grade to grade. (1) Each State must ensure that FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade.

(2) The determination that a child described in paragraph (a) of this section is eligible under this part, must be made on an individual basis by the group responsible within the child's LEA for making eligibility determinations."

**34 CFR § 300.106 Extended school year services. (August 3, 2006)**

"(a) General. (1) Each public agency must ensure that extended school year services are available as necessary to provide FAPE, consistent with paragraph (a)(2) of this section.

(2) Extended school year services must be provided only if a child's IEP Team determines, on an individual basis, in accordance with §§ 300.320 through 300.324, that the services are necessary for the provision of FAPE to the child.

(3) In implementing the requirements of this section, a public agency may not—

(i) Limit extended school year services to particular categories of disability; or

(ii) Unilaterally limit the type, amount, or duration of those services.

(b) Definition. As used in this section, the term extended school year services means special education and related services that—

(1) Are provided to a child with a disability—

(i) Beyond the normal school year of the public agency;

(ii) In accordance with the child's IEP; and

(iii) At no cost to the parents of the child; and

(2) Meet the standards of the SEA."

**34 CFR § 300.111 Child Find. (August 3, 2006)**

"(a) General.

(1) The State must have in effect policies and procedures to ensure that —

(i) All children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated, and

(ii) A practical method is developed and implemented to determine which children are currently receiving needed special education and related services.

(b) Use of term developmental delay. The following provisions apply with respect to implementing the child find requirements of this section:

(i) A state that adopts a definition of developmental delay under § 300.8 (b) determines whether the term applies to children aged three through nine, or to a subset of that age range ( e. g. , ages three through five).

(2) A State may not require an LEA to adopt and use the term developmental delay for any children within its jurisdiction.

(3) If an LEA uses the term developmental delay for children described in § 300.8 (b), the LEA must conform to both the State's definition of that term and to the age range that has been adopted by the State.

(4) If a State does not adopt the term developmental delay, an LEA may not independently use that term as a basis for establishing a child's eligibility under this part.

(c) Other children in child find. Child find also must include—

(1) Children who are suspected of being a child with a disability under § 300.8 and in need of special education, even though they are advancing from grade to grade; and

(2) Highly mobile children, including migrant children.

(d) Construction. Nothing in the Act requires that children be classified by their disability so long as each child who has a disability that is listed in § 300.8 and who, by reason of that disability, needs special education and related services is regarded as a child with a disability under Part B of the Act."

#### **34 CFR § 300.156 Personnel qualifications. (August 3, 2006)**

"(a) General. The SEA must establish and maintain qualifications to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained, including that those personnel have the content knowledge and skills to serve children with disabilities.

(b) Related services personnel and paraprofessionals. The qualifications under paragraph (a) of this section must include qualifications for related services personnel and paraprofessionals that—

(1) Are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services; and

(2) Ensure that related services personnel who deliver services in their discipline or profession—

(i) Meet the requirements of paragraph (b)(1) of this section; and

(ii) Have not had certification or licensure requirements waived on an emergency, temporary, or provisional basis; and

(iii) Allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulation, or written policy, in meeting the requirements of this part to be used to assist in the provision of special education and related services under this part to children with disabilities.

(c) Qualifications for special education teachers. The qualifications described in paragraph (a) of this section must ensure that each person employed as a public school special education teacher in the State who teaches in an elementary school, middle school, or secondary school is highly qualified as a special education teacher by the deadline established in section 1119(a)(2) of the ESEA.

(d) Policy. In implementing this section, a State must adopt a policy that includes a requirement that LEAs in the State take measurable steps to recruit, hire, train, and retain highly qualified personnel to provide special education and related services under this part to children with disabilities.

(e) Rule of construction. Notwithstanding any other individual right of action that a parent or student may maintain under this part, nothing in this part shall be construed to create a right of action on behalf of an individual student or a class of students for the failure of a particular SEA or LEA employee to be highly qualified, or to prevent a parent from filing a complaint about staff qualifications with the SEA as provided for under this part."

#### **34 CFR § 300.503 Prior notice by the public agency; content of notice. (August 3, 2006)**

"(a) Notice. Written notice that meets the requirements of paragraph (b) of this section must be given to the parents of a child with a disability a reasonable time before the public agency—

(1) Proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child; or

(2) Refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.

(b) Content of notice. The notice required under paragraph (a) of this section must include—

(1) A description of the action proposed or refused by the agency;

(2) An explanation of why the agency proposes or refuses to take the action;

(3) A description of each evaluation procedure, assessment, record, or report the agency used as a basis for the proposed or refused action;

- (4) A statement that the parents of a child with a disability have protection under the procedural safeguards of this part and, if this notice is not an initial referral for evaluation, the means by which a copy of a description of the procedural safeguards can be obtained;
- (5) Sources for parents to contact to obtain assistance in understanding the provisions of this part;
- (6) A description of other options that the IEP Team considered and the reasons why those options were rejected; and
- (7) A description of other factors that are relevant to the agency's proposal or refusal.
- (c) Notice in understandable language. (1) The notice required under paragraph (a) of this section must be—
- (i) Written in language understandable to the general public; and
- (ii) Provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.
- (2) If the native language or other mode of communication of the parent is not a written language, the public agency must take steps to ensure—
- (i) That the notice is translated orally or by other means to the parent in his or her native language or other mode of communication;
- (ii) That the parent understands the content of the notice; and
- (iii) That there is written evidence that the requirements in paragraphs (c)(2)(i) and (ii) of this section have been met."

### Findings:

The \_\_\_\_\_ Shelter is an entity of the Department of Human Services which contracts with the \_\_\_\_\_ Public School district to provide educational services for students residing in the shelter. Based upon the 2006-2007 school year \_\_\_\_\_ Public School district \_\_\_\_\_ Enrollment Statistics Report shows that, the \_\_\_\_\_ shelter served 541 students, 335 of which were \_\_\_\_\_ City Public School district residents, and 206 were residents of other districts. The shelter served 92 special education students during the 2006-2007 school year. Documentation provided by shelter staff indicated the average daily membership of the shelter was 23.2, the average daily attendance was 23.2, and the average length of stay per student was 7.5 days.

In a letter addressed to \_\_\_\_\_ teachers dated August 31, 2005, Ms. \_\_\_\_\_, school psychologist, \_\_\_\_\_ Public School district stated, "... My primary job with \_\_\_\_\_ will be as part of the special education team. When you have a student requiring a reevaluation, please contact me to schedule a meeting. During the meeting we will review the student's records and determine if more assessments are needed or if we have adequate and current information we may determine that no further formal assessment will be needed to determine the student's special education eligibility.

*Initial evaluations for special education in these particular facilities will need to be considered carefully as to not let the student's crisis influence the possibility of a disability. There may be times when it will be appropriate to initiate an evaluation. Please contact me when you have a student that appears to be disabled but has no IEP. We will together gather background information to help make our decision whether an evaluation may be warranted or if modifications will meet this student's educational needs.*

*Most of the time you will be aware that the student is disabled (articulation, blind, deaf, orthopedically impaired, mentally retarded, etc.) but there will be other instances that it may be more difficult to recognize a disability. A student with a learning disability could appear to be unmotivated, oppositional, or mentally retarded. Another case where it may be difficult to determine if an evaluation maybe (sic) warranted is when the student exhibits extreme emotional difficulties which have a major influence on this student's educational performance and have been and will probably have long lasting effects.*

*Many times it will be difficult to determine if a student (sic) educational performance warrants special education since the students are in these facilities for such a short time. Again let me caution you that these students are in crisis or they would not be in your facilities, so be aware that it may take some time to determine if an evaluation could be warranted, but please let me know about this student.*



*Another task for which I will be responsible is the Outside Agency Form. When you enroll a student with records from another school district, please request these records. Then contact me when they are available so that I may review them and help you to determine an appropriate course of action."*

In a letter addressed to \_\_\_\_\_ teachers dated December 19, 2006, Mr. \_\_\_\_\_, principal, Public School district stated, "... Last week, 12/21/06, the Oklahoma Department of Education, Title I N&D [Neglected and Delinquent] Department, advised \_\_\_\_\_ that there were new Federal and State Standards that needed to be implemented, including a four (4) hour minimum instructional time requirement.

*In order to continue \_\_\_\_\_' eligibility for substantial Title I N&D funding and meet those new Federal and State Standards, I informed all \_\_\_\_\_ sites that we needed to conform to this new four (4) hour standard.*

*Immediately, I received substantial negative feedback from several \_\_\_\_\_ sites, complaining that this would cause serious disruption to their facility's operations and requested that I investigate any alternatives – I contacted the Title I N&D Office and shared those concerns. Further, I requested that they contact the appropriate Federal Offices for further clarification.*

*The Title I N&D Office followed through and, after consultation with Washington, it was determined that the 'four (4) hour minimum instructional time requirement standard only applied to DOC [Department of Corrections] run and financed instructional programs, such as the \_\_\_\_\_ and not to \_\_\_\_\_ programs which are operated and financed through a local educational agency,*

*In order to maintain current levels of staffing and programming budgets, I am rescinding the previous directive concerning increased instructional contact time to four (4) hour minimums and informing all \_\_\_\_\_ sites to maintain their respective schedules established at the start of this current school year..."*

A "Contract for Educational Services" for the July 1, 2007, to June 30, 2008 fiscal year between the Department of Human Services and the \_\_\_\_\_ Public School district states, "...District shall provide educational services for the Fiscal Year set forth above to all eligible and qualified students placed in the Projects operated by Contractor [Department of Human Services] at Contractor's facility..."

**District's Obligations:**

- a. *District shall review and identify the educational needs of each eligible student placed in the Project within five (5) school days of student's placement. District shall develop an appropriate educational plan for each student or will implement, or if necessary, develop or revise an Individual (sic) Education Program for any eligible student under the Individuals with Disabilities Education Act. Such educational plan shall be developed with input from Project's staff and/or representatives as necessary. Educational plans shall describe the appropriate curriculum, instructional time, and educational setting based on the individual needs of each child. An educational plan shall be in effect no later than seven (7) days from enrollment of the student. IEPs shall be written within seven (7) days from enrollment of the child as required by federal and state law regulations.*
- b. *District shall provide educational services for a minimum of three (3) hours per regularly-scheduled school day according to District's school calendar... Exceptions to the minimum hours of instructions shall be for verifiable cause only and shall be approved by District's Administrator for*
- c. *In consideration of the educational services to be provided by District, District shall be entitled to receive any and all State Aid for students enrolled in the Project who are residents of the State of Oklahoma. In addition, District shall be compensated by Contractor at the rate of \$40.00 per day for each student who is enrolled and receiving educational services who is not a resident of the State of Oklahoma.*
- d. *District shall provide the number of teachers at the Project... District shall be responsible for the costs of all salaries, benefits, and expenses associated with the teachers assigned to the Project. District may determine to increase and/or decrease the number of assigned teachers depending on the number of students enrolled in the Project, available classroom space, behavior and/or disabilities of students enrolled, and other factors as deemed appropriate by the District. The*

particular teacher and the number of teachers shall be a decision solely reserved to the District. When necessary, the District will attempt to provide substitute teachers during the absence or regularly-assigned teachers and will assign substitute teachers in the same manner as substitute teachers are assigned in District's schools.

- e. District's teacher shall be evaluated by District with input from the Project's representative, particularly as to the teachers' compliance with the Project's regulation requirements.
- f. District shall purchase and provide textbooks, workbooks, teacher guides, and other educational materials of the nature and type utilized in District's schools. District shall have no obligation to furnish or provide any special materials not otherwise used in or required by District's schools...
- g. District shall be solely responsible for determining and implementing the appropriate curriculum to be taught in the Project and shall be responsible for recording student enrollment, days on roll, student absences, and student withdrawals in accordance with District's policies.
- h. District's policies regarding discipline shall be in force within the classroom unless the District's Administrator for \_\_\_\_\_ and the Project representative develop and implement alternative procedures relating to suspension, time-out, and detention procedures which are unique to the Project.
- i. District's teachers and other personnel shall maintain the confidentiality of students' records and other personally identifiable information as required by law. District personnel shall maintain such data and records on students as required by law, regulation, or policy.
- j. District shall be responsible for making all reports, if any, required to be made to the Oklahoma State Department of Education or any other applicable authority..."

The section of the contract addressing the types of students served states, "Regular, Special Education, Children housed in juvenile shelter as required by State Statute." The section of the contract addressing the grade levels served states, "K [kindergarten] -5, 6-8, 9-12." The section of the contract addressing the number of teachers states, "Allocated according to district's formula based on average daily attendance of students in program..."

In an email correspondence to \_\_\_\_\_, homeless coordinator assistant, \_\_\_\_\_ Public School District, dated July 19, 2007, Mr. \_\_\_\_\_, Child Welfare Specialist IV, \_\_\_\_\_ Shelter, DHS [Department of Human Services] stated, "...From July 2006 through June 2007, the \_\_\_\_\_ Shelter served a total number of 2352 children. Of those 1141 were ages six and above, and 1211 were ages five and below. The average length of stay of discharged children ages six and above was 8.5 days, and of discharged children ages 5 and below was 5.9.

From July 2006, through June 2007, 2286 children of all ages were discharged. Of those,

- 313 stayed 7 to 14 days;
- 156 stayed 14 to 21 days;
- 56 stayed 21 to 28 days;
- 23 stayed 28 to 35 days;
- 15 stayed 35 to 42 days;
- 18 stayed 42 to 49;
- 8 stayed 49 to 56 days;
- 4 stayed 56 to 63 days;
- 3 stayed 63 to 70 days;
- 4 stayed 70 to 77 days;
- 6 stayed 77 to 84 days;
- 8 stayed 84 to 131 days..."

In a written response to complaint allegations dated August 27, 2007, Dr. \_\_\_\_\_, director of special services, \_\_\_\_\_ Public School district stated,

- " \_\_\_\_\_ [Public Schools] has a psychologists (sic) speech pathologist, occupational therapist and physical therapist assigned to the \_\_\_\_\_ facilities.
- Psychologist ( \_\_\_\_\_ ) who has been assigned full-time to \_\_\_\_\_ has written procedures to guide \_\_\_\_\_ staff with referrals and identification.

- In speaking to Ms. \_\_\_\_\_, she indicated that no information from the shelter is shared with her regarding health concerns, diagnosed mental illnesses, etc. That information is held confidentially by the shelter.
- Again, the length of stay is an average of approximately 7 calendar days. It is questionable that within these 7 calendar days the alleged symptoms could be considered a disability or a reaction to the child being temporarily placed in a shelter. If consent is obtained, the child is released within a couple of days. They do not stay the 60 days the district is allowed for testing. With expedited testing, time required for a comprehensive evaluation would require longer than the 7 days of enrollment.
- McKinney-Vento
  - Please see refer (sic) to the attached portion of NCLB where the law specifically states that the LEA [Local Education Agency] can consider various factors concerning appropriate placement and/or school of origin. The law specifically states the district can consider the personal safety and the length of stay in a temporary shelter. Students are placed in the shelter for their own personal safety. They are removed from their parents/guardians. Therefore, it is appropriate for the district to consider their school of origin a possible safety issue. Besides possibly placing the child in danger in their school of origin, their length of stay is an average of 7 days. Again, the law states the district can consider the length of stay in the temporary shelter.
  - \_\_\_\_\_ Homeless Coordinator, has had conversations with shelter staff regarding school of origin. The practice of the district is to discuss options with students who are 16 and above to determine placement. These students are less likely to be in danger of parental influence/contact if returning to their school of origin/neighborhood. The district has transported students to their school of origin ( \_\_\_\_\_ ) [ \_\_\_\_\_ Program] and is currently transporting another high school student.
  - Ms. \_\_\_\_\_ has also had conversations with various DHS [Department of Human Services] staff and advocates stating that the district will transport students to schools that are closer to the shelter and not in neighborhoods where children have been removed...
- Failure to provide education to 3-5 year olds:
  - Please refer to the \_\_\_\_\_ DHS contract which specifies education services for grades K-12.
  - The state of Oklahoma does not have mandatory preschool.
  - Also under Child Find, the \_\_\_\_\_ had one referral for evaluation of a 3 year old which was completed \_\_\_\_\_ y the district's \_\_\_\_\_ Team.
- FAPE
  - Again, please refer to the contract agreed upon by \_\_\_\_\_ and DHS which states 3 hours of educational services.
  - Students identified as having a disability which requires additional time are transported to surrounding schools. Students have been transported to such schools as \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ for programs such as VI [Visual Impairments], autism, MR [mental retardation], etc.
  - Regarding the memo from \_\_\_\_\_, please see the attached memo. Mr. \_\_\_\_\_ did not single out the shelter, but had clarification for all \_\_\_\_\_ sites.
  - The classrooms within the shelter average 13-14 students. They are divided by elementary and secondary. Special education and regular education students in the shelter are provided an individualized plan. If these special education students were in a traditional school, they could be in a lab setting with a range of ages. If they were in a special class all day, it would be a range of ages, but they are provided individualized instruction.
- Methodology
  - The \_\_\_\_\_ facilities are provided the District (sic) adopted textbooks. In addition, these programs are supplied with additional supplemental programs such as Voyager. Voyager is a nationally recognized and supported program. It is considered one of the leaders in supplemental materials.
  - It is not a requirement under IDEA to list the methodology on the IEP.

- *ESY*
  - *ESY is an option for any student within . . . The referral process/determination is the same for all students. EES staff referred students for ESY services for the 06-07 school year.*
  - *With an average stay of 7 days, ESY services are difficult to determine and implement.*
- *Concern/note*
  - *On the complaint, it stated that IEPs were obtained through shelter staff for ODLC [Oklahoma Disability Law Center]. . . would like to officially state that the process for release of information was not followed by ODLC when they obtained the records from shelter staff. These are . . . confidential records. Any release of information should have been directed to . . . ODLC has violated FERPA in their actions..."*

No Child Left Behind (NCLB), 2002, states, "... What should a school district consider when determining the extent to which it is feasible to educate a homeless child or youth in his or her school of origin? ... To the extent feasible, a district must educate a homeless child or youth in his or her school of origin, unless doing so is contrary to the wishes of the parent or guardian. The placement determination should be a student-centered, individualized determination. Factors that an LEA may consider include the age of the child or youth; the distance of a commute and the impact it may have on the student's education; personal safety issues; a student's need for special instruction (e.g., special education and related services); the length of anticipated stay in a temporary shelter or other temporary location; and the time remaining in the school year..."

On March 8, 2002, the United States Department of Education, Office of Elementary and Secondary Education issued a Notice of School Enrollment Guidelines for homeless children and youth stating the following:

*"(B) LEA Responsibilities Regarding Enrollment*

*The McKinney-Vento Act also requires LEAs to implement a number of measures to eliminate enrollment barriers faced by homeless children and youth. These measures include the following:*

*(1) Making School Placement Determinations on the Basis of the Best Interest of the Child. Homeless children and youth frequently move, so maintaining a stable school environment is critical to their success in school. To ensure this stability, the legislation requires that LEAs make school placement determinations on the basis of the "best interest" of the homeless child or youth. (Section 722(g)(3)(A)).*

*In making a placement determination, an LEA must, according to the child's or youth's best interest--*

*(a) Continue the child's or youth's education in the school of origin--*

*(i) For the duration of homelessness if a family becomes homeless between academic years or during an academic year; or*

*(ii) For the remainder of the academic year if the child or youth obtains permanent housing during an academic year; or*

*(b) Enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is actually living are eligible to attend. In determining best interest, an LEA must, to the extent feasible, keep a homeless child or youth in the school of origin, unless doing so is contrary to the wishes of the child's or youth's parent or guardian. (Section 722(g)(3)(B)(i)). If an LEA sends a homeless child or youth to a school other than the school of origin or a school requested by the parent or guardian, the LEA must provide a written explanation of its decision to the parent or guardian, together with a statement regarding the right to appeal the placement decision. (Section 722(g)(3)(B)(ii)). Similar provisions apply to an LEA's placement of an unaccompanied youth. (Section 722(g)(3)(B)(iii)).*

*(2) Immediately Enrolling Homeless Children and Youth and Providing Assistance with Obtaining Records. A school that an LEA selects on the basis of the best interest determination must immediately enroll the homeless child or youth, even if the child or youth is unable to produce records normally required for enrollment (such as previous academic records, medical records, proof of residency, or other documentation). (Section 722(g)(3)(C)(i)). The enrolling school must immediately contact the school last attended by the child or youth to obtain relevant academic or other records. (Section 722(g)(3)(C)(ii)). If a child or youth needs to obtain immunizations, or immunization or medical records, the enrolling school must immediately refer the parent or guardian to the LEA homeless liaison, who must assist in obtaining the immunizations or records. (Section 722(g)(3)(C)(iii)). Any record*

ordinarily kept by a school regarding each homeless child or youth must be maintained so that it is available in a timely fashion when the child enters a new school or school district. (Section 722(g)(3)(D)).

(3) *Handling Enrollment Disputes.* If a dispute arises between a school district and parents or guardians over school selection or enrollment, the LEA must immediately enroll the child or youth in the school in which the parent or guardian seeks enrollment, pending resolution of the dispute. (Section 722(g)(3)(E)(i)) The LEA must provide to the parent or guardian a written statement of the school placement decision and the appeal rights. (Section 722(g)(3)(E)(ii)). The LEA must refer the child, youth, parent, or guardian to the LEA liaison, who must expeditiously carry out the dispute resolution process described in the State plan. (Section 722(g)(3)(E)(iii)). Similar protections apply to unaccompanied youth. (Section 722(g)(3)(E)(iv)).

(4) *Prohibiting the Segregation of Homeless Children and Youth.* An LEA may not educate homeless children and youth in settings in which they are segregated from non-homeless students, but must mainstream them into the regular school environment. (Section 722(g)(1)(J)(i)) LEAs may segregate homeless students from other students only as necessary for short periods of time

(a) for health or safety emergencies, or

(b) to provide temporary, special, and supplementary services to meet the unique needs of homeless students.

(Section 723(a)(2)(B)(ii)). Thus, LEAs may not maintain segregated schools or facilities for homeless children and youth. As noted previously, the Secretary may issue separate guidance for the LEAs in the four 'covered counties' to which a limited exception to this fundamental principle applies and to the two States in which they are located.

(5) *Designating an LEA Liaison.* Every LEA in States receiving funds under the McKinney-Vento Act must designate an LEA liaison. (Section 722(g)(1)(J)(ii)). The responsibilities of the liaison include ensuring that--

(a) Children and youth experiencing homelessness enroll in, and have a full and equal opportunity to succeed in, schools of that LEA;

(b) The LEA informs the parents or guardians of homeless children and youth of the educational and related opportunities available to their children and provides them with meaningful opportunities to participate in the education of their children;

(c) The LEA disseminates public notice of the educational rights of homeless children and youth in places in which these children receive services under the McKinney-Vento Act;

(d) The LEA properly mediates enrollment disputes; and

(e) The LEA informs the parent or guardian of a homeless child or youth, and any unaccompanied youth, of the transportation services that the LEA must make available, and assists the child or youth in accessing transportation to school. (Section 722(g)(6)).

(6) *Providing Transportation.* The McKinney-Vento Act places new transportation responsibilities on SEAs and LEAs. (Section 722(g)(1)(J)(iii)) As noted previously, SEAs and LEAs must adopt practices and policies to ensure that LEAs provide or arrange for the transportation of homeless children and youth, at the request of the parent or guardian--or, in the case of an unaccompanied youth, the liaison--to and from the homeless child's or youth's school of origin. If a homeless student continues to live in an area served by the LEA in which the school of origin is located, the LEA must provide or arrange for transportation of the student to and from the school of origin. If the homeless student is no longer living in the area served by the LEA of origin but is continuing his or her education in the school of origin, the LEA of origin and the LEA in which the homeless student is living must agree on a method to apportion the responsibility and costs for providing the child with transportation to and from the school of origin. If the LEAs cannot agree on a method, the costs for transportation must be shared equally."

On September 26, 2007, OSDE-SES staff conducted an on-site visit to the \_\_\_\_\_ Shelter. During this visit OSDE-SES staff reviewed thirteen confidential files of students who had received educational services at the shelter, observed the \_\_\_\_\_ K-5 classroom, and conducted interviews with \_\_\_\_\_ Public School district staff and \_\_\_\_\_ Shelter staff.

An OSDE-SES review of 13 confidential files indicated:

- 5 of 13 student files reviewed had current IEPs in place during the child's stay at the shelter.
- 13 of 13 student files reviewed were not completed within 7 days of the child's enrollment at the shelter.
- 4 of 13 student files reviewed indicated the child was in the shelter less than 7 days.
- 7 of 13 student files reviewed indicated the child was in the shelter between 7 and 30 days.
- 2 of 13 student files reviewed indicated the child was in the shelter more than 30 days.

- The confidential student files of 4 students known to be residing at the shelter and eligible for special education services were unable to be located.

An OSDE-SES review of 5 current IEPs for students placed in the \_\_\_\_\_ shelter indicated:

- 5 of 5 student files reviewed documented the type of service provided as \_\_\_\_\_ or public residential.
- 5 of 5 student files reviewed documented the amount of service as four, 45 minute sessions daily.
- 5 of 5 student files reviewed documented residential placement as the least restrictive environment.
- 5 of 5 student files reviewed documented ESY services were considered and determined not necessary.
- 2 of 5 student files reviewed included a regular education teacher's signature.
- 1 of 5 student files reviewed included a parent's signature.
- 1 of 5 student files reviewed included a surrogate parent's signature.
- 1 of 5 student files reviewed included a Written Notice to Parent, OSDE Draft Form 9.

In an interview with OSDE-SES staff, Mr. \_\_\_\_\_, Child Welfare Specialist IV, \_\_\_\_\_ Shelter, stated:

- Shelter staff do not have input into who is hired as teaching personnel in the shelter.
- \_\_\_\_\_ Public School district is responsible for educational services provided in the shelter.
- If a student placed in the shelter needed extensive special education services not available in the shelter, shelter staff would attempt to place the student back in the student's school of origin.
- The classrooms in the shelter contain too many students.
- Teachers in the shelter provide core content instruction in language arts, math, science and social studies.
- Children below the age of 5 who reside in the shelter are not provided \_\_\_\_\_.

In an interview with OSDE-SES staff, Ms. \_\_\_\_\_, director, \_\_\_\_\_ Shelter, stated:

- When a student who is on an IEP enters the shelter, the teacher requests records and sets up an IEP meeting for the student.
- When a student who attends the \_\_\_\_\_ Public School district enters the shelter, the student's IEP can be accessed via \_\_\_\_\_ Public School district's computerized IEP program.
- The local child welfare worker determines whether a child will attend school in the shelter or their home school.
- Shelter staff do not initiate the referral process for any student placed in the shelter.
- The shelter has a certified special education teacher who is responsible for IEPs.
- The average length of stay for a child at the shelter varies from child to child.
- When a student who is on an IEP enters the shelter and requires related services, the teacher assigned to the shelter contacts the \_\_\_\_\_ Public School district to arrange for services.
- The shelter personnel do not initiate ESY services for students on IEPs.
- ESY services are provided for students who were receiving the services prior to their placement in the shelter.
- When a student on an IEP is placed in the shelter during the summer months, the shelter does not request records from the school until the school year begins.
- If a student placed in the shelter needed extensive special education services not available in the shelter, shelter staff would attempt to place the student back in the student's school of origin.
- It is difficult to meet the needs of the students in the shelter due to the various age groups in each classroom.
- The classrooms in the shelter contain too many students.
- The shelter was unaware until May, 2007, that students placed in the shelter were considered homeless.
- All educational services provided in the shelter are coordinated and provided through the \_\_\_\_\_ Public School district.
- Teachers in the shelter provide core content instruction language arts, math, science and social studies.

- Children below the age of 5 who reside in the shelter are not provided

In an interview with OSDE–SES staff, Dr. \_\_\_\_\_, director of special services, \_\_\_\_\_ Public School district stated,

- When a student is placed in the shelter, the district policy is to begin sending out information to all of the schools the child has attended to obtain records.
- The teacher at the shelter is responsible for determining the child’s previous schools.
- Teachers at the shelter have access to the \_\_\_\_\_ Public School district’s computerized IEP program to assist in determining whether the child has been identified as a child with special needs.
- When a child who is on an IEP enters the shelter, the procedure is to hold a meeting as quickly as possible to write a new IEP.
- The \_\_\_\_\_ Public School district has a full time school psychologist assigned to the shelter to assist in Child Find efforts.
- The \_\_\_\_\_ Public School district has a standard contract with the shelter which outlines the amount of educational services each child in the shelter will receive.
- Children below the age of 5 with an IEP would be served by \_\_\_\_\_ if \_\_\_\_\_ staff were made aware of the presence of the children by shelter staff.

In an interview with OSDE–SES staff, Ms. \_\_\_\_\_, homeless coordinator assistant, \_\_\_\_\_ Public School district stated,

- She is responsible for determining the school a homeless child will attend.
- If a homeless student is in the 9<sup>th</sup> grade or above, the typical placement for that student is the student’s school of origin.
- She was unaware that students placed in the shelter were considered homeless until the summer of 2007.
- She has only been contacted by the shelter one time regarding a student placed in the shelter.
- It would take at least five to seven days to arrange transportation for a child at the shelter to be transported to their school of origin.
- According to the McKinney Vento Act, the shelter should not be providing core content instruction to any student in the shelter.
- If a student placed in the shelter is on an IEP, she talks to Dr. \_\_\_\_\_ to determine the closest school to the shelter that would provide the best services to the student.

In an interview with OSDE–SES staff, Mr. \_\_\_\_\_, \_\_\_\_\_ teacher, \_\_\_\_\_ Public School district stated,

- Children placed in the shelter usually do not stay for an extended period of time.
- If he learns that a child in his class is a student with special education needs, he gives the information to Ms. \_\_\_\_\_ so that an IEP can be developed.
- Most children placed in the shelter also attend school in the shelter.
- He only knows of two students in the last two years who have returned to their school of origin after being placed in the shelter.
- He administers the Wide Range Achievement Test (WRAT) to every student in his classroom.
- He adjusts his educational plan for each student based on their performance on the WRAT.
- If he felt like a student placed in his classroom needed special education services, he would contact the \_\_\_\_\_ office to determine what procedures to follow.
- Related services are provided in the shelter.
- He attends IEP meetings for students placed in the shelter.

In an interview with OSDE–SES staff, Ms. \_\_\_\_\_, \_\_\_\_\_ teacher, \_\_\_\_\_ Public School district stated,

- She is a certified special education teacher.
- She checks the \_\_\_\_\_ Public School district’s computerized IEP system on every student placed in the shelter to determine if they are in special education.
- Most children placed in the shelter also attend school in the shelter.

- Related services are provided at the shelter.
- The average stay for a child at the shelter varies among children.
- If a student placed in her classroom was in need of special education services, she would initiate the referral process.
- She attends the IEP meetings for students placed in the shelter.

In an interview with OSDE–SES staff on October 1, 2007, Mr. \_\_\_\_\_, principal, \_\_\_\_\_ Public School district stated,

- Teachers at \_\_\_\_\_ sites complete a records search on each student to determine if the student qualifies for special education services.
- It is difficult to obtain records on students placed in \_\_\_\_\_ settings.
- Teachers at \_\_\_\_\_ settings are required to document their attempts to obtain student records.
- \_\_\_\_\_ settings are guided and funded as “Special Day Schools” and are only allowed to teach math, language arts, science, and social studies, for a minimum of three hours per day.
- \_\_\_\_\_ teachers do not teach elective courses.
- The mission of \_\_\_\_\_ is to return students to their schools of origin as quickly as possible.
- Any certified special education \_\_\_\_\_ teacher is certified to teach all students.
- A student’s IEP case manager must be appropriately certified in special education to write IEPs.
- The average length of stay for a student placed in the shelter is 7.5 days.
- All \_\_\_\_\_ student records are maintained in the \_\_\_\_\_ office after a student exits an \_\_\_\_\_ program.
- Any student that is determined to need special education services receives those services during their placement in the \_\_\_\_\_ setting.
- All students placed in the shelter attend school in the shelter.
- The \_\_\_\_\_ Public School district personnel are not part of the decision making team regarding the school children placed in the shelter attend.
- He is only allowed to provide the resources that the \_\_\_\_\_ Public School district allows him to provide.
- \_\_\_\_\_ teachers placed in the shelter are off contract during the summer months, therefore nobody is present to request records from the schools when a student is placed during that time.
- If a student with severe special education needs was placed in the shelter, he would contact special education services to determine how to appropriately serve the student.
- If students in the shelter are considered homeless, they should not be receiving core educational services from the shelter.
- \_\_\_\_\_ has never denied school enrollment to any student, regardless of age or disability.
- \_\_\_\_\_ has never been notified of a child age 3-5 who was placed in an \_\_\_\_\_ setting and required services.
- Classes in the shelter are not divided by grade level, they are divided based on need.
- He allows for evaluations of students for special education services.
- He advocates for the best services possible for all students.

In a telephone interview with OSDE–SES staff on October 4, 2007, you stated,

- Children placed in the shelter are transition children.
- Children placed in the shelter are not allowed to attend their school of origin.
- Children placed in the shelter are not legally restricted from leaving the shelter.
- Children placed in the shelter need to attend a school that is safe.
- You want the children placed in the shelter to attend a full day of school.
- You focused your complaint against the \_\_\_\_\_ School district because you believe that 90% of the students placed in the \_\_\_\_\_ shelter are residents of the \_\_\_\_\_ Public School district.
- You were able to access the confidential files of students residing in the \_\_\_\_\_ shelter because you hold federal legal access authority that allows you to access information on a child or a person with a disability in a facility.



- You have federal legal access authority because your agency is a federally funded protection and advocacy system for children with disabilities.
- You do not recall if you signed the record of access pages in the confidential files you reviewed.

Ms. \_\_\_\_\_, teacher, \_\_\_\_\_ Public School district, holds an Oklahoma State Department of Education Standard Teaching Certificate in mild-moderate disabilities for the PK-12 [pre-kindergarten through twelfth grade]. Ms. \_\_\_\_\_'s certificate is valid through June 30, 2012.

Additionally, on September 26, 2007, OSDE-SES staff observed Ms. \_\_\_\_\_'s classroom. There were twelve students present in the classroom, kindergarten through sixth grade, one of which was eligible to receive special education and related services. Eight of the students were working on a color sheet in which they would match the color word with a pattern and then color the page accordingly. Two students were playing with toys, one student was working on a word search, and one student was working on a math fact sheet. All students appeared eager to complete their assignments. The classroom was very active and noisy, with most students displaying a great deal of verbal communication and movement while completing their assignments. The total enrollment for both classrooms was 23 students.

### Conclusions:

Concerning the issue of free appropriate public education, the \_\_\_\_\_ Public School district is found to be in noncompliance with the federal regulation at 34 CFR § 300.17. \_\_\_\_\_ Public School district has not provided an appropriate elementary or secondary school education in conformity with an IEP for children residing in the \_\_\_\_\_ Shelter. Through confidential file reviews and interviews with shelter staff and \_\_\_\_\_ Public School district staff, it was determined that children residing in the \_\_\_\_\_ Shelter have a reduced school day; three hours of daily instruction in the shelter setting. Through confidential file reviews it was determined that placement decisions are not made by a group of persons, including the parents, and other persons knowledgeable about the child, and that each child's placement decision is not based on each child's IEP. Through interviews with shelter staff and \_\_\_\_\_ Public School district staff it was determined that a variety of placement options are not considered for children with disabilities residing in the \_\_\_\_\_ Shelter, including the child's school of origin, or any of the \_\_\_\_\_ Public Schools located nearby the shelter. In addition, the \_\_\_\_\_ Public School district has not ensured that children with disabilities residing in the \_\_\_\_\_ Shelter have available to them a variety of educational programs and services. Through confidential file reviews and interviews with shelter staff and \_\_\_\_\_ Public School district staff it was determined that students residing in the shelter receive core instruction in the subjects of language arts, science, math, and social studies. Elective courses are not made available to students receiving their educational services in the shelter. Through documentation and interviews, it has been determined that educational services were not provided to children at the \_\_\_\_\_ Shelter below the age of five years old due to a contractual agreement between \_\_\_\_\_ Public Schools and the Department of Human Services, however this will need to be addressed in the improvement plan.

Concerning the issue of homeless children, the \_\_\_\_\_ Public School district is found to be in noncompliance with the federal regulation at 34 CFR § 300.19 and the McKinney Vento Homeless Act. \_\_\_\_\_ Public School district has not ensured that homeless children residing in the \_\_\_\_\_ shelter are provided enrollment including attending classes and participating fully in school activities. Through confidential file reviews and interviews with shelter staff and \_\_\_\_\_ Public School district staff, it was determined that children residing in the \_\_\_\_\_ Shelter have a reduced school day; three hours of daily instruction in the shelter setting. Interviews with the \_\_\_\_\_ Public School district homeless liaison assistant indicated that shelter staff do not consistently notify the \_\_\_\_\_ Public School district to inform the district when children are placed in the shelter. Additionally, the \_\_\_\_\_ Public School district has not ensured that children with disabilities residing in the \_\_\_\_\_ Shelter have available to them a variety of educational programs and services. Through confidential file reviews and interviews with shelter staff and \_\_\_\_\_ Public School district staff it was determined that students residing in the shelter receive core instruction in the subjects of language arts, science, math, and social studies. Elective courses are not made available to students receiving their educational services in the shelter.

Concerning the issue of extended school year services, the \_\_\_\_\_ Public School district is found to be in compliance with the federal regulation at 34 CFR § 300.106. Oklahoma City Public School district has ensured ESY services are provided for children whose IEP teams determine services are necessary for the provision of FAPE to a child. Five of five student confidential files reviewed support that current IEPs for students residing in the \_\_\_\_\_ Shelter documented ESY services were considered individually for each child. OSDE-SES staff found no documentation to support that ESY services were recommended for any child residing in the shelter by shelter staff.

Concerning the issue of child find, the \_\_\_\_\_ Public School district is found to be in compliance with the federal regulation at 34 CFR § 300.111. \_\_\_\_\_ Public School district has in effect policies and procedures to ensure that children who are in need of special education and related services are identified, located, and evaluated. Through interviews with \_\_\_\_\_ Public School district staff it was determined that the \_\_\_\_\_ Public School district has a full time school psychologist who is assigned to the \_\_\_\_\_ shelter to coordinate and administer evaluations to children residing in the shelter, who may be in need of special education services. Through documentation and interviews it was determined that teachers in the shelter are aware of child find procedures and the specific steps to follow when a child is suspected of being in need of special education services.

Concerning the issue of personnel qualifications, the \_\_\_\_\_ Public School district is found to be in compliance with the federal regulation at 34 CFR § 300.156. \_\_\_\_\_ Public School district has ensured that personnel providing special education services to students at the \_\_\_\_\_ shelter are appropriately and adequately prepared and trained to serve children with disabilities, consistent with State approved certification. Ms. \_\_\_\_\_ has contracted with \_\_\_\_\_ to provide special education services to students in the \_\_\_\_\_ Shelter. Ms. \_\_\_\_\_ holds an Oklahoma State Department of Education Standard Teaching Certificate in Mild-Moderate disabilities for the PK-12 grade levels. Ms. \_\_\_\_\_'s teaching certificate is valid through June 30, 2012.

Concerning the issue of prior notice of the public agency; content of notice, the \_\_\_\_\_ Public School district is found to be in noncompliance with the federal regulation at 34 § 300.503. \_\_\_\_\_ Public School district has not ensured that parents were given prior written notice a reasonable time before the \_\_\_\_\_ Public School district proposed to change the educational placement or the provision of FAPE of their child. Five confidential files reviewed indicate the child's educational placement had been changed and length of school day had been shortened. Three of five confidential student files reviewed did not include a parent or surrogate parent's signature on the IEP. Confidential file reviews support that one parent received a Written Notice to Parents, Draft OSDE Form 9, explaining the reasons for changing the educational placement of their child residing in the \_\_\_\_\_ Shelter.

**Required Corrective Action:**

By November 26, 2007, \_\_\_\_\_ Public School district must provide to this office an assurance statement signed by the superintendent. The statement must assure that \_\_\_\_\_ Public School district will provide a free appropriate public education to all students in accordance with the federal regulations at 34 CFR §§ 300.17, 300.19, and 300.101.

By no later than November 26, 2007, \_\_\_\_\_ Public School district shall provide an inservice training to district special education personnel and administration regarding FAPE, homeless children, and prior written notice, content of notice, in accordance with the federal regulations at 34 CFR §§ 300.17, 300.19, 300.101, and 300.503. This inservice is necessary to eliminate and prevent these deficiencies from occurring in the future. This inservice shall be scheduled and conducted by OSDE-SES.

By December 21, 2007, the \_\_\_\_\_ Public School district shall provide to this office a written improvement plan of how the district will ensure that services are provided to homeless children in accordance with the federal regulation at 34 CFR § 300.19. This statement must assure that the provision of services for homeless children will be determined individually by a student's IEP team and not unilaterally by the district. This improvement plan must include methods of internal monitoring, safeguards, the person(s) responsible for the implementation, and the date of implementation. Additionally, the \_\_\_\_\_ Public School district must provide to this office a revised Policy

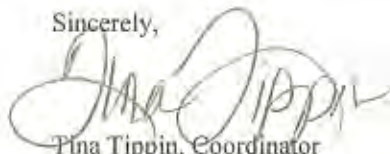
reflecting the changes in services for homeless children in accordance with the reauthorization of IDEA Part B, the federal regulation at 34 CFR § 300.19, the McKinney Vento Act, and the Department of Education, Office of Elementary and Secondary Education Notice of School Enrollment Guidelines for homeless children and youth. Documentation will be provided to OSDE-SES of changes in the \_\_\_\_\_ Public School district policy upon approval by the \_\_\_\_\_ Public School Board.

**Comments:**

Schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): school officials with legitimate educational interest; other schools to which a student is transferring; specified officials for audit or evaluation purposes; appropriate parties in connection with financial aid to a student; organizations conducting certain studies for or on behalf of the school; accrediting organizations; to comply with a judicial order or lawfully issued subpoena; appropriate officials in cases of health and safety emergencies; and state and local authorities, within a juvenile justice system, pursuant to specific State law.

The right to request IEP review, revision, mediation and due process continue to be options to you and the school district in resolving disputes. A statewide mediation system is available at no cost to you or the school. Our office can assist in making arrangements for mediation if both parties are willing to participate in the process. If you have remaining concerns or need further information, you may reach me at (405) 522-1462.

Sincerely,



Pina Tippin, Coordinator  
Special Education Services

TT:jp

Enclosure: Mediation Brochure

cc: Mr. \_\_\_\_\_, Superintendent, \_\_\_\_\_ Public Schools  
Dr. \_\_\_\_\_, Director of Special Services, \_\_\_\_\_ Public Schools  
Ms. Gail Priddy, Associate State Director, OSDE-SES

# Tools for Promoting Educational Success and Reducing Delinquency



National Association of State Directors of Special Education (NASDSE)  
National Disability Rights Network (NDRN)



# **TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY**

January 2007



***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**Table of Contents**

**INTRODUCTION**

**STEP 1: PRE-SCHOOL**

Introduction

AI's Pals: Kids Making Healthy Choices

DARE to Be You

First Step to Success

Incredible Years Training Series

Second Step: Violence Prevention Curriculum

**STEP 2: UNIVERSAL INTERVENTIONS**

Introduction

Active supervision

Developing a Link Between School and Community

Developing a Link Between School and Home

Direct Instruction of Academic Skills

Error Correction

Explicit Social Skills Instruction

Peer Tutoring

Praise for Desired Behavior

**STEP 3: TARGETED INTERVENTIONS**

Introduction

A Team to Mobilize & Manage Resources for Learning Supports

Engaging Students as Learners

Family Support

Literacy and Math Interventions for Struggling Students

Reconnecting Youth

Self-Determination for At-Risk Youth



#### **STEP 4: INTENSIVE INTERVENTIONS**

**Introduction**

**The Behavior Objective Sequence**

**IDEA Partnership Seed Grant in New Hampshire**

**Developmental Therapy Objections Rating Form (DTORF)**

**Life Space Crisis Intervention (LSCI)**

**Multisystemic Therapy (MST)**

**Systems of Care (SOC)**

**The Wraparound Process**

#### **STEP 5: TRANSITION FROM SCHOOL TO POST-SCHOOL ACTIVITIES**

**Introduction**

**Bridges from School to Work**

**Community Transition Program (C-Tran)**

**High School/High Tech (HS/HT)**

**Transition Toolkit for Systems Improvement**

#### **STEP 6: PROMOTING EDUCATIONAL SUCCESS OF FOSTER CHILDREN**

**Introduction**

**AB 490: A Legislative Model for Addressing Educational Equity**

**Broward County Model: A Promising Model for Interagency Agreements**

**Creating Trauma Sensitive School Cultures**

**Endless Dreams: Building Educational Support for Youth in Foster Care**

**Fresno County Model: A Promising Model for Interagency Collaboration**

**It's My Life: Postsecondary Education and Training**

**Legislative Approaches for Promoting Educational Success of Children in Foster Care**

**Linking the Interests of Families and Teachers (LIFT)**

**Mythbusting: Breaking Down Confidentiality and Decision-Making Barriers**

#### **STEP 7: COURT-INVOLVED CHILDREN & YOUTH**

**Introduction**

**CASASTART<sup>SM</sup>**

**Dawn Project**

**Educational Advocacy Program**

**LifeSkills<sup>TM</sup> Training (LST)**

**Pen Or Pencil**

**Strengthening Families Program (SFP)**

**Truancy Intervention Project Georgia (TIP)**

## **STEP 8: JUVENILE JUSTICE FACILITIES**

**Introduction**

**Discipline with Dignity (DWD)**

**Guided Language Acquisition Design (GLAD)**

**Pathfinder Educational Program**

**Promoting Family Involvement for Youths in the Juvenile Justice System**

**School-Wide Behavioral Management in Juvenile Corrections**

**Staff Development for Educators of Confined Youth**

**Futures Channel Digital Video Resource Library (DVRL)**

## **STEP 9: AFTERCARE and COMMUNITY REINTEGRATION FROM CONFINEMENT**

**Introduction**

**Aftercare for Indiana through Mentoring (AIM)**

**Arizona Detention Transition Project (ADTP)**

**Juvenile Education Initiative (JEdI)**

**Juvenile Re-entry Action Plan (JRAP)**

**Maine Reintegration Teams**

**Merging Two Worlds (M2W)**

**Nashua Re-Entry Project**

**Project SUPPORT**

**Virginia Legislation: School Reenrollment After Release From Custody**

## **APPENDICES**

**Appendix A. Contributors**

**Appendix B. Criteria for Evaluating Tools**

**Appendix C. National Collection Sites for Model Programs and Interventions**

**Appendix D. Resources on Evaluating Evidence-based Practices**

**Appendix E. References**



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

## **INTRODUCTION**

### ***Overview***

The Juvenile Justice Shared Initiative grew out of two conferences that took place within a month of each other at the end of 2004. At the first one, the 67<sup>th</sup> annual conference of the National Association of State Directors of Special Education (NASDSE), one plenary session addressed the issue of meeting the needs of students with disabilities in juvenile justice settings. The plenary featured two states – Florida and Arkansas – that had developed specific programs to meet the educational needs of this population. The audience was challenged to go back to their states and take a look at their own programs and how these students might be better served. Shortly after the conclusion of the NASDSE conference, the National Disability Rights Network (NDRN)<sup>1</sup> held its own conference for disability rights advocates that included a session focused on this same issue. NASDSE's executive director, Bill East, attended that session. As an audience participant, he urged the two organizations to work together on our shared concerns about both the number of students with disabilities in the juvenile justice system and the paucity of programs to meet their needs.

NDRN and NASDSE staff began planning an initial meeting to see if there was interest on the part of other groups and individuals working in this area in the development of what came to be called the "Juvenile Justice Shared Agenda." A group of 20+ interested individuals met for the first time in March, 2005. Those participating in the meeting all agreed to the need for developing a "shared agenda." After several more meetings and conference calls, the "shared agenda" began to take shape as having two distinct components. The first would be a white paper providing an in-depth overview of the issues, and it would be accompanied by a series of "tools for success" – best and promising practices that were being implemented with success throughout the country and could be used by educators to prevent students – including those with disabilities – from being referred to the juvenile justice system due to their behavior in school.

---

<sup>1</sup> NDRN was formerly known as the National Association of Protection and Advocacy Systems (NAPAS).

The *Tools* section evolved into a set of nine sections or “**Steps**” that relate somewhat chronologically to the stages of a student’s involvement in pre-school, school, and post-school settings, including juvenile justice settings for those referred to that system. Further, the group as a whole made the decision that the target audience for the white paper and *Tools* would be educators. Through numerous discussions, it was noted that many papers had already been written targeted to professionals working in the juvenile justice system. For the *Shared Agenda*, the focus would be on keeping children and youth out of that system, or getting them out and keeping them out, and educators are well-positioned to help with this critical need.

The nine *Steps* are:

- Pre-school Early Intervention: Birth Through Age 5
- Universal Interventions
- Targeted Interventions
- Intensive Interventions
- Transition from School to Post-School Activities
- Children in the Child Welfare System
- Court-Involved Youth
- Youth in Juvenile Justice Facilities, and
- School Re-enrollment and Transition from Juvenile Justice Facilities

Steps 2, 3 and 4, which contain tools related to intervention strategies, parallel the thinking behind the concept of *Response to Intervention* (RtI). RtI is neither a tool nor a “step,” but an approach to education defined by instruction or intervention, matched to student need, that has been demonstrated through scientific research and practice to produce high learning rates for most students. RtI represents a tiered approach to intervention using these same concepts of universal, targeted and intense instruction. The same tiered construct has been demonstrated to be effective in approaches to classroom management.<sup>2</sup>

Once the nine *Tools* sections were identified, NDRN and NASDSE, as the co-leaders of the *Shared Agenda*, began looking for individuals to lead the research and writing for each one. . Some of the original participants facilitated the development of a section, and others worked as part of a team and wrote descriptions of some of the tools. Additional organizations and individuals with specific subject-matter expertise were identified and invited to assist. More than 60 professionals representing various national organizations and other entities participated in the preparation of the *Tools*.

---

<sup>2</sup> For a complete description of these constructs, see *School Leadership for Improving the Lives of Youth: Innovative Steps for Preventing Placements of Youth in the Juvenile Justice System*, the white paper accompanying this *Tools* document.)

It is important to note that:

(1) This was not intended to be a research project. Most of the individuals who worked on the *Tools* are not researchers, but are practitioners with extensive knowledge of a variety of programs and practices. Each team was tasked to identify approximately 5-7 tools for its section, write an introduction and a brief summary of each tool, and, identify additional resources for readers seeking more information..

(2) All of the work was done by volunteers – many of whom worked outside of their regular jobs to complete their team’s work.

(3) Each tool was selected as illustrative of a best, promising or emerging practice in use around the country. These write-ups are not intended to be endorsements of any particular program. Over time, we hope to be able to identify other best, promising or emerging practices that will be added to these *Tools*. Future updates will also identify any tools now identified as promising or emerging that have been proven through additional research to be evidence-based practices.

Appendix A lists all of the contributors to the *Shared Agenda*. Their affiliations are listed for identification purposes only and this does not imply an endorsement of the *Tools* by their organizations.

### ***The Three Categories of Tools***

Due to a concern that our volunteers would not be able to find a large number of research-based best practices, the decision was made that groups should identify tools that fell into one of three categories – best, promising or emerging. Briefly summarized, these are:

- **Best practices** (also known as evidence-based practices) are documented through a synthesis of research studies involving experimental or quasi-experimental research designs.
- **Promising practices** are interventions, administrative practices or approaches for which there is considerable evidence or expert consensus, but are not yet proven by the strongest scientific evidence.
- **Emerging practices** are new innovations that do not yet have scientific evidence or broad expert consensus support.

Appendix B includes a more complete description of each category.

## ***Components of Each Tool***

Each of the nine *Tool* sections is constructed in the same manner. They each contain 4 - 9 tools. For each tool, there is a brief overview or description of the program; implementation essentials (so educators will know what materials they will need to implement the program in their classroom or school); information describing the program's evaluation; a brief summary of available evidence supporting the designation of the program as a best, promising or emerging practice; resources (who or where to go for more information); and background reading (articles, reports and websites that are easily accessible). In addition, Appendix E contains an extensive Reference List for each tool.

## ***The Companion White Paper***

At the same time that work on the *Tools* got underway, NASDSE and NDRN jointly asked Kevin Dwyer, past president of the National Association of School Psychologists, to draft the white paper, the first part of the *Shared Agenda*, which would lay out the issues that prompted the *Shared Agenda* work. This component of the project is in its final stages of completion and will be ready in the near future. It will be posted on-line alongside of this *Tools* document.

## ***What's Next***

As noted above, a white paper that discusses the issues related to the soaring population of students with disabilities in the juvenile justice system will soon be posted online to accompany these *Tools*. For now, the documents will only be available online, but NDRN and NASDSE are seeking funding to publish the documents and to undertake a training initiative related to the use of the *Tools*. Please watch this website for future updates.

January 2007

***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**STEP 1.**

**Pre-School Early Intervention:  
Birth Through Age 5**

- Introduction
- **AI's Pals: Kids Making Health Choices** *(a best practice)*
- **Dare to Be You** *(a best practice)*
- **First Step to Success** *(a promising practice)*
- **Incredible Years Training Series** *(a best practice)*
- **Second Step: Violence Prevention Curriculum** *(a best practice)*



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **Introduction\***

Research has demonstrated that a child's brain develops more rapidly during the first five years of life than any other developmental period. During this time the development of the whole child is at a critical juncture. Children are experiencing powerful influences that will form the foundation for their life in the physical, emotional, social, behavioral, and cognitive domains. Given the power of early influences on future behavior, it is critical that any discussion about the role of educators in preventing juvenile delinquency examine the relationship between early experiences at home and school and how these experiences influence the overall development of young children.

When considering the precursors of juvenile delinquency, longitudinal studies have shown that the strongest predictors of chronic delinquency are the presence of antisocial behaviors in childhood such as frequent fighting, hitting, stealing, vandalism, and lying. However, chronic delinquency has also been associated with the presence of a variety of risk factors. These factors include perinatal difficulties, neurological and biological factors, low verbal ability, neighborhoods characterized by social disorganization and violence, parental criminality, substance abuse, inconsistent and/or harsh parenting practices, low socioeconomic status, and exposure to media violence.

Schools can mitigate the impact of these risk factors by building a student's protective factors. The proportion of protective factors to risk factors significantly impacts the emergence of delinquency and protective factors can combine to offset the effects of risk factors. Protective factors important to build in young children include communication, cognition, academic performance and pro-social behavior. Within preschool programs, these factors are commonly combined to represent instruction associated with "school readiness." School readiness refers to the degree in which a student is prepared for the demands of learning and schools. School readiness has long been tied to a child's cognitive and linguistic preparation with greater attention in recent years to the child's social emotional development, including social skills, relational abilities, self-regulatory capacity, self-confidence and personality.

A growing area of concern in early childhood education is the need to address a child's behavioral "readiness" for school. The prevalence of behavior problems in preschoolers

---

\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

varies between 10-15%. A growing number of children are engaging in antisocial behavior in early childhood and these children are at a higher risk of adolescent delinquency and adult criminal behavior. This behavior is a serious problem in early childhood education settings and occasionally results in the expulsion of preschoolers from their preschool program.

A recent study by Gilliam (2005) examining the national expulsion rates in preschool settings found that 10.4% of pre-kindergarten teachers reported expelling at least one preschooler in the past 12 months. Further, his research showed that approximately seven percent of preschoolers were expelled per 1,000 enrolled. The pre-kindergarten expulsion rate was 3.2 times higher than the rate for K-12 students. Additionally, the expulsion rates were significantly higher for African-American students and 4.5 times higher for boys than girls. These findings are alarming when considering that the best possible place for young children to learn pro-social behavior is in school where there is an opportunity for direct instruction, feedback and guided practice. Expulsion further limits the child's learning opportunities and increases the likelihood of continued school failure and associated negative outcomes.

This finding also brings attention to the need for early childhood programs to be successful at addressing the whole child. Effective early childhood programs offered in the community often combine health care, mental health care, social services and educational programming in a comprehensive effort to build the capacity of young people to be successful. Yoshikawa (1995) noted that four common factors were associated with early childhood programs that were effective at reducing future juvenile delinquency. These factors include (1) programs that provided quality educational child care and/or preschool as well as support to adults in peer group and family settings; (2) quality programs that had strong theoretical bases for their program components; (3) programs that served the most disadvantaged families; and (4) programs that targeted the first five years of a child's development.

Perhaps the most well-known comprehensive, evidenced-based early childhood prevention program with proven long-term effectiveness is the High/Scope Perry Preschool Project. This project was initiated nearly 40 years ago in Ypsilanti, Michigan, and has demonstrated a number of positive outcomes for program participants including a significantly lower rate of crime and delinquency, improved academic achievement, improved socioeconomic success, greater family stability and higher rates of pro-social behavior. The program focused on providing educational opportunity and family supports. Participants were African American and were identified as being "high risk" based upon low socio-economic status, low IQ with no known biological basis for impairment and at-risk for school failure. A key benefit of this project was noted in how the project reduced the involvement of youth in delinquency and criminal behavior. Follow-up data of participants at age 19 found that program participants in comparison to the control group had significantly fewer arrests (1.3 vs. 2.3 arrests per person); fewer felony arrests (.7 vs. 2.0 arrests per person), and fewer juvenile court petitions

filed (.2 vs. .4 petitions per person). By adulthood, the positive effects of the preschool program were even more evident. At age 27, program participants had significantly fewer arrests than the control group (1.8 arrests vs. 4.0 arrests per person). Further, 35% of the control group were considered “frequent offenders” (5 or more arrests) as compared to only 7% of the program participants.

The High/Scope Perry Preschool Project Program components included having children aged 3-4 participate for two years in a daily (Monday-Friday) preschool classroom for 2.5 hours each day. Classrooms used an active learning approach and emphasized both academic and social emotional skill development. Additionally, they were characterized as nurturing and caring with small student/teacher ratios (5-6 children: 1 adult). Throughout the program, teachers made weekly home visits to offer training, support, and guidance to parents and parents also participated in monthly small group meetings.

A growing interest in early childhood interventions was triggered in part by the High/Scope study and by additional research that suggested significant gains to children and families who participated in selected early intervention programs. These programs typically involved an early childhood education component such as preschool. The quality of the preschool curriculum that focuses on the development of the whole child (cognitive, academic, language, motor and social-emotional) appears to be critical. Integral to the discussion of the prevention of juvenile delinquency are those programs that directly address the social-emotional and mental health needs of youngsters. Programs need to build the capacity of young children to get along with others, resolve conflicts peacefully, communicate about their needs and feelings and develop behavioral awareness and control.

Joseph and Strain (2003) conducted a comprehensive analysis of evidence-based, social-emotional curricula for young children. This analysis identified ten programs that had demonstrated positive results in the development of social-emotional behaviors in early childhood populations. Beginning with this list of evidence-based programs, a review of a variety of additional research and program reviews was conducted and the following model tools were selected for inclusion in this Step:

- ❑ Al's Pals: Kids Making Healthy Choices (1999)
- ❑ DARE to be You (1998)
- ❑ First Step to Success (1998)
- ❑ Incredible Years Training Series: Dinosaur School (1990)
- ❑ Second Step (1989)

Each of these evidenced-based programs involve both classroom based instruction and follow-up in the home and/or community. Most importantly, all of these programs can be easily infused into an early childhood education program and have proven effectiveness in the behavioral “school readiness” of young children.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **AI's Pals: Kids Making Healthy Choices (a best practice)**

#### **BRIEF OVERVIEW**

*AI's Pals* is a resiliency-based early childhood curriculum designed to increase social and emotional competence and decrease risk factors associated with persistent aggression or antisocial behavior in preschoolers and young children. The program is designed for use, and has proven to be effective with, children aged 3-8 with diverse ethnic and socio-demographic backgrounds. This program is built upon the fundamental premise that early intervention of at-risk or problem behaviors reduces the likelihood that these behaviors will escalate or persist as problem behaviors.

The following key components characterize the *AI's Pals* program:

- **Classroom Instruction.** Teachers guide children through 46 core lessons designed to help young children learn how to strengthen life and social skills, prevent aggression, self-manage behavior and differentiate between safe and harmful situations. The core lessons are designed to build student protective factors such as empathy, communications, self-discipline and decision making, and reduce risk factors such as aggression, antisocial behavior, peer rejection and lack of self control. The lessons take 15-20 minutes and are offered twice weekly for 23 weeks. Teachers use creative play, brainstorming, puppetry, original and movement to facilitate learning.
- **Parent and Home Component.** Parent communications about the program and lessons learned by the students are ongoing including program announcements, suggested activities and "AI-a-Grams," which recognize the positive accomplishments of students. Fourteen of the 46 lessons have specific activities that parents are encouraged to complete at home.
- **Classroom Follow-Up.** Teachers are expected to reinforce the concepts learned throughout the school day. Children are encouraged to practice positive interpersonal communication during work and play. By reinforcing these concepts throughout the school day and providing feedback to students, the classroom is shaped into a caring and encouraging environment that promotes independent thinking, self-control, healthy decision making, and peaceful problem resolution.

## IMPLEMENTATION ESSENTIALS

**Training.** Teachers and teaching assistants who will be administering the program are required to attend a two-day training provided by Wingspan Workshops. School administrators, parent educators, and other support staff (school mental health personnel, resource specialists, etc.) are also encouraged to participate in the two-day training.

**Curriculum Tools.** School personnel implementing the program must follow the specific lessons in the designated sequence contained in the curriculum kit. Curriculum kits are also available in Spanish.

## PROGRAM EVALUATION

- Designated as a Model Program by the Center for Substance Abuse Prevention (SAMHSA), U.S. Department of Health and Human Services. <http://modelprograms.samhsa.gov/>
- Designated Promising Program by the Safe, Disciplined and Drug-Free Schools, U.S. Department of Education. [http://www.ed.gov/admins/lead/safety/exemplary01/report\\_pg7.html](http://www.ed.gov/admins/lead/safety/exemplary01/report_pg7.html)
- Designated an Effective Program by the Collaborative for Academic, Social, and Emotional Learning (CASEL). [http://www.casel.org/projects\\_products/earlychildhood.php#programs](http://www.casel.org/projects_products/earlychildhood.php#programs)
- Recommended research-based program by Helping America's Youth. <http://helpingamericasyouth.org>
- Recommended research-based program by the Center for Evidenced Based Practice: Young Children with Challenging Behavior. <http://challengingbehavior.fmhi.usf.edu>

## AVAILABLE EVIDENCE

Two quasi-experimental studies conducted in Virginia in the mid-90's revealed significant improvement in the behavior of children participating in the program as compared to a control group receiving no intervention. One of these studies also found that the intervention group students had higher post-intervention scores for positive coping skills.

An experimental study conducted in Michigan also showed significant improvements in the pro-social skills and an overall reduction of problem behavior of the intervention group students. The control group students showed no improvement in pro-social behavior and an increase in problem behavior. Replication studies conducted in Iowa, Michigan, Missouri and Virginia between 1997-2000 found similar results.

## RESOURCES

- **Contact for more information:**

Susan Gellar, President  
Wingspan LLC  
4196 A Innslake Drive  
Glen Allen, VA 23060  
E-mail: [sgellar@wingspanworks.com](mailto:sgellar@wingspanworks.com)  
Website: [www.wingspanworks.com](http://www.wingspanworks.com)

- **Materials and training costs available from:** [www.wingspanworks.com/alspals.htm](http://www.wingspanworks.com/alspals.htm)
  - 2-day training for one teacher including curriculum kit (\$845)
  - 2-day training for one teacher and one teacher assistant including kit (\$1095)
  - 2-day training for each administrator or other support staff (\$250)
  - 2-day training for parent educators including instructional materials (\$400)

## BACKGROUND READING

- Collaborative for Academic, Social and Emotional Learning (SEL) Programs. (2003). *Safe and sound: An educational leader's guide to evidenced-based social learning programs*. Chicago: Author. [http://www.casel.org/downloads/Safe%20and%20Sound/1A\\_Safe\\_&\\_Sound.pdf](http://www.casel.org/downloads/Safe%20and%20Sound/1A_Safe_&_Sound.pdf)
- Joseph, G.E., and Strain, P.S. (2003). Comprehensive evidence-based social emotional curricula for young children: An analysis of efficacious adoption potential. *Topics in Early Childhood Special Education*, 23(2), 65-76. <http://challengingbehavior.fmhi.usf.edu/joseph.pdf>
- Learning First Alliance. (2001). *Every child learning: Safe and supportive schools*. Washington, DC: Author. [http://www.casel.org/downloads/Safe%20and%20Sound/3C\\_Every\\_Child\\_Learning.pdf](http://www.casel.org/downloads/Safe%20and%20Sound/3C_Every_Child_Learning.pdf)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **DARE to Be You (a best practice)**

#### **BRIEF OVERVIEW**

The ***DARE to Be You*** program is a primary prevention, community-school-family collaboration program for children aged 2-5 and their families. The program brings together families, schools, and community providers to build effective parenting skills, nurture positive family relationships, and strengthen the social and interpersonal skills of young children. The program lessons and activities are designed to build protective factors such as empathy, problem-solving, nurturing and positive parent-child interactions and reduce risk factors contributing to unstable family environments and low parental effectiveness. The program uses parent training, teacher training, community involvement, youth skill development, and peer leadership as methods for delivering program components. The DARE in ***DARE to Be You*** is an acronym that represents the program's efforts to build the following skills: D—decision making/problem solving; A—assertiveness/communication/social skills; R—responsibility/role modeling; and E—esteem for self and others/empathy development.

An educational or community agency needs to act as the site sponsor for this program. Site sponsors provide meeting spaces for families to participate in the program and designate specific personnel responsible for coordinating program activities. The ***DARE to Be You*** program was developed for use with ethnically diverse populations living in rural, suburban, and urban settings.

The ***DARE to Be You*** program consists of three key components:

- **Family Component.** The family component requires parent, youth, and family participation in a 12-week workshop series teaching self-responsibility, personal and parenting efficacy, communication and social skills, and problem-solving and decision making skills. Families also participate in a semi-annual family workshop and are encouraged to participate in a post-training support group.
- **School Component.** The school component trains teachers, school support staff, and other child-care providers. School participants are required to participate in a 15-hour training. Teachers and other school personnel implement the curriculum designed to increase self esteem, self responsibility, communication, and decision making. Engaging materials (puppets, etc.) and fun developmentally appropriate activities are used for

teaching each lesson.

- **Community Component.** The community component trains community members who provide direct services to families in the areas of social service, public health, family support, and law enforcement. Community participants are required to participate in 15-hours of training. Community providers emphasize skills that improve parent-child interaction and family functioning.

## IMPLEMENTATION ESSENTIALS

**Training.** Three days of on-site training is required for all site team members participating in the implementation of the program including community and school trainers. Technical and follow up assistance is provided.

**Personnel.** Three part-time professionals are required for effective program delivery to 20 adult family members and their children. These three professionals include: (1) a *site coordinator* who is responsible for overseeing staff and program logistics; (2) a *parent/trainer facilitator* who is responsible for conducting family workshops; and (3) a child program coordinator/teen-trainer supervisor who is responsible for preparing and implementing the children's program including the teen mentors. Additional staff may include teen teachers who recruit and coach the teen mentors and clerical staff. Program evaluation staff is also required.

## PROGRAM EVALUATION

- Designated as a Model Program by the Center for Substance Abuse Prevention (SAMHSA), U.S. Department of Health and Human Services.  
[http://modelprograms.samhsa.gov/template\\_cf.cfm?page=model&pkProgramID=5](http://modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=5)
- Designated as a Model Program by the Office of Juvenile Justice and Delinquency Prevention [http://www.dsgonline.com/mpg2.5//TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?id=319](http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=319)
- Designated as an Exemplary Program by the National Association of State Alcohol and Drug Abuse Directors and the National Prevention Network <http://www.nasadad.org/>
- U.S. Department of Agriculture: Building Human Capital Award
- Colorado Governor's Award: Excellence in Prevention

## AVAILABLE EVIDENCE

Key research findings reported include:

- A study involving three hundred 8 to 12 year-old youth in community youth groups showed significant increases in their internal control, assertiveness, communication, and problem solving skills. The onset of alcohol and tobacco use also was significantly delayed when compared to control peers.
- Another study involving teachers involved in the program showed significant decreases in "burn-out;" increases in personal teaching efficacy, satisfaction, and sense of competence in the teacher role. Control teachers showed the opposite pattern.
- In a five-year study of 800 families, parents showed lasting increases in parental



competence and satisfaction, increases in appropriate control techniques (discipline), and decreases in harsh punishment.

- Preschool youth showed a doubling of developmental attainment over control peers.

## RESOURCES

- **Contact for more information:**

Jan Miller-Heyl  
Colorado State University Cooperative Extension  
215 N. Linden, Suite E  
Cortez, CO 81321  
E-mail: [darecort@coop.ext.colostate.edu](mailto:darecort@coop.ext.colostate.edu)  
Website: <http://www.coopext.colostate.edu/DTBY/>

- **Articles and reports:**

- *DARE To Be You: Fact Sheet.* (2004). Rockville, MD: Substance Abuse and Mental Health Services Association. <http://www.modelprograms.samhsa.gov/pdfs/FactSheets/Dare.pdf>
- Miller-Heyl, J., MacPhee, D., & Fritz, J. (1998). DARE to be you: A family-support, early prevention program. *Journal of Primary Prevention*, 18, 257-285. <http://www.springerlink.com/content/gnj007583q478546/>
- Promising Practices Network on Children, Families, and Communities. (2004). *DARE to be you.* <http://www.promisingpractices.net/program.asp?programid=100>
- Webster-Stratton, C., & Reid, M.J., (2004). Strengthening social and emotional competence in young children—The foundation for early school readiness and success: Incredible years classroom social skills and problem-solving curriculum. *Infants and Young Children*, 17(2), 96–113. <http://www.incredibleyears.com/research/article-foundation-fo-early-school-readiness-sccess-04.pdf>

- **DARE To Be You materials.**

- 20-Hour Implementation Training (includes trainer & travel, materials) (\$3800)
- K-12 Curriculum: (\$225)
- Preschool Activity Kit. (\$225)
- Community Leader’s Manual (\$50)
- Parent Training Guide (\$50)
- Teen Training Guide (\$50)
- Puppets(\$80)
- Various Supplemental Training Guides (\$10.65 each)
- Various Supplemental Materials (button, stickers, patterns, etc.) (\$1.35 each)

## BACKGROUND READING

- Center for the Study and Prevention of Violence. (n.d.). *Blueprints for violence prevention.* Boulder, CO: Author. <http://www.colorado.edu/cspv/blueprints/>
- U.S. Department of Education. (n.d.). *Exemplary and promising Safe, Disciplined and Drug-Free Schools Programs 2001.* Washington, D.C.: Author.

<http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>

- Webster-Stratton, C., Reid, M.J., and Stoolmiller, M. (2006). *Preventing aggression and improving social, emotional and academic competence: Evaluation of Dina Dinosaur Classroom Curriculum in high risk schools*. [http://www.incredibleyears.com/research/article-preventing-aggression-improving-social-emotional-academic-competence-high-risk-schools\\_8-06.pdf](http://www.incredibleyears.com/research/article-preventing-aggression-improving-social-emotional-academic-competence-high-risk-schools_8-06.pdf)
- *Prevention Online*. <http://ncadi.samhsa.gov/>
- *Top 50 Prevention Publications*. <http://ncadistore.samhsa.gov/catalog/top.aspx>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **First Step to Success (a promising practice)**

#### **BRIEF OVERVIEW**

*First Step to Success* is a school- and home-based intervention program for at-risk kindergarten children with early signs of antisocial behavior patterns. The program goal is to divert antisocial kindergartener behavior to more appropriate patterns of behavior and to develop the necessary competencies for social-behavioral adjustment. It takes approximately three months to complete the total program. By using both a school and home intervention, the program participants have the greatest opportunity for generalization of new behaviors across multiple settings.

The following are the key components of the *First Step to Success* program:

- **Universal Screening.** Kindergarten students are first screened using the Early Screening Project (ESP) (Walker, Severson, & Feil, 1995). This tool is a downward extension of the Systematic Screening for Behavioral Disorders (Walker & Severson, 1990) and utilizes three screenings to identify students at risk. In screening one, teachers rank orders five children in their class who fit a standardized description of externalizing problems and five that fit the criteria for internalizing problems. In screening two, the teacher completes three rating scales for the top three ranked children from the externalizing and internalizing lists. The rating scales used include the ESP Adaptive Scale, ESP Maladaptive Scale, and the aggression sub-scale of the Child Behavior Checklist—Teacher Report (Achenbach, 1991). In screening three, the selected six students are then observed in the classroom setting to determine their Academic Engagement Time (AET). The data collected from these screening mechanisms act as the dependent variables for this program.
- **School Intervention.** The goal of the school intervention is to teach the target child more behaviors that foster academic and social success. Behavioral criteria are set daily and children are given feedback about their performance. Children receive reinforcement for earning 80% of available points. In the first phase of the program, the project consultant implements the program in the classroom by integrating behavioral competencies into the existing academic program. In the second phase of the project, the consultant turns the program over to the teacher and provides supervision and support. Gradually, the program reaches the “maintenance phase” where the teacher,

consultant, and parent are able to maintain the child's improved behavior primarily through the use of praise. The School Intervention module is adapted from the CLASS program for Acting-Out Children (Hops & Walker, 1988).

- **Home Intervention.** The Home Intervention is a six-week skill building program focusing on building children's competencies in the areas of: (1) communication and sharing; (2) cooperation; (3) limit setting; (4) problem solving; (5) friendship making; and (6) confidence development. The program consultant visits each child's home for 45-60 minutes each week. The consultant supports the parents in monitoring the child's school behaviors, reinforcing school success, and building the basic child competencies. The consultant provides parents with a guidebook and activities that can be used for building participant skills. The Home Intervention module is based upon the research conducted at the Oregon Social Learning Center (OSLC).

## IMPLEMENTATION ESSENTIALS

**Personnel.** A program consultant is considered a key player in ensuring the fidelity of program implementation. The consultant works with teachers to implement the universal screening, identify potential participants, encourage parental participation, conduct weekly home visits, and acts as the overall program coordinator and evaluator. The typical investment of the *program consultant* is 50-60 hours over the three-month period of program implementation.

## PROGRAM EVALUATION

- Recommended research-based program by Helping America's Youth. <http://helpingamericasyouth.org>
- Recommended research-based program by the Center for Evidenced Based Practice: Young Children with Challenging Behavior. <http://challengingbehavior.fmhi.usf.edu>
- Awarded a research and development grant by the U.S. Department of Health and Human Services, Administration for Children and Families to create a Head Start adaptation of the First Step to Success program. <http://www.uoregon.edu/~ivdb/doc/grants/headstart.htm>

## AVAILABLE EVIDENCE

A randomized clinical trial demonstrated that children who participated in First Steps were rated by teachers as significantly more adaptive ( $p < .001$ ), less aggressive ( $p < .001$ ), displaying less maladaptive behavior ( $p < .001$ ), and displaying more academic engagement ( $p < .05$ ) as compared to control subjects. Limitations of the study were the small sample size ( $N = 46$ ) and the low minority representation (7% of the sample). These findings were replicated with similar results and further independent replications of the program are currently underway.

## RESOURCES

- **Contact for more information and to purchase materials and services:**

Hill M. Walker  
Institute on Violence and Destructive Behavior

1265 University of Oregon  
Eugene, OR 97403  
Phone 541/346-3591; email: [ivdb@darkwing.uoregon.edu](mailto:ivdb@darkwing.uoregon.edu);

- Homepage News Archive. (2003). *Head Start Research Center offers kids 'First Step to Success.'* Eugene, OR: University of Oregon. <http://duckhenge.uoregon.edu/hparchive/display.php?q=headstart.html>
- Walker, H.M., Stiller, B., Severson, H.H., Feil, E.G., & Golly, A. (1998). First Step to Success: Intervening at the point of school entry to prevent antisocial behavior patterns. *Psychology in the Schools*, 35(3), 259-269. <http://education.ucsb.edu/school-psychology/School-Violence/PDF/FirstSteps.pdf>

## **BACKGROUND READING**

- Institute on Violence and Destructive Behavior. <http://www.uoregon.edu/~ivdb/>
- Lumsden, L. (2000). Early intervention to prevent violence. *University of Oregon Clearinghouse on Educational Policy and Management, Research Roundup*, 17 (1). [http://eric.uoregon.edu/publications/roundup/Fall\\_2000.html](http://eric.uoregon.edu/publications/roundup/Fall_2000.html)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 1. Pre-School Early Intervention: Birth through age 5***

### **Incredible Years Training Series (a best practice)**

#### **BRIEF OVERVIEW**

*The Incredible Years Training Series* includes three comprehensive, multifaceted, developmentally based curricula for parents, teachers, and students. The program is designed to promote social and emotional competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in children 2-8 years old.

The following are the key components of the *Incredible Years Training Series*:

- **Parent Training Program:** The Parent Training Program consists of three different levels of instruction: *basic*, *advance*, and *school*. The *basic* level teaches parenting skills that promote children's competence and reduce problem behaviors. The *advance* level emphasizes the development of parent interpersonal skills. The *school* level emphasizes parenting approaches designed to promote academic skills and school success. In all levels of the Parent Training program, improving the quality of parent-child interactions is emphasized.
- **Teacher Training Program:** The Teacher Training series helps teachers learn and apply proven classroom management skills such as the use of teacher attention, praise, encouragement, incentives, proactive teaching strategies, management of inappropriate classroom behaviors, the importance of building positive relationships with students, and how to teach empathy, social skills, and problem solving. The Teacher Training program can be delivered in fourteen 2-hour sessions or a 4-day intensive workshop.
- **Child Training Program:** The Child Training Program consists of skill development activities promoting emotional literacy, empathy, perspective taking, friendship, anger management, interpersonal problem solving, school rules, and successful student behaviors. This program is called the *Dina Dinosaur Classroom* and includes 60 lessons delivered 1-3 times a week for 45 minute periods. For students experiencing more intense conduct problems, the *Dina Dinosaur Small Group* therapy is available, which focuses on more individualized skills development through 2-hour sessions across 18-22 weeks.

## IMPLEMENTATION ESSENTIALS

**Commitment by the School.** The successful implementation of the *Incredible Years* requires the full commitment of administrators, faculty, and staff to the principles and tenants of the program.

**Training.** It is essential that all personnel involved in the delivery of the program be trained by certified trainers in the areas that they plan to be involved. School counselors, social workers, psychologists, and teachers are all excellent candidates for training and subsequent implementation of the program. All training groups should be supported by two certified group leaders. All training participants should receive a complete set of books and manuals.

## PROGRAM EVALUATION

- Designated as a Model Program by the Center for Substance Abuse Prevention (SAMHSA), U.S. Department of Health and Human Services. <http://modelprograms.samhsa.gov/>
- Designated Model Program by the Office of Juvenile Justice and Delinquency Prevention [http://www.dsgonline.com/mpg2.5/mpg\\_index.htm](http://www.dsgonline.com/mpg2.5/mpg_index.htm)
- Recommended research-based program by the Center for Evidenced Based Practice: Young Children with Challenging Behavior. <http://challengingbehavior.fmhi.usf.edu>
- U.S. Leila Rowland National Mental Health Award recipient

## AVAILABLE EVIDENCE

All three program components have been evaluated using experimental randomized control group studies. Further, the findings from these studies have been independently replicated with different ethnic populations, age groups, and in the United States, Canada, and the United Kingdom. Sample findings from these studies include:

- The addition of teacher and/or child training programs significantly enhanced the effects of parent training, resulting in significant improvements in peer interactions and behavior at school.
- According to standardized reports by teachers and parents, at least 66% of children previously diagnosed with Obsessive Defiance Disorder/Compulsive Disorder whose parents received the training were in the normal range at both the one-year and three-year follow up assessments.

## RESOURCES

- **For more information contact:**

Lisa St. George, Administrative Director  
Incredible Years  
1411 8<sup>th</sup> Ave. West  
Seattle, WA 98119  
888-506-3562; [incredibleyears@seanet.com](mailto:incredibleyears@seanet.com)

- **The Incredible Years** website. <http://www.incredibleyears.com>

- Parent Training (3 days) or Child/Teacher Training (2 days), \$1300 per day plus expenses. <http://www.incredibleyears.com>
- Materials: <http://www.incredibleyears.com>
  - Parent Training Program: BASIC (\$1300)
  - Parent Training Program: ADVANCE (\$775)
  - Parent Training Program: SCHOOL (\$995)
  - Teacher Training Program (\$1250)
  - Child Training Program (\$975)
- **Articles and reports:**
  - Webster-Stratton, C., & Reid, M.J. (2004). Strengthening Social and Emotional Competence in Young Children -- The Foundation for Early School Readiness and Success Incredible Years Classroom Social Skills and Problem-Solving Curriculum. *Infants and Young Children*. 17(2), (pp. 96–113). <http://www.incredibleyears.com/research/abstract-article-foundation-for-early-school-readiness-success-04.htm>
  - Webster-Stratton, C., Reid, M.J., and Stoolmiller, M. (2006). Preventing Aggression and Improving Social, Emotional and Academic Competence: Evaluation of Dina Dinosaur Classroom Curriculum in High Risk Schools. <http://www.incredibleyears.com/research/abstract-article-preventing-aggression-improving-social-emotional-academic-competence-high-risk-schools-8-06.htm>

## BACKGROUND READING

- Bear, G. G., Webster-Stratton, C., Furlong, M. J., & Rhee, S. (2000). Preventing Aggression and Violence. In G. Bear & K. Minke (Eds.), *Preventing school problems - promoting school success: Strategies and programs that work*. Washington: DC: National Association of School Psychologists. <http://www.nasponline.org/trainers/Preventing/TOC.pdf>
- Dwyer, K. P., Osher, D., & Warger, C. (1998). *Early warning, timely response: A guide to safe schools*. Washington, DC: U.S. Department of Education. Produced by AIR in collaboration with NASP, under a collaborative agreement with Office of Special Education Programs of the U.S. Department of Education. [www.naspcenter.org/pdf/guide.pdf](http://www.naspcenter.org/pdf/guide.pdf)
- NASP Resources. (July 1, 2006). *Violence Prevention and Crisis Management*. <http://www.nasponline.org/advocacy/violresources2006.pdf>



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 1. Pre-School Early Intervention: Birth Through Age Five***

### **Second Step: Violence Prevention Curriculum (a best practice)**

#### **BRIEF OVERVIEW**

***Second Step: Violence Prevention Curriculum*** is a classroom-based social skills program for children aged 4-14 years old. It focuses on teaching empathy, impulse control, problem-solving, and anger management through direct instruction, modeling, guided practice, and reinforcement. The goal of the program is to reduce impulsive, high-risk, and aggressive behaviors while increasing children's social emotional competence and other protective factors. A Spanish version of the curriculum is also available.

The following are the key components of the *Second Step* preschool/kindergarten curriculum:

- **In-School Curricula.** For the in-school curricula, teachers are trained to lead each lesson. Teachers show students a large photo card depicting an interpersonal situation between children. Printed on the back of each card is a scripted lesson guide for teachers to follow. Teaching techniques used in the lessons include discussion, videotape modeling, teacher modeling, direct instruction, role play, and guided practice. The pre-K level also includes puppets and sing-along tapes. All lessons recommend ways to generalize the behaviors to other settings and activities. Twenty to twenty-three lessons per year varying in length from 20-45 minutes should be presented to students. Lessons are designed so that they can be completed in a typical class period. The lessons are arranged in a specific order that developmentally builds student skills.
- **Parent Training.** The preschool through fifth grade modules have an optional video-based parent training component. The parent training module is designed to help parents of children participating in the school program apply pro-social skills to parenting situations. This module familiarizes parents with the curriculum, assists them in reinforcing skills at home, and gives families the necessary skills to communicate, problem solve, and manage anger and conflict.

#### **IMPLEMENTATION ESSENTIALS**

- **Training.** Classroom teachers should be the primary presenters of the curriculum. All participating teachers need to take a one-day teacher training workshop prior to implementing the curriculum. This training will help teachers understand the purpose,

structure, format, and strategies to be used in the curriculum.

- **All School Reinforcement of Second Step Principles.** To maximize the effectiveness of the program, all school faculty should be familiar with and reinforce the skills taught in the curriculum. Ideally, the program should be implemented school-wide. If this is not possible, a minimum of two teachers should implement the program at one time so that they can share and learn from each other's experiences.

## PROGRAM EVALUATION

- Designated as a Model Program by the Center for Substance Abuse Prevention (SAMHSA), U.S. Department of Health and Human Services. <http://modelprograms.samhsa.gov/>
- Designated an Exemplary Program by the U.S. Department of Education. <http://www.cfchildren.org/cfc/aboutf/awardsendorse>
- Recommended research-based program by the Center for Evidenced Based Practice: Young Children with Challenging Behavior. <http://challengingbehavior.fmhi.usf.edu>
- Drug Strategies, Inc.: Rated an "A" program. <http://www.drugstrategies.org/overview.html>

## AVAILABLE EVIDENCE

More than a dozen evaluations have been conducted of the Second Step program. These evaluations include large, diverse samples in experimental and control group designs. Sample findings from experimental-control group studies include:

- 20% reduction in physical aggression during lunchtime and recess as compared to the control group that increased aggressive incidents by 41%;
- 36% less aggressive behavior during conflict/arousing situations;
- 41% reduction in the need for adult intervention during conflicts; and
- 37% more likely to choose positive social goals.

Overall findings specific to the preschool-kindergarten curriculum included decreased verbal aggression, disruptive behavior, and physical aggression and increased empathy and consequential thinking skills.

## RESOURCES

- **Contact for more Information:**

Committee for Children  
568 First Avenue South, Suite 600  
Seattle, WA 98104  
Website: [www.cfchildren.org](http://www.cfchildren.org)

- **Contact for training and technical assistance:**

Client Support Services Department  
800-634-4449 (training costs may also apply)

- ***Preschool-Kindergarten Kit*** (\$279)  
<http://www.cfchildren.org/cfc/images/productandpricelist.pdf>
- ***Family Manual*** and ***Parent Education*** videos (\$395)  
<http://www.cfchildren.org/cfc/images/productandpricelist.pdf>
- National Center for Mental Health Promotion and Youth Violence Prevention Fact Sheet: Second Step-A Violence Prevention Curriculum  
<http://www.promoteprevent.org/documents/EBI/Second%20Step.pdf>

## **BACKGROUND READING**

- Dwyer, K., & Osher, D. (2000). *Safeguarding our children: An action guide*. Washington, DC: U.S. Departments of Education and Justice.  
[http://www.ed.gov/admins/lead/safety/actguide/action\\_guide.pdf](http://www.ed.gov/admins/lead/safety/actguide/action_guide.pdf)
- Yannacci, J., & Rivard, J. (2006). *Matrix of children's evidenced based interventions*. Alexandria, VA: NRI Center for Mental Health Quality and Accountability.  
<http://systemsofcare.samhsa.gov/headermenu/docsHM/MatrixFinal1.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

## **STEP 2.**

### **Universal Interventions**

- **Introduction**
- **Active Supervision** *(a best practice)*
- **Developing a Link Between School and Community** *(a promising practice)*
- **Developing a Link Between School and Home** *(a promising practice)*
- **Direct Instruction of Academic Skills** *(a best practice)*
- **Error Correction** *(a best practice)*
- **Explicit Social Skills Instruction** *(a best practice)*
- **Peer Tutoring** *(a best practice)*
- **Praise for Desired Behavior** *(a best practice)*

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **INTRODUCTION\***

Steps 2, 3, and 4 are based on the framework of prevention and early intervention mentioned in the Preface to *Tools for Success*. This framework consists of three levels, or tiers: primary (universal), secondary (targeted), and tertiary (intensive) prevention. Step 2 consists of primary prevention strategies designed to prevent initial occurrences of antisocial or problem behavior through practices that are **universal**, meaning that they are applied to all students. In schools, universal interventions consist of practices that are used by teachers and other school staff to support desired behavior for all students.

With regard to preventing the involvement of students with the juvenile justice system, strategies are employed to prevent initial instances of academic or social failure in school, much like vaccinations are given to prevent initial occurrences of diseases. Much of the work that educators do routinely is primary prevention. Good academic instruction prevents academic failure; establishing, teaching, monitoring, and reinforcing social expectations prevents the development of problem behavior; and interventions that link home and community with school facilitate the use of acquired skills in other environments. In other words, universal interventions are employed to prevent students from becoming at risk of failing to meet academic or behavioral expectations and requiring more targeted and intensive interventions.

The principle underlying the tools for Step 2: Universal Interventions is proactively **teaching and supporting desired academic and social behavior for all students**. The tools are written for teachers and other front-line staff and can also be used by school and district administrators to frame school-wide initiatives. Witt, VanDerHayden, and Gilbertson (2004) identified three prerequisites to effective classroom behavior management:

1. The teacher must be competent to teach the academic subjects to which she is assigned; the curriculum must be appropriate for the students; and instruction must include opportunities for students to learn, practice, and receive feedback.
2. Students must know what is expected of them behaviorally.
3. *If* the academic program is solid and *if* positive behavioral expectations have been taught, *then* strategies for responding to problem behavior can be successful.

At the level of school-wide prevention, these prerequisites ensure that:

---

\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

1. All students know the school-wide behavioral expectations.
2. All school staff know the behavioral expectations for students.
3. All staff respond consistently and appropriately to instances of expected and undesired student behavior.

A number of the practices described in this step are incorporated into classroom- and school-wide programs, such as Project Achieve (Knoff & Batsche, 1995), Unified Discipline (Marr, Audette, White, Ellis, & Algozzine, 2002), and School-Wide Positive Behavior Support (Horner, Sugai Todd, & Lewis-Palmer, 2005). This document describes the specific practices in these programs instead of the entire programs because: (a) research has not yet demonstrated that the complete program packages are effective across a wide range of classrooms, schools, and students, whereas the effectiveness of specific practices has been documented in numerous research studies; and (b) these practices can be implemented in schools and classrooms without additional resources or expenditures.

The practices included in this step were identified through a review of the research on primary prevention (especially in educational settings). Specifically, empirical literature was reviewed to identify practices that have demonstrated effectiveness across any and all groups of students with respect to improving social behavior, academic behavior, or both. Practices were selected that also have demonstrated positive results with students identified as socially maladjusted, behaviorally disordered, emotionally disturbed, or involved with the juvenile justice system. Further, the tools selected can be implemented in general education settings with existing resources. These include practices that have been successfully used in classroom and non-classroom settings, as well as those that build linkages between schools and homes and schools and the community.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **Active Supervision (a best practice)**

#### **BRIEF OVERVIEW**

**Active supervision** is a practice used by teachers to achieve orderly, productive, and positive classroom environments. It is a fundamental component of programs (e.g., , Project ACHIEVE, School-Wide Positive Behavior Support, and Unified Discipline) designed to improve classroom or school disciplinary climate and to enhance school performance. Active supervision consists of three adult behaviors: moving around; looking around; and interacting frequently with students. Active supervision is a best practice that is effective in both classroom and non-classroom (e.g., playground, cafeteria) settings.

- **Moving around**

Circulate frequently so students are aware of the physical presence of an adult. Adults visit identified problem areas often and avoid remaining in one place. Movements should be obvious and unpredictable.

- **Looking around**

Scan the environment regularly, especially those areas that are farther away. When looking around, check for both appropriate and inappropriate behavior. Make eye contact. Have an overt body position.

- **Interacting frequently with students**

- **Types of interactions**

- greeting students;
- instructional engagement (in the classroom);
- having conversations with students about topics of interest;
- providing pre-corrections: pre-teaching of rules and routines, especially for problem situations (e.g., passing in hallways); and prompts to encourage appropriate behavior;
- providing positive reinforcement for displays of appropriate behavior;
- providing positive corrections for behavior errors; and
- teaching appropriate behaviors.

- **Guidelines for interactions**

- Interact with as many students as possible.
- If in a large setting (e.g., cafeteria), interact with a wide variety of students.
- Avoid lengthy conversations with other adults.
- The majority of interactions should be positive or neutral, rather than corrective (a 4:1 ratio is suggested).
- Any corrections should be handled quickly and privately.
- Interactions should be age and publicly appropriate.

## **IMPLEMENTATION ESSENTIALS**

The essential ingredients for effective supervision are teacher movement and surveillance. Increasing the amount of time that a teacher spends away from her desk during independent activities will increase student academic engagement and greater proximity to students will increase the power of both the teacher's praise and behavioral corrections. Likewise, visually monitoring student behavior keeps the teacher in touch with what is going on. One often hears students ask of teachers who are good observers, "Does she have eyes in the back of her head?"

When among students, teachers should remember to catch them being good—commenting on and praising the good behavior they see (e.g., being on task, showing good effort, following a rule). Active supervision works in other settings as well, such as hallways and the cafeteria. It also provides a good opportunity to "check in" with students or to extend a personal greeting.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

This practice has an established evidence base in the areas of classroom management and has been incorporated with other classroom management practices such as: precorrection; use of feedback and praise; and classroom-wide positive behavior support. Scholarly reviews of research on classroom behavior management support active supervision as a best practice (Kerr & Nelson, 2006; Simonsen, Fairbanks, Briesch, Sugai, & Myers, in review; Walker, Ramsey, & Gresham, 2004). (A complete list of research citations are in Appendix E). Specific findings include the following.

**Active supervision** is associated with increases in *appropriate* behavior, including (1) higher levels of on-task behavior; (2) higher levels of participation in physical education classes; and (3) an increase in pro-social interactions during lunch and recess. It is also associated with decreases in inappropriate behavior, including (1) "minor behavioral instances" in the classroom; (2) problem behaviors on the playground, including hands on others, threats, and name-calling; (3) problem behaviors during transitions, especially hitting, yelling, and running; and (4) aggression during lunch and recess.



Pairing active supervision with precorrections has a pronounced effect on decreasing inappropriate social behaviors.

Adult presence alone is associated with a reduction in aggression at a day care center and increased communicatory behaviors in children with autism.

It is the activeness of supervision, rather than the number of supervisors, that produces a decrease in problem behavior.

## RESOURCES

- Behavior Home Page. <http://www.state.ky.us/agencies/behave/bi/universal.html>
- Bus Discipline: A Positive Approach. <http://www.safeandcivilschools.com/books.php>
- Cafeteria Discipline: Positive Techniques for Lunchroom Supervision. <http://www.safeandcivilschools.com/books.php>
- Foundations: Establishing Positive Discipline Policies-Module II: Behaviors in the Common Areas. <http://www.safeandcivilschools.com/books.php>
- Intervention Central: Creating Safe Playgrounds: A Whole-School Approach. <http://www.interventioncentral.org/htmdocs/interventions/behavior/playground.shtml>
- Least Restrictive Behavior Interventions (LRBI): Utah State Office of Education. <http://www.usu.edu/teachall/text/behavior/LRBI.htm>
- National Technical Assistance Center on Positive Behavioral Interventions and Supports. <http://www.pbis.org>
- Project ACHIEVE website. <http://www.projectachieve.info/>
- On the Playground. <http://www.safeandcivilschools.com/books.php>
- SAFE Playground Supervision. <http://www.playgroundsafety.org/supervision/video.htm>
- START on Time! Safe Transitions and Reduced Tardies. <http://www.safeandcivilschools.com/books.php>
- Unified Discipline. <http://ericec.org/osep/newsbriefs/news29.html>

## BACKGROUND READING

- Alberto, P. A., & Troutman, A. C. (2003). *Applied behavior analysis for teachers* (6<sup>th</sup> ed.). Upper Saddle River, NJ: Merrill Prentice Hall.
- Sugai, G. (2004). *Active supervision*. Retrieved June 25, 2006, from [http://interact.uoregon.edu/pdf/adml/ial/active\\_supervision.ppt](http://interact.uoregon.edu/pdf/adml/ial/active_supervision.ppt)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **Developing a Link between School and Community (a promising practice)**

#### **BRIEF OVERVIEW**

Many programs that link schools and the surrounding community connect schools with businesses and other community employers, such as the familiar “adopt-a-school” program in which companies donate staff time and other resources to specific schools. Other public-private partnerships have been established between schools and non-governmental agencies that provide after-school access to recreation, childcare, homework help, and tutoring. Public agencies have partnered with schools to provide programs on preventive health care, teaching parenting skills, and school-wide crisis prevention. Community resource mapping has been shown to improve family access to appropriate services, and memoranda of understanding have improved efficiency and coordination of children’s services, reducing service duplication and better identification of service gaps. Many of these programs have not been subject to scientific research but are associated with improved attendance, health measures, and school staff satisfaction.

As the forgoing examples suggest, links between schools and community resources may be achieved in a variety of ways, and each has demonstrated initial effectiveness in impacting student outcomes. Those that have been subject to research usually are designed to serve the needs of children identified as “at-risk.” These include links to proven mentoring programs, such as Big Brother Big Sister, and promising after-school and service learning activities, such as those promoted by the National Commission on Service Learning (see Resources section below). These initiatives are included here as universal tools because in some schools, particularly those in large urban areas, the majority of the student population could be considered at risk. Additional research is needed before these “linking” activities are considered a best practice at either the universal or targeted level.

#### **Service learning programs**

Involvement in community service activities might serve as a protective factor for antisocial behavior. Community service activities include general activities that promote community engagement (e.g., volunteering in nursing home, serving homeless, etc.) or targeted activities that promote specific learning outcomes (e.g., shadowing doctors to promote safe sexual behavior).

According to the National Commission on Service Learning, service learning is “a teaching and learning approach that integrates community service with academic study to enrich learning, teach civic responsibility, and strengthen communities” (p. 3).

### **Mentoring programs**

Mentoring programs **link students with adults from the community**. Mentoring can take place in a variety of settings (e.g., school, community, or recreation centers) and include either structured or less structured activities (e.g., planned academic support, social interaction, or recreation). Mentoring can be implemented as a universal intervention by inviting community members to partner with school classes or other school groups; however, this application of mentoring does not have an established evidence base.

Mentoring can also be considered a more targeted intervention for individual students who are at risk. One example of a more intensive mentoring program, which has demonstrated initial effectiveness, is **Big Brother Big Sister**. Big Brother Big Sister pairs students with community members who share similar characteristics and interests. Mentoring consists of two types of activities: “site-based mentoring,” which includes weekly visits at the child’s school, and “community-based mentoring”, which involves the “Big” and “Little” engaging in preferred activities together in the community (e.g., sports, recreation).

### **After-school and community-based programs**

After-school and community-based programs provide students with opportunities for positive contact with adults and peers and other supports targeted by the program (e.g., academic support, school attendance, recreation, etc.). These programs can be made available to all students, as a universal intervention. However, data suggest that students who might be most at-risk are the most likely to drop out of after-school programs.

## IMPLEMENTATION ESSENTIALS

Community linkages are particularly important for students who are in middle and high school, and for students who are at-risk due to their academic or behavioral performance. School district support is instrumental in developing school linkages with community agencies, programs, and employers. Even without district involvement, a school can establish contact with community resources. With administrative approval, teachers can invite local public servants (law enforcement officers, firefighters, etc.) agency workers, and employers to visit a classroom to meet with students, talk about what they do, explain the services they offer, and answer questions. Some states have active Youth Development Programs sponsored by such organizations as 4-H. Check for Youth Development Programs on the Internet or with other agencies. Once linkages have been established, contact information can be kept on hand as a resource for teachers, students, and their families.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

Research programs and practices that link schools to the community have focused on at-risk student populations, and the research base is insufficient to declare these a best practice. However, specific programs such as Big Brother Big Sister have been established as effective with at-risk youth (Grossman & Tierney, 1998; Westhues, Clarke, Watton, & St. Claire-Smith, 2001). Other programs that link schools and communities, including service learning and after-school programs, have demonstrated success in evaluation studies (Walker, Horner, Sugai, Bullis, Sprague, Bricker, & Kaufman, 1996). A complete list of research citations can be found in Appendix E.

**Service learning programs** have been associated with:

- **increases in *appropriate behavior***, including concern for others and “social responsibility;” and
- **decreases in *inappropriate behavior*** including reported sexual activity.

**Mentoring programs** (e.g., Big Brothers, Big Sisters) that link students with adults from the community have been associated with:

- **increases in *appropriate behavior*** including:
  - self-esteem;
  - self-reported self-confidence, self-control, cooperation, and attachment;
  - self-reported sense of school membership;
  - self-reported family interactions and school confidence; and
  - general appropriate behavior.
- **decreases in *inappropriate behavior*** including:
  - self-reported problem behavior and substance abuse and
  - infractions on school property and suspensions (in an at-risk population).

**After-school and community-based programs** have been associated with:

- **increases in *appropriate behavior*** including social competence.
- **decreases in *inappropriate behavior*** including:
  - substance abuse;
  - tobacco use and attitudes;
  - truancy (for youth with a history of truancy; and
  - general behavior problems.

## RESOURCES

- Big Brother Big Sister Organization. <http://www.bbbs.org>
- Effective Substance Abuse and Mental Health Programs. <http://modelprograms.samhsa.gov>
- The Forum for Youth Investment. <http://forumfyi.org/>
- Intervention Central: Locations: Transforming Schools from Bully-Havens to Safe Havens. <http://www.interventioncentral.org/htmldocs/interventions/bully/location.shtml>

## BACKGROUND READING

- Meshack, A. F., Hu, S., Pallonen, U. E., McAllister, A. L., Gotleib, N., & Huang, P. (2004). Texas tobacco prevention pilot initiative: Processes and effects. *Health Education Research, 19*, 657-668.
- National Commission on Service Learning. (n.d.). *Learning in deed: The power of service learning for American schools*. <http://nslp.convio.net/site/DocServer/learningindeed.pdf?docID=1201>
- VanderWaal, C. J., Powell, L. M., Terry-McElrath, Y. M., Bao, Y., & Flay, B. R. (2005). Community and school drug prevention strategy prevalence: Differential effects by setting and substance. *Journal of Primary Prevention, 26*, 299-320.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **Developing a Link Between School and Home (a promising practice)**

#### **BRIEF OVERVIEW**

A variety of strategies can be employed to create linkages between the school and students' homes. Because parental involvement has long been associated with student success, schools should take a proactive approach to developing relationships with families, including providing families with opportunities to be involved and relevant skills and strategies to enhance their child's chances for success in school. However, additional research is needed before these "linking" activities are considered a best practice. Several programs for creating home-school linkages are available (e.g., Linking the Interests of Families and Teachers, which is described in Step 6; Home Instruction for Parents of Preschool Youngsters; the Parent-Child Home Program), as well as national coalitions and web sites (see Resources section below).

**Every school should have systems in place to foster relationships with families.**

- **Provide families with more opportunities to be involved.**
  - Ensure families are aware of ways they can become involved in their child's education. These opportunities can include volunteering, tutoring, chaperoning field trips, or visiting the classroom.
  - Teachers can take the initiative by arranging convenient times to meet parents face-to-face, sending learning materials home, and keeping in touch about students' accomplishments and areas of concern.
  - Collect data, such as:
    - the percentage of families attending school functions (e. g. Open House, Parent-Teacher night, sports events, plays, etc.);
    - the percentage of families volunteering or serving the school in other capacities;
    - how often families visit the school, as well as the nature of the visit (e.g., are families visiting mostly when there's a problem); and
    - the ratio of positive contacts to negative contacts that teachers and administrators make to families.
- When changes are made, collect data again to judge effectiveness and adjust accordingly.
- Communicate regularly with families via newsletters, handouts, email, and other media; and ensure that all materials are accessible to all families (e.g., language, reading level).
- Offer lending libraries for useful materials, such as parenting guides, videos, and information on post-secondary education for older students and their families.
- Institute discussion groups for parents and families, both general and focused on specific issues (e.g., special education, bilingual).
- Use the home-school coordinator (if available) to visit families that cannot come to the

school, and establish regular contact with families, providing information and support.

- **Provide families with specific training.**
  - Hold workshops that focus on how to help students with homework.
  - Teach families how to access school and community resources, including homework help, after-school programming, and health services. Provide handouts and visual reminders, and review frequently.
  - Give parents and families guidelines for supporting school achievement, including using a home-based reward program to reward appropriate school behavior.
  - Teach parents about the school rules and recognition system.
  - Use the home-school coordinator (if available) to deliver materials and support to families, and assist with training in the home.
  - Use clinical staff to develop parent training programs or disseminate information from commercial programs (e.g., “The Incredible Years”, see Step 1).
- **Provide early intervention when a problem is identified.**
  - Ensure families have access to community resources, including preschool programs.
  - Review school and district policy on providing intervention in the home and ensure all faculty are aware of the guidelines.
  - Provide follow-up services to any interventions offered by the school.
  - Identify supports within the school that are available to families, such as a crisis team, home-school coordinator, or school resource officer, and define the roles these staff will take when providing interventions in the home.

## **IMPLEMENTATION ESSENTIALS**

### **Policy and resources linking school and home.**

Establishing positive and effective relationships with families obviously is easier if a school has a policy and resources that support such a linkage. Many school districts include active family involvement in their vision statement and policies. Some districts employ home-school coordinators or school social workers, while others have family resource centers. However, even if a school does not have these available, it is possible to build linkages to families.

The key is to open and maintain lines of communication. One way to do this is to send regular reports of student progress and class and school news home with students. These do not have to be elaborate or lengthy and can consist of the results of curriculum-based assessments or checklists that students can even complete themselves (the teacher will need to teach them to do this honestly and monitor their evaluations regularly). The National Association of Elementary School Principals website ([www.naesp.org](http://www.naesp.org)) has examples of parent communication tools (Use “parent involvement” to search the website.)

Since parents of students who struggle academically and socially have learned to expect that all communications from school are negative, a good strategy to break this pattern is for teachers to send home “good behavior notes.” Even if it might take a bit of searching, teachers who find something to praise about each student are likely to see greater parental interest in their children’s educational experiences. The same practice works during phone calls and parent conferences. Even if the focus of the communication is on something negative, the teacher should try to begin each contact with something positive. Good communication also involves listening, of course. So teachers should make it a point to invite parental questions or comments, and give them full attention when they have something to say.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

Involving parents in their children's performance in school has been found to improve academic skills in a number of research studies (e.g., Clark, 1993; Marcon, 1999; Shaver & Walls, 1998). In addition, specific programs such as First Steps to Success have been validated as effective across schools and over time (Walker, Golly, McLane, & Kimmich, 2005). A complete list of research citations can be found in Appendix E.

Specifically, research has demonstrated a number of positive outcomes.

- **Parental involvement** in their child's school has been associated with **increases in *appropriate* behavior**, including:
  - earning higher grades;
  - improved school attendance;
  - improved social skills;
  - increased rates of graduation and post-secondary education; and
  - a more positive attitude toward school.
- Schools that have **programs designed to engage families** have been associated with **increases in *appropriate* behavior**.
- Programs designed to **teach skills to parents** also have been associated with **increases in *appropriate* behavior**.
  - School-sponsored workshops for parents that focus on ways to help students at home have been linked to higher reading and math scores, regardless of the student's socioeconomic status and gender.
- **Home-based intervention provided by schools** has been associated with:
  - **increases in *appropriate* behavior**
    - Parent-child therapy has been shown to improve school compliance without direct intervention in schools with effects maintained one year after intervention.
  - **decreases in *inappropriate* behavior**
    - Early intervention combining home-based parent training and school-based social skills training has been linked to long-term positive results for disruptive kindergarten boys, including fewer special education referrals and fewer delinquent behaviors.

## RESOURCES

- Early Head Start National Resource Center. <http://ehsnrc.org/>
- Family Friendly Schools. <http://www.familyfriendlyschools.com/>
- The Family Involvement Network of Educators (FINE), part of the Harvard Family Research project. <http://www.gse.harvard.edu/hfrp/projects/fine.html>
- Healthy Families America. <http://www.healthyfamiliesamerica.org/home/index.shtml>
- Home Instruction for Parents of Preschool Youngsters (HIPPY). <http://www.hippyusa.org/>
- National Coalition for Parent Involvement in Education. <http://www.ncpie.org/>
- The National Network of Partnership Schools. <http://www.csos.jhu.edu/p2000/>
- The Parent-Child Home Program. <http://www.parent-child.org/>
- Parents as Teachers. <http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272091>
- Parent and teacher training resources. <http://incredibleyears.com/>



- Parent Training and Information Centers and Community Parent Resource Centers.  
<http://www.taalliance.org/centers/index.htm>

## **BACKGROUND READING**

- Dunst, C., Trivette, C., & Deal, A. (1988). *Enabling & empowering families: Principles & guidelines for practice*. Cambridge, MA: Brookline Books.
- Jones, V., & Jones, L. (2007). *Comprehensive classroom management: Creating communities of support and solving problems* (8<sup>th</sup> ed). Boston: Allyn & Bacon.
- Walker, J. E., Shea, T. M., & Bauer, A. M. (2007). *Behavior management: A practical approach for educators* (9<sup>th</sup> ed). Upper Saddle River, NJ: Merrill/Prentice Hall.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **Direct Instruction of Academic Skills (a best practice)**

#### **BRIEF OVERVIEW**

**Direct instruction** is a teaching method typified by explicit presentation of subject matter (e.g., use of signals); carefully sequenced (i.e., components and sub-components of skills are seamlessly and progressively presented); supported instruction (e.g., prompts are added and systematically faded out); numerous opportunities for students to respond; frequent and specific feedback to student responses (e.g., error correction or praise); and frequent review of concepts and skills already taught. It is commercially available as packaged programs for teaching reading, math, science, handwriting and social science. However, it is not necessary to use commercially available curricula to implement direct instruction.

In a direct instruction approach, students experience a high degree of success because they learn concepts and skills to mastery as teachers **model** what they want students to do, **lead** students in a trial of the new skill or concept, and **test** students' understanding of the new material. Determining placement, teaching material, and progress monitoring are key components of direct instruction programs.

**Determining Placement.** It is important to first determine what skills students already possess and what skills need to be taught before developing lesson plans. As appropriate, general and program-specific screenings of students should be conducted. The intent of a general screening is to assess whether students have mastered typical grade-level skills (e.g., letter-sound correspondence). The intent of program-specific screening is to determine where instruction should begin within a specific program for a group of students.

When possible, students should be grouped according to their skill level; with the students needing the greatest amount of support in the smallest groups. If grouping according to skill level is not possible, additional opportunities for struggling students to receive more practice and instruction should be arranged (e.g., peer-tutoring, computer assisted instruction, or extended periods of teacher-led instruction).

Assessment to determine placement not only provides a gauge of where to begin instruction, it also provides a baseline level of performance to which future performance can be compared.

**Teaching Material. Scripted lesson plans** are used to explicitly teach students concepts and skills. Lesson plans may be teacher-developed or already embedded in a direct instruction curriculum. Lesson plans should include the following.

- An explanation of the objective of the lesson (**frame** the lesson).

- A definition of the concept or skill to be taught including, as appropriate, both positive and negative teaching examples.
- A demonstration of the correct application of the skill or concept (**model**).
- A teacher-led demonstration of the correct application of the skill or concept with students (**lead**).
- Opportunities for students to independently demonstrate the correct application of the skill or concept (**test**).
- If students respond to the test accurately, provide **specific praise**.
- If students respond inaccurately to the test, immediately provide an **error correction** and repeat the **model**, **lead**, and **test** process.

### Example of Direct Instruction: Teaching the sound for the letter “m.”

- Tell the class that they will be learning a new sound today (**frame the lesson**).
- Write “m” on the board.
- Say (while pointing to the letter), “This makes the sound ‘mmmm’.” (**model**).
- Show the class a variety of pictures of the letter “m” (e.g., vary font and color). Point to each picture and say, “This makes the sound ‘mmmm’.”
- Show them a variety of pictures of other letters, numbers, and objects and say, “This does **not** make the sound ‘mmmm’.”
- Vary the order in which examples and non-examples are presented.
- Show a picture of the letter /m/ and say, “Let’s say it together, “this makes the sound ‘mmmm’.” (**lead**). Lead students through other examples as needed.
- Ask, “What sound does this make?” (**test**). Test students on other examples as needed.
- If students produce the sound correctly, say, “Great job making the sound for the letter ‘m’.” (**specific praise**).
- If a student says, “nnnn” instead of “mmmm,” repeat the **model**, **lead**, and **test** process and say (while pointing to the letter), “This says ‘mmmm’. Say it with me, ‘mmmm’. On your own, what is this sound? That’s right, that sound is ‘mmmm’.” (**error correction**).
- Provide students with ample opportunities to practice the new skill.

**Progress Monitoring.** Following instruction, the effect of instruction is evaluated by monitoring student progress frequently. Progress is typically monitored using **mastery measurement** or assessing whether students are fluent with skills and concepts that have specifically been taught (e.g., “m” makes the “mmm” sound). It is also important to measure growth on **general outcome** assessments, which determine whether students are making progress on grade-level skills that students are expected to learn (e.g., multiple letter-sound correspondences).

Progress monitoring data should be collected either informally or formally, to also determine the types of student errors being made and the number of students making errors. These data will indicate what skills should be re-taught and what skills or concepts need to be taught next.

## IMPLEMENTATION ESSENTIALS

Like the other practices described in this set of tools, direct instruction is most effective if it is faithfully implemented. A number of curricula have been commercially developed in a direct instruction format. If a school or school district uses any of these, teachers will have access to instruments for determining student placement, teaching materials, and monitoring student progress. If teachers do not have access to these resources, they can consult the websites listed below in the Resources section. After teachers have mastered the model-lead-test format, they will find that they and their students will enjoy the quick pace of instruction as well as the gains in student achievement.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

There is a wealth of research evidence that direct instruction is effective when compared to other strategies for improving reading fluency (e.g., Gersten, Keating, & Becker, 1988; Nelson, Johnson, & Marchand-Martella, 1996; White, 1988). This practice also has an established evidence base in the areas of classroom management (Simonsen, Fairbanks, Briesch, Sugai, & Myers, in review), and teaching social skills (Rutherford, Mathur, & Quinn, 1998; a complete list of research citations can be found in Appendix E). Specific findings include the following.

*Direct instruction* is associated with changes in behavior.

- **Increases in *appropriate* behavior** include:
  - on-task behavior (e.g., hand-raising and attending to the teacher);
  - academic achievement;
  - college acceptance rates;
  - long-term success in reading, math, and spelling performance;
  - phonemic awareness and basic early reading skills of students with or at-risk for emotional disturbance;
  - identifying anaphoric relationships;
  - social communication;
  - reading and math performance for students with intractable epilepsy);
  - rates of legible hand writing and word reading;
  - comprehension skills (e.g., identifying the main idea in texts); and
  - social interaction skills in students with serious emotional disturbance.
  
- **Decreases in *inappropriate* behavior** such as:
  - disruptive behavior (e.g., hitting, yelling, and being out of the seat); and
  - grade retention.

When combined with **cooperative learning**, direct instruction has been shown to promote social communication skills in adjudicated female adolescents.

## RESOURCES

- The Association for Direct Instruction. <http://www.adihome.org/phpshop/members.php>
- Big Ideas in Beginning Reading. <http://reading.uoregon.edu/>
- The Florida Center for Reading Research. <http://www.f=ctr.org/>

- Intervention Central: Direction Instruction.  
<http://www.interventioncentral.org/htmdocs/interventions/rdngcompr/dirinstr.shtml>
- National Reading Panel: Teaching Children to Read.  
<http://www.nichd.nih.gov/publications/nrp/smallbook.htm>
- National Institute for Direction Instruction. <http://www.nifdi.org/>
- Special Connections: An Introduction to Direct Instruction.  
<http://www.specialconnections.ku.edu/cgi-bin/cgiwrap/speconn/main.php?cat=instruction&section=di/main>
- Teaching LD: Current Practice Alerts: Alert 2- Direction Instruction.  
[http://www.teachingld.org/ld\\_resources/alerts/2.htm](http://www.teachingld.org/ld_resources/alerts/2.htm)

## **BACKGROUND READING**

- Becker, W.C., & Gersten, R. (1982). A follow-up of Follow Through: The later effects of the Direct Instruction Model on children in fifth and sixth grades. *American Educational Research Journal*, 19(1), 75-92.
- Carnine, D. W., Silbert, J., Kame'enui, E. J., & Tarver, S.G. (2004). *Direct instruction reading* (4<sup>th</sup> Ed.). Upper Saddle River, NJ: Merrill.
- Engelmann, S. & Bruner, E.C. (1974). *DISTAR I, II*. Chicago: Chicago Science Research Associates.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **Error Correction (a best practice)**

#### **BRIEF OVERVIEW**

Reducing repetitive errors and ensuring the student knows and can demonstrate the correct response increases the chance that the correct response will occur. **Error correction** is a statement provided by a teacher or other adult following the occurrence of an undesired behavior (i.e., contingent), which indicates that the behavior is incorrect or inappropriate. It is a practice used to correct errors in academic or social behavior, although it is specifically incorporated into such behavior programs as School-Wide Positive Behavior Support, Unified Discipline, and Project ACHIEVE.

In most situations, error corrections should:

- state the undesired behavior that occurred;
- state the specific desired behavior for that particular situation;
- require the student to engage in the desired behavior; and
- be as brief and specific as possible.

From a social behavior perspective, error corrections are also called **explicit reprimands**. Error corrections may be delivered for **academic** or **social behavior errors** and can be enhanced by providing performance feedback for accurate and appropriate responses. These explicit instructional strategies include:

- **Academic Behavior Error Correction.** This can be used when students make academic mistakes, as explained in the Direct Instruction section. When a student makes an academic error, specific and immediate corrections are most effective. For example, if a student says "sss" when presented with the letter "f", a teacher should immediately interject, "fff," that sound is "fff". Say it with me, "fff". Now, on your own, what sound?" In addition to having the student immediately state the correct sound, a teacher should check throughout the lesson (and in later lessons), to determine whether the student continues to state the correct sound. A teacher should follow-up the error with varied opportunities to practice making the correct response and opportunities to discriminate between the correct response and other similar, but incorrect, responses.
- **Social Behavior Error Correction.** Just as academic errors are corrected, errors in social behavior should also be corrected. A teacher should state the behavior that is inappropriate, state the appropriate behavior, and require the student to engage in the appropriate behavior. For example, if a student gets out of seat without asking for permission, a teacher

says, “You did not ask for permission before getting out of your seat. Raise your hand and ask permission before you leave your seat. Come back to your seat and let’s try that again.” The teacher then requires the student to ask for permission and praises the student for doing so. The teacher should test student knowledge at later times to ensure they know and can demonstrate the appropriate behavior. Teachers should be sure to praise corrected academic and social behavior responses.

- **Performance Feedback.** Another way to provide feedback to students regarding their engagement in target behaviors is performance feedback. Performance feedback typically involves the visual display (e.g., graphs or charts) and/or verbal explanation of rates of specific target behaviors in which students are engaging. Students might earn rewards or acknowledgements for engaging in a targeted level of a specific behavior. For example, a class might earn a free choice period if they are tardy fewer than three times in a month. Performance feedback can be provided not only for inappropriate behavior (e.g., number of office referrals for one group of students for the week) but also for appropriate behavior (e.g., students who have passed mastery tests or positive school social acknowledgements).

## **IMPLEMENTATION ESSENTIALS**

It might seem odd to refer to instances of inappropriate social behavior as “errors.” However, if teachers think of such behaviors as a mistake, rather than intentional misbehavior, teachers are less likely to overreact with harsh punishment or lecturing. Just as when correcting academic errors, following behavioral errors with specific feedback and teaching the correct behavior is more likely to result in the student’s use of the appropriate behavior in the future.

Error correction is more effective if it occurs in a climate where positive reinforcement of desired behavior predominates. Teachers should strive to deliver at least four praise statements to students for every one error correction. Not only will this focus students’ attention on desired behavior, but the contrast in rates of use also will increase the impact of error corrections.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

Research consistently has shown that systematic correction of student academic and social behavioral errors and performance feedback have a positive effect on behavior (Kerr & Nelson, 2006; Simonsen, Fairbanks, Briesch, Sugai, & Myers, in review; Walker, Ramsey, & Gresham, 2004) A complete list of research citations can be found in Appendix E. Specific research findings include the following:

### **Error correction of Academic Behavior**

- Immediate direct academic error corrections that required students to emit the correct response resulted in higher rates of correct future responses.
- Error correction on all oral reading errors was significantly more effective than correction of meaning-changing errors only or no error correction.
- Error correction following:
  - oral reading errors, improved word recognition and reading comprehension; and
  - spelling errors, improved spelling accuracy.

### **Error correction** (i.e., explicit reprimands) **of Social Behavior**

- Direct and explicit reprimands following undesired behavior and praise for desired behavior, decreased undesired behavior.
- Quiet or “soft” corrections were most effective in reducing inappropriate behavior.
- Discreet corrections in combination with praise were effective in increasing on-task behavior.

### **Performance feedback systems** have:

- increased on-task behavior and accurate reading and spelling performance and
- improved student writing performance, task completion, and on-task behavior.

### **Performance feedback systems** in combination with **group contingencies** and/or **intermittent reinforcement** have:

- increased appropriate social behavior for a classroom of students versus a control classroom;
- increased rates of homework completion;
- reduced student problem behavior; and
- reduced classroom transition times.

## **RESOURCES**

- Behavior Home Page: Classroom Management Tips.  
<http://www.state.ky.us/agencies/behave/bi/cmtips.html>
- CHAMPs: A Proactive and Positive Approach to Classroom Management- Correction Procedures, Module 7. <http://www.safeandcivilschools.com/books.php>
- Discipline in the Secondary Classroom, 2nd Edition.  
<http://www.safeandcivilschools.com/books.php>
- Intervention Central: Reducing Problem Behaviors Through Good Academic Management: 10 Strategies.  
<http://www.interventioncentral.org/htmldocs/interventions/behavior/edtchng.shtml>
- Intervention Central: Teacher Behavioral Strategies: A Menu.  
<http://www.interventioncentral.org/htmldocs/interventions/behaviormenu.shtml>
- National Technical Assistance Center for Positive Behavioral Interventions and Supports.  
<http://www.pbis.org>
- Project ACHIEVE.  
<http://www.projectachieve.info/>
- Unified Discipline.  
<http://ericec.org/osep/newsbriefs/news29.html>

## **BACKGROUND READING**

- Alberto, P. A., & Troutman, A. C. (2003). *Applied behavior analysis for teachers* (6<sup>th</sup> ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- Barbetta, P.M., Heward, W. L., Bradley, D. M., & Miller, A. D. (1994). Effects of immediate and delayed error correction on the acquisition and maintenance of sight words by students with developmental disabilities. *Journal of Applied Behavior Analysis*, 27, 177-178.



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **Explicit Social Skills Instruction (a best practice)**

#### **BRIEF OVERVIEW**

**Explicit Social Skills Instruction** refers to systematically teaching expected and appropriate social behavior to students. Curricula for social skills instruction are available commercially. Many of these have been established as evidence based through multiple research studies (e.g., Second Step, I Can Problem Solve), and focus on generic social skills (e.g., showing respect) or on specific problems (e.g., bullying prevention). A number of school-wide approaches for addressing student discipline (e.g., CHAMPS, School-Wide Positive Behavior Support, Unified Discipline) include social skills instruction.

Explicit social skills instruction includes three key components:

- establishing and posting expectations;
- teaching and reviewing expectations; and
- monitoring and providing feedback.

**Establishing and Posting Expectations or Rules.** This involves identifying a set of expectations that meet the following criteria:

- **positively stated**; tell students what *to* do rather than what *not* to do;
- **small in number** (i.e., 3-5) to increase the likelihood that students (and staff) will recall them;
- **broad** enough to encompass a variety of specific appropriate behaviors. For example, the expectation “Be Respectful” may include the specific behaviors: raise hand before talking, use polite language, and wait turn;
- **mutually exclusive**, that is, there should not be overlap among the behaviors that would be covered by each expectation. For example, an expectation to “Keep Hands and Feet to Self” would overlap significantly with an expectation to “Be Safe”; and
- **consistent** throughout all settings in a school.

The expectations are **operationally defined** in the context of routines; that is, what it “looks like” to follow the expectation within each routine. One way to do this is in a matrix format (see examples on the Positive Behavioral Interventions and Supports website, [www.pbis.org](http://www.pbis.org)). As illustrated below, expectations are row headings, routines are column headings, and bullet points within each cross-section are used to operationally define expectations following behavior within each routine. For example, bullet points written in the box labeled “A” could include: “keep hands, feet, and materials to self”; “walk to your desk”; and “put items where they belong.”

	Entering Classroom	Seat Work	Small Group Activity	Leaving Classroom
<b>Be Safe</b>	<ul style="list-style-type: none"> <li>▪</li> <li>▪ A</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>
<b>Be Respectful</b>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>
<b>Be Ready</b>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>

After completing the matrix, the identified expectations are posted in all areas of a school, using a variety of methods (e.g., posters, murals). The display should state the expectations and provide the operational definition of the expectations within relevant routines. In addition to public displays, some schools choose to include the expectations in student planners, on the school website, and in other locations accessed by students and staff.

**Teaching and Reviewing Expectations.** Scripted lesson plans are developed to explicitly teach students how to follow each expectation within the context of each routine. Lesson plans should include:

- a brief explanation of the expectation and routine;
- a statement (i.e., operational definition) of what it looks like to follow the expectation within the routine, including both positive and negative teaching examples;
- a demonstration of expectation-following behavior (*model*);
- activities that provide students with guided practice (*lead*); and
- opportunities for students to independently demonstrate expected behavior in the natural context (*test*).

A separate lesson plan should be developed for teaching each expectation in the context of each routine. For example, if the matrix format is used to develop and define expectations, a separate lesson would be created for each box.

Once lesson plans have been developed, **deliver instruction in the natural context**. For example, to teach students how to be respectful in the hallway, teach and provide practice in the hallway.

**Review** previously taught expectations on a daily basis, and **prompt** students to engage in expected behavior before transitioning to each new routine or setting. Similarly, provide **pre-corrections** before student(s) transition into a routine or setting where frequent errors have been made.

**Monitoring and Providing Feedback Related to Expectations.** Following instruction, actively supervise or monitor students' behavior across routines. Active supervision, which is described in detail in another tool for this step, includes scanning the environment, moving around, and interacting with students. In the context of rule instruction, active supervision provides the opportunity to (a) evaluate the effect of instruction and (b) provide students with feedback on the extent to which they are exhibiting expected behavior.

Evaluate the effect of instruction by **collecting data**, either informally or formally, on the types of errors being made, the number of students making errors, and the environmental features associated with the errors. These data will indicate which expectations (what) should be re-taught to which students (who) in which routines (where).

Provide **feedback** to students in the form of both corrective and praise statements. Corrective statements tell the student what s/he did incorrectly and what s/he should do differently in the future (i.e., the expected behavior). Praise statements tell students what they did well (the expected behavior) and that they should continue to engage in that behavior in the future.

## **IMPLEMENTATION ESSENTIALS**

The essential ingredients in teaching social skills are identifying the skills to teach, developing and scheduling lessons, delivering instruction, and monitoring to assess students' proficiency. Thus, it is essential that teachers identify the expectations (desired skills) that they want to teach. This task also is essential to using praise effectively—teachers must first identify specific positive behaviors to praise. It is important to monitor students to see if they are using the social skills being taught, so active supervision also is a key component of social skills instruction. Effective teaching of desired social behaviors also includes elements of direct instruction, in that a model-lead-test format is an efficient way to deliver instruction. There are a number of published social skills curricula that include lesson plans and teaching materials, but instructors can design their own social skills lesson plans. Remember to schedule some time regularly for social skills instruction. Other students who have demonstrated mastery of particular social skills can be used as peer mentors.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

Research on social skills instruction has shown this strategy to be consistently effective with a variety of student populations and using a variety of curricula (e.g., Gresham, Sugai, & Horner, 2001; Hansen, Nagle, & Meyer, 1998; Rutherford, Mathur, & Quinn, 1998). It is supported as a best practice in scholarly reviews (e.g., Kerr & Nelson, 2006; Walker, Ramsey, & Gresham, 2004). A complete list of research citations can be found in Appendix E. Specific findings include the following.

Explicit social skills **instruction and review** is associated with:

- **increases in appropriate behavior**; including:
  - teacher-independent conflict resolution and leadership behaviors in both non-classroom and classroom settings;
  - time on task in classroom settings;
  - opportunities to respond in classroom settings (teacher behavior);
  - game-related social skills in gym; and
  - generic appropriate behavior.
- **decreases in inappropriate behavior**, including:
  - off-task behavior in both non-classroom and classroom settings;
  - talk outs in classroom settings;
  - disruptive behavior in both classroom and non-classroom settings;
  - aggressive behavior;
  - inappropriate verbalizations in non-classroom settings; and
  - generic inappropriate behavior.

Combining rule instruction and review with other interventions (e.g., seating changes,

contingent feedback, reinforcement, precision requests) is associated with:

- **increases in appropriate behavior**; including:
  - on-task behavior and
  - positive and corrective comments (teacher behavior).
- **decreases in inappropriate behavior**, including disruptive behavior.

Pairing rule instruction with both feedback and reinforcement is more effective than rule instruction alone or the combination of rule instruction with feedback.

Combining rule review with other interventions (e.g., token economy, precision requests or group contingencies) is also effective with students identified with social and emotional disorders and oppositional defiant disorder.

Although research supports the use of individualized social skills instruction (e.g., locally developed lessons to address needs of a particular school, classroom, or group of students), there also is empirical support for various packaged social skills curricula (e.g., Second Step). Interested readers also may access the CASEL publication, listed under Background Reading below, for a review of additional curricula.

## RESOURCES

- The Behavior Home Page: Social Skill Resources.  
<http://www.state.ky.us/agencies/behave/bi/ss.html>
- CHAMPs: A Proactive and Positive Approach to Classroom Management- Expectations, Module 3. <http://www.safeandcivilschools.com/books.php>
- Collaborative for Academic, Social & Emotional Learning (CASEL).  
<http://www.casel.org>
- Effective Substance Abuse and Mental Health Programs for Every Community.  
<http://modelprograms.samhsa.gov>
- I Can Problem Solve. <http://www.psychologymatters.org/shure.html>
- Intervention Central: Power of Generalization.  
<http://www.interventioncentral.org/htmdocs/interventions/specialneeds/generalization.shtml>
- Intervention Central: Victims: Preventing Students From Becoming 'Bully-Targets'.  
<http://www.interventioncentral.org/htmdocs/interventions/bully/victim.shtml>
- The National Center for Positive Behavioral Interventions and Supports.  
<http://www.pbis.org>
- Second Step. <http://www.cfchildren.org/cfc/ssf/ssf/ssindex/>
- Unified Discipline. <http://ericec.org/osep/newsbriefs/news29.html>

## BACKGROUND READING

- The Collaborative for Academic, Social, and Emotional Learning (CASEL). (March 2003). *Safe and sound: An educational leader's guide to evidence-based social and emotional learning (SEL) programs*. Chicago, IL: Author.  
[http://www.casel.org/projects\\_products/safeandsound.php](http://www.casel.org/projects_products/safeandsound.php)
- Darch, C. B., & Kame'enui, E. J. (2004). *Instructional classroom management: A positive approach to behavior management* (2<sup>nd</sup> ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- Simonsen, B. M., Fairbanks, S. A., Briesch, A., Sugai, G., & Myers, D. M. (unpublished manuscript). *Evidence based practices in classroom management*.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **Peer Tutoring (a best practice)**

#### **BRIEF OVERVIEW**

*Peer tutoring* is an instructional strategy in which students help each other and learn by teaching. Students provide instruction to one another and provide immediate error correction. Teachers function as managers in that they choose materials, assign “tutor” and “tutee” roles, and monitor students’ progress. Teachers might also opt to use the principle of reinforcement in conjunction with peer tutoring and providing praise or other reinforcement to successful teams or groups of teams. There are many variations on the peer tutoring model. Two well-researched examples are the Class Wide Peer Tutoring (CWPT) model (Greenwood et. al., 1988) and the Peer-Assisted Learning Strategies Model (PALS).

#### **General implementation guidelines.**

1. Explain to students why they will be using a peer-tutoring technique, stressing the idea of increased chances to practice and increased on-task behavior.
2. Ensure that students understand that the focus is on cooperation and collaboration, rather than competition.
3. Carefully select the content and instructional materials. The material should be at an appropriate difficulty level.
4. Provide training for students in both tutor and tutee roles. Be *specific* about the routines for feedback for correct responses, error corrections, and score-keeping (see below).
5. Demonstrate (**model**) the appropriate ways to give feedback, both positive and corrective.
6. Allow students to practice with sample scripts.
7. Circulate while students are practicing and provide feedback and reinforcement.
8. Discuss both constructive and non-constructive behavior observed in the pairs and invite students to discuss what did and did not work. Answer questions and find solutions.
9. Have the pairs switch roles and practice again. Continue to circulate, providing feedback and reinforcement.

One effective **score-keeping** model entails dividing the pairs into two groups that will compete for points. Tutors are instructed to provide tutees with immediate error correction, and points are awarded based on tutee performance. Both individual and team scores are publicly posted, and a reward is provided for the team with the highest point total.

Suggestions for **pairing** students:

- *Random* pairing if all students are at similar levels.

- *Split-list* pairing. Listing students by achievement (from highest to lowest), dividing the list in two, and pairing the first student from List 1 with the first student from List 2, and so on.
- When pairing students, pay attention to social cues that might make a particular pairing less likely to be successful.
- Change pairs and teams frequently to ensure that students work with a variety of peers, and have increased opportunities to win if using classroom competition in conjunction with peer tutoring.

## IMPLEMENTATION ESSENTIALS

Peer tutoring is more successful when lessons are carefully planned and tutoring sessions are supervised. Regardless of the strategy used to pair students, it is important to instruct both tutor and tutee in how to perform their roles. When tutoring sessions are taking place, it is important to circulate among all pairs, pausing often to observe, provide feedback, and most importantly, praise.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

The evidence base supporting peer tutoring is extensive, and there is broad consensus among researchers and scholars that this is a best practice for academic instruction (Darch & Kame'enui, 2004; Simonsen, Fairbanks, Briesch, Sugai, & Meyers, in review; Ryan, Reid, & Epstein, 2004.) A complete list of research citations can be found in Appendix E. Specific findings include the following:

**Classwide Peer Tutoring (CWPT)** is associated with:

- **increases in *appropriate* behavior**; including:
  - academic benefits for all peers in an inclusive classroom;
  - an increase in academic engagement;
  - an increase in reading achievement;
  - an increase in reading fluency and comprehension among students with disabilities;
  - an increase in the duration of social interaction for students with autism;
  - an increase in reading performance in students with emotional and behavioral disorders.
- **decreases in *inappropriate* behavior**; including:
  - reduced rates of competing behaviors, including aggression toward others and disrupting the academic task, in students with moderate and severe disabilities;
  - a decrease in off-task behavior and fidgeting in students with ADHD.

When paired with **peer coaching**, CWPT has been shown to affect an increase in positive social behaviors for students with ADHD. When combined with **explicit instruction**, CWPT has shown to enhance content area mastery in students with behavior disorders. When combined with **social skills activities** and **high classroom structure**, peer tutoring has been shown to decrease aggression in students with or at risk for emotional disturbance.

## RESOURCES

- Behavior Home Page: Academic.  
<http://www.state.ky.us/agencies/behave/academic/academic.html>
- CAST: Peer Mediated Instruction and Intervention.  
[http://www.cast.org/publications/ncac/ncac\\_peerpii.html](http://www.cast.org/publications/ncac/ncac_peerpii.html)>[http://www.cast.org/publications/ncac/ncac\\_peerpii.html](http://www.cast.org/publications/ncac/ncac_peerpii.html)

- Classwide Peer Tutoring at Work (Fulk & King, 2001).  
[http://journals.sped.org/EC/Archive\\_Articles/VOL.34NO.2NOVDEC2001\\_TEC\\_Article7.pdf](http://journals.sped.org/EC/Archive_Articles/VOL.34NO.2NOVDEC2001_TEC_Article7.pdf)
- Fuchs, D., Mathes, P. G., & Fuchs, L. S. (1995). *Peabody peer assisted learning strategies (PALS): Reading methods*. Nashville, TN: Peabody College, Vanderbilt University.
- Intervention Central: Kids as Reading Helpers: A Peer Tutor Training Manual.  
<http://www.interventioncentral.org/htmdocs/interventions/rdngfluency/prtutor.shtml>
- Intervention Central: Peer Helper.  
<http://www.interventioncentral.org/htmdocs/interventions/motivation.shtml>
- An Introduction to Classwide Peer Tutoring. <http://www.specialconnections.ku.edu/cgi-bin/cgiwrap/speconn/main.php?cat=instruction&section=cwpt/main>
- Peer Assisted Learning Strategies. <http://kc.vanderbilt.edu/pals/>

## **BACKGROUND READING**

- Fulk, B. M., & King, K. (2001). Classwide peer tutoring at work. *Teaching Exceptional Children, 34*(2), 49-53.
- Goodlad, S., & Hirst, B. (1989). *Peer tutoring: A guide to learning by teaching*. New York: Nichols Publishing.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 2. Universal Interventions**

### **Praise for Desired Behavior (a best practice)**

#### **BRIEF OVERVIEW**

The use of behavior-specific *praise* is an essential component of many programs and approaches that are focused on encouraging desired student behavior such as CHAMPS, School-Wide Positive Behavior Support, and Unified Discipline. The effectiveness of praise has been documented in research studies spanning more than 40 years. Praise is a statement indicating the positive value of or approval of some behavior(s). Praise is most effective when it:

- includes words indicating **genuine approval** of a behavior (e.g., “Great work”);
- is **contingent** on a behavior (i.e., follows the occurrence of a specific behavior); and
- is **specific** (i.e., describes the behavior for which the individual(s) is being praised).

For example, after a student raises his hand to ask a question, a teacher might say, “Jorge, thank you for raising your hand and waiting for me to call on you.”

Praise for desired student behavior is primarily given by teachers and other adults in schools. In situations when students might benefit from increased levels of praise or acknowledgement, students can be effectively taught to recruit praise from teachers, peers, or both (e.g., sharing completed class-work with teachers). Praise is a very effective way to encourage students to display academic and social appropriate behaviors. However, it has been demonstrated that teachers tend to use praise only sparingly. The ratio of praise to reprimands is more critical than the rate of using praise per se. Authorities recommend that teachers should deliver three to four praise statements to students for every one reprimand.

Praise is an excellent strategy to use in combination with a continuum of other strategies to acknowledge appropriate academic and social behavior (e.g., token economies). Praise statements can be interspersed between periods when more complicated acknowledgements (e.g., token or activity reward) are not delivered and also paired with such acknowledgements.

#### **IMPLEMENTATION ESSENTIALS**

Practically everybody has the basic resources necessary to deliver praise. The essentials required to use praise effectively include: identifying expected student behavior; being watchful for when it occurs; delivering praise promptly when expected or desired behavior is observed; and praising often. Other techniques include: clearly defining and reviewing behavioral expectations with students (e.g., being in one’s seat, raising one’s hand for permission to speak or to obtain teacher attention, keeping hands and feet to self), continuously watching for demonstrations of expected behavior, acknowledging it when it occurs, and acknowledging it



often. The motto that best describes this practice is “catch them being good.”

Some teachers have picked up the habit of being “bad behavior cops,” looking for instances of undesired behavior and upon spying it, delivering a reprimand or some other punishment. Although this might sound like good disciplinary practice, it is not. Children acclimate to consistent levels of mild punishment, so that it becomes progressively *less effective*. Also, some students, particularly those who have long histories of experience with punishment, find the attention associated with reprimands and other forms of interaction with teachers rewarding, even though it’s negative. So, the teacher’s challenge is to be alert for student behavior that exemplifies the expectations in his or her classroom and praise it immediately and often.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

The systematic and contingent use of praise has been extensively researched, and there is broad consensus that it is a best practice for promoting and supporting desired student behavior (Kerr & Nelson, 2006; Lewis, Hudson, Richter, & Johnson, 2004; Simonsen, Fairbanks, Briesch, Sugai, & Meyers, in review; Walker, Ramsey, & Gresham, 2004). A complete list of research citations can be found in Appendix E.

Specific findings include the following:

- Delivering **contingent praise** for **academic behaviors** can increase:
  - correct responses;
  - work productivity and accuracy;
  - academic performance; and
  - oral reading performance.
- Delivering **contingent praise** for specific **social behaviors** can increase:
  - on-task behavior;
  - student attending;
  - student compliance;
  - positive self-referent statements; and
  - cooperative play.
- Increasing the number of **behavior specific praise statements** was associated with an **increase in on-task behavior**.
- Providing reprimands three times as often as praise or approving behavior, resulted in increases in disruptive behavior; specifically noise-making behaviors.
- Increases in appropriate classroom behavior also occur when **contingent praise** was combined with:
  - use of effective commands;
  - direct instruction;
  - decreasing use of reprimands;
  - ignoring inappropriate behavior;
  - establishing rules;
  - establishing rules and ignoring inappropriate behavior; and
  - establishing rules and expressing disapproval for inappropriate behavior.

- Student recruitment of adult praise resulted in increases in adult praise, work productivity and accuracy, and language and math class work.

## RESOURCES

- Behavior Home Page: Classroom Management Tips.  
<http://www.state.ky.us/agencies/behave/bi/cmtips.html>
- CHAMPs: A Proactive and Positive Approach to Classroom Management- Motivation, Module 5. <http://www.safeandcivilschools.com/books.php>
- Discipline in the Secondary Classroom, 2nd Edition.  
<http://www.safeandcivilschools.com/books.php>
- Effective Schooling Practices: A Research Synthesis.  
<http://www.nwrel.org/scpd/esp/esp95.html#1.4.3>
- Intervention Central: Breaking the Attention-Seeking Habit: The Power of Random Positive Teacher Attention.  
<http://www.interventioncentral.org/htmldocs/interventions/behavior/ncrft.shtml>
- Least Restrictive Behavior Interventions (LRBI): Utah State Office of Education.  
<http://www.usu.edu/teachall/text/behavior/LRBI.htm>
- National Technical Assistance Center for Positive Behavior Interventions and Supports.  
<http://www.pbis.org>
- Unified Discipline. <http://ericec.org/osep/newsbriefs/news29.html>

## BACKGROUND READING

- Alberto, P. A., & Troutman, A. C. (2003). *Applied behavior analysis for teachers* (6<sup>th</sup> ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- Jones, V., & Jones, L. (2007). *Comprehensive classroom management: Creating communities of support and solving problems* (8<sup>th</sup> ed.). Boston: Allyn & Bacon.
- Walker, J. E., Shea, T. M., & Bauer, A. M. (2007). *Behavior management: A practical approach for educators* (9<sup>th</sup> ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.



***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**STEP 3.**

**Targeted Interventions**

- **Introduction**
- **A Team to Mobilize & Manage Resources for Learning Supports** *(an emerging practice)*
- **Engaging Students as Learners** *(an emerging practice)*
- **Family Support** *(a best practice)*
- **Literacy and Math Interventions for Struggling Students** *(an emerging practice)*
- **Reconnecting Youth** *(a best practice)*
- **Self-Determination for At-Risk Youth** *(a best practice)*

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 3. Targeted Interventions***

### **INTRODUCTION\***

When students are unsuccessful at the universal, core instructional level, whether their struggles are academic, behavioral, or both, they typically need additional intervention. ***Response to Intervention (RTI)*** is designed to provide quality instruction through a research-based and scientifically valid curriculum, implemented with fidelity for all students. Continuous monitoring of progress is an integral part of the process to quickly identify those who are not responding and need something specific to effectively address the identified problem. *RTI*, the current term for curriculum-based assessment and measurement, is one way to measure the effectiveness of the intervention. This monitoring is critical to the problem-solving process. Learning rate and level of performance are two response measures used in ongoing decision making.

Rather than the “wait to fail” model, schools embracing *RTI* have a supplemental delivery system for students needing more intensive interventions. Commonly, these are known as secondary or tertiary interventions, although a given *RtI* approach may have more than three tiers (the first tier always being universal instruction.) Under an *RtI* approach, at the building level, decisions to be made include the how and when students will move to their most appropriate instructional setting; who will provide the educational services; and how those services will be monitored for effectiveness. An enhanced level of support may or may not occur in the regular classroom environment, but it is always aligned with the curriculum and behavioral expectations of the classroom. Accommodations and alignment are important to ensure the student’s ability to continue to make progress on grade-level content standards.

When a student receives services at the targeted tier of intervention, the goal is to *accelerate* student learning to close the achievement gap so the student can function within the universal, core group. Ideally, the goal is for the student to function as an independent learner without secondary tier supports.

---

\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

## What the interventions look like

Often, at the targeted level there will be additional daily time for direct instruction with a more narrow focus than was provided at the universal level. This direct instruction could be academic; teaching strategies; or creating an environment to enhance motivation and engagement; or a combination of these. A sufficient length of time and ongoing monitoring should be provided to determine if the intervention is working. Some have recommended six to eight weeks for the targeted intervention, but there is no set time limit. Careful, frequent monitoring of progress is important.

The intervention should specifically match the needs of each individual student. Targeted interventions are most effective when the problem-solving team clearly identifies the specific problems or barriers to the student's learning prior to prescribing interventions. Typically, it is best to follow the principle of using the most effective but least intrusive intervention needed; i.e., doing what is needed, but no more than that.

For instance, a fourth grade student who is achieving below his/her peers in reading might very well close that achievement gap with more targeted, intense reading instruction alone. If the child does not respond to that intervention, then other interventions can be implemented. A tenth grader who is achieving below peers in reading and has ongoing attendance and discipline issues will need more than targeted, intense reading instruction, and could require third tier (intensive) interventions involving multiple agencies.

In this section, several best practices and emerging practices for targeted interventions are described in detail. Keep in mind, however, that these interventions are not mutually exclusive. Seldom is one intervention used in isolation. They are truly integrated and inter-connected. Furthermore, this list of tools is not inclusive of all best practices shown to be effective. References are included to assist in the exploration of proven and promising programs.

One trait that best practices share in common is they are based on **fully (re)engaging** the student in his/her learning.

- At its most basic level, ensuring students are fully **engaged in their classroom** learning involves capturing a student's attention and focus and creating a positive classroom environment.
- Some struggling students see adult success as more a factor of luck than hard work. Older students especially need to understand the relationship between what they are learning now and their future options. Having a clear sense of possible post-school outcomes can help students see that **relevance**. Additionally, community-based experiences can help a student feel more connected.

- Promoting a strong sense of **self-determination and self-advocacy** is also at the heart of student engagement. This can help foster a situation where the student is genuinely available for learning.
- Interventions must be specifically designed to close achievement gaps, especially in the areas of literacy and math. **Academic rigor** is a way to achieve engagement. Although sometimes students might benefit just from extended time, often they will need something other than a “longer and louder” version of what they had been getting in the general classroom.
- The importance of **family/community support** cannot be emphasized enough. In attempting to engage struggling learners, it is critical for students to have a sense of belonging and accomplishment and to have relationships with adults, peers, and parents that support learning.
- Finally, the **resources** to provide these interventions must be available. At the building level, teams will decide how best to allocate space, time, and personnel to provide quality interventions, as well as how to support the seamless movement of students through various levels of intervention. Regular reevaluation of decisions, reformulation of plans, and renegotiation of agreements based on mutual evaluations of progress, problems, and learners’ perceptions of how well instruction matches their interests and capabilities is ongoing.

Professional development will be required to support teachers to use a variety of teaching strategies that accommodate individual needs and differences. Teachers may be called upon to teach prerequisite knowledge and skills in order to enhance learning academic content and address academic and nonacademic barriers that may be interfering with student learning and performance.

The interventions in this Step are intended to be secondary tier interventions. Ideally, students who receive these kinds of interventions will successfully progress within the primary, core group. However, when the school’s problem-solving team finds students are not responding positively to the targeted interventions, the team will need to determine if those students will need additional support, including more individualized and intensive interventions (*see, e.g., Step 3*). In that case, the *RTI* framework serves as a diagnostic tool to better delineate intensive interventions and possible eligibility for special education services.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~~~~~

## ***Step 3. Targeted Interventions***

### **A Team to Mobilize and Manage Resources for Learning Supports (an emerging practice)**

#### **BRIEF OVERVIEW**

All schools have activities that focus on the prevention and correction of undesirable behaviors, learning, and emotional problems. This work includes programs and services related to substance abuse, violence, teen pregnancy, school dropouts, delinquency, and learning problems. In some schools, as much as 30% of the budget may be used to address such concerns. However, schools often lack the infrastructure to ensure that resources are used appropriately to address all of problems that arise.

Most schools have a team that focuses on individual student/family problems (e.g., a student support team). This type of team frequently addresses referrals, triage, and case monitoring or management. In contrast to a case-focused team, a school team that addresses resource-oriented functions (e.g., a *Learning Support Resource Team*) takes responsibility for enhancing the use of all resources a school has available for addressing barriers to student learning and promoting healthy development. This type of resource provides a missing link in enhancing use of student/learning support resources to enable more students to have an opportunity to succeed in school.

Resource-oriented infrastructure mechanisms can enhance cost-efficacy by ensuring that programs function in a coordinated, integrated and systemic manner. The functions of such a mechanism range from clarifying priority needs to analyzing how existing resources can best be deployed in building a comprehensive system of learning supports over time. For example, a Learning Supports Resources Team provides ways to:

- (a) map and analyze activity and resources to improve their use in preventing and addressing problems;
- (b) identify the most pressing program development needs in a school;
- (c) make decisions about resource allocation;
- (d) maximize systematic and integrated planning, implementation, maintenance, and evaluation of student and learning supports;
- (e) establish priorities for strengthening programs and developing new ones;
- (f) create formal working relationships with community resources to enhance school



- resources and establish special linkage in the community; and
- (g) upgrade and modernize the approach to providing student learning supports in ways that reflect the best intervention thinking and use of technology.

Properly designed, this mechanism is a formal unit of a school's infrastructure that is fully connected with other infrastructure mechanisms, especially those involved in school improvement planning and decision-making. Having at least one representative from the resource team on the school's governing and planning bodies (e.g., the principal's decision-making team; the school improvement planning team) ensures the type of infrastructure connections that are essential if student and learning supports are to be maintained, improved, and increasingly integrated with classroom instruction.

A well-designed resource-oriented team complements the work of a school's governance body by focusing on providing on-site overview, leadership, and advocacy for all activity specifically used to address barriers to teaching and learning. The team needs to include appropriate members (e.g., those with authority to make decisions) and team members will need to be trained and supported by the administrators and other faculty. This type of mechanism enables the "braiding" of school and community resources, encourages cohesive intervention activities and is the key to developing current student supports into a comprehensive system of learning supports. Further, a resource-oriented mechanism focused on student/learning supports also provides leadership for guiding all stakeholders in achieving the school's vision for learning supports and for enhancing productive working relationships and solving turf and operational problems.

## **IMPLEMENTATION ESSENTIALS**

It is conceivable that one person could perform many of the basic resource-oriented functions. However, given the nature and scope of the work, it is preferable to have several stakeholders function as a formal team (e.g., a Learning Supports Resource Team). Establishing and building the capacity of resource-oriented mechanisms are not simple tasks. Therefore, it is important to think in terms of a phase-in process and how to facilitate systemic changes (Adelman & Taylor 2002, 2006a; AED, 2002; Center for Mental Health in Schools, 2005a; Lim & Adelman, 1997; Rosenblum, et al., 1995; Taylor, Nelson, & Adelman, 1999; U.S. Department of Education, 2000).

Some schools might find the idea of establishing another team difficult. In such cases, an existing team (e.g., student or teacher assistance team; school crisis team; healthy school team; or school improvement team) could be tasked to perform resource-oriented functions. In adding the resource-oriented functions to another team's work, however, it is important that the team have sufficient time to devote to the additional tasks. For small schools, a large team often is not feasible, but a two-person team can still do much of the work. What is most important is to get started and then, over time, build the type of team that fits the setting. The key is to not lose sight of the functions the team needs to undertake and what it needs to accomplish.

The team meets as necessary. Frequency of meetings depends on how ambitious the group's agenda is and time availability. Initially, this may mean once a week. Later, when meetings are scheduled for every 2-3 weeks, continuity and momentum are maintained through interim tasks

performed by individuals or work groups. Because some participants may be at a school on a part-time basis, one of the problems that must be addressed is that of rescheduling personnel so that there is an overlapping time for meeting together. Of course, the reality is that not all team members will be able to attend every meeting, but a good approximation can be made at each meeting, with steps taken to keep others informed as to what was done. Well planned and trained teams can accomplish a great deal through informal communication and short meetings.

Although a resource-oriented team might be created solely around psychosocial programs, the intent is to focus on resources related to *all* major learning supports programs and services. Thus, the team should try to bring together representatives of all these programs and services. Because various teams at a school require the expertise of the same personnel, some individuals will necessarily be on more than one team.

Having an administrator on the team provides the necessary link with the school's administrative decision making related to allocation of budget, space, staff development time, and other resources. Team members might include school counselors, psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, behavioral specialists, after school program staff, bilingual and Title I program coordinators, health educators, safe and drug free school staff, and union representatives. It also could include representatives of any community agency that is significantly involved with schools. Beyond these "service" providers, the team would benefit from the energies and expertise of regular classroom teachers, parents, older students, and noncertificated staff (e.g., front office; food service workers; custodians; bus drivers; and/or school resource officers).

For the team to function well, there must be a core of members who have or will acquire the ability to carry out identified functions and make the mechanism work (others are auxiliary members). They must be committed to the team's mission. Building team commitment and competence is an ongoing task. The team must have a dedicated leader/facilitator who is able to keep the group task-focused and productive. It also needs someone who records decisions and plans and reminds members of planned activity and products. Whenever feasible, advanced technology (management systems, electronic bulletin boards and email) are used to facilitate communication, networking, program planning and implementation, linking activities, and a variety of budgeting, scheduling, and other management concerns.

A Learning Supports Resource Team forms small work groups as needed to address specific concerns (e.g., mapping resources, planning for capacity building, addressing problems related to case-oriented systems); develop new programs (e.g., welcoming and social support strategies for newcomers to the school); implement special initiatives (e.g., positive behavior supports); etc. Such groups usually are facilitated by a member of the resource team who recruits a small group of other stakeholders from the school and community who are willing and able to help. The group facilitator provides regular updates to the resource team on work group progress and brings back feedback from the team.

Work groups may be either ad hoc or standing. *Ad hoc* work groups take on tasks that can be done over a relatively short time period, and the group disbands once the work is accomplished. *Standing* work groups focus on defined programs areas and pursue current priorities for enhancing intervention in a given arena (e.g., helping to design cohesive approaches to provide supports for various student transitions, enhance home and school connections, etc.). Finally,

as discussed elsewhere, where related clusters or families of schools (e.g., the feeder pattern) are working together, representatives from each of the schools meet together periodically (Adelman & Taylor, 2002; Adler & Gardner, 1994; Mizrahi & Morrison, 1993; Taylor, Nelson, & Adelman, 1999; U.S. Department of Education, 1996). The focus on related clusters can lead to strategies for cross-school, community-wide, and district-wide cooperation and integration to enhance intervention effectiveness and economies of scale.

## PROGRAM EVALUATION AND RELATED REFERENCES

Available evidence has underscored how vital resource-oriented mechanisms are for enhancing cost-effective use of resources and building comprehensive, multifaceted, and interconnected sets of interventions (Adelman & Taylor, 2006a, 2006c, in press; Gardner, 2005; Iowa Department of Education, 2004; Kretzmann, 1998; Kretzmann, McKnight, & Sheehan, 1997; Lim & Adelman, 1997; Rosenblum, DiCecco, Taylor, & Adelman, 1995; U. S. Department of Education, 1996, 2000).

As schools develop teams, ongoing evaluation can be guided by the same standards and quality indicators used to enhance the evaluation of academic achievement. Such standards and quality indicators should be thoroughly incorporated into a school's improvement plan. The accountability framework should support the ongoing development of comprehensive, multifaceted approaches that address barriers and promote healthy development. Specific guidance can be found in resources developed by the Center for Mental Health in Schools at UCLA (Adelman & Taylor, 2006a, b; Center for Mental Health in Schools, 2005c,d, 2006).

## RESROUCES

- Center for Mental Health in Schools (2004). *Addressing barriers to student learning and promoting healthy development. A usable research base*. Los Angeles Center for Mental Health in Schools at UCLA. <http://smhp.psych.ucla.edu/pdfdocs/briefs/BarriersBrief.pdf>
- Center for Mental Health in Schools. (2005a). *Resource oriented teams: Key infrastructure mechanisms for enhancing education supports*. Los Angeles Center for Mental Health in Schools at UCLA. [http://smhp.psych.ucla.edu/pdfdocs/Report/resource\\_oriented\\_teams.pdf](http://smhp.psych.ucla.edu/pdfdocs/Report/resource_oriented_teams.pdf)
- Center for Mental Health in Schools. (2005c). *Addressing what's missing in school improvement planning: Expanding standards and accountability to encompass an enabling or learning supports component*. Los Angeles: Center for Mental Health in Schools at UCLA. <http://smhp.psych.ucla.edu/pdfdocs/enabling/standards.pdf>
- Center for Mental Health in Schools. (2006). *For consideration in reauthorizing the No Child Left Behind Act . . . Promoting a systematic focus on learning supports to address barriers to learning and teaching*. Los Angeles: Center for Mental Health in Schools at UCLA. <http://smhp.psych.ucla.edu/promotingsystem.htm>
- Iowa Department of Education (2004). *Developing our youth, fulfilling a promise, Investing in Iowa's future - Enhancing Iowa's systems of supports for learning and development*. Des Moines, IA: Author. <http://smhp.psych.ucla.edu/pdfdocs/iowasystemofsupport.pdf>
- Kretzmann, J., McKnight, J. & Sheehan, G. with Green, M. & Puntteney, D. (1997). *A guide to capacity inventories: Mobilizing the community skills of local residents*. Evanston, IL: Institute for Policy Research, Northwestern University. <http://www.northwestern.edu/ipr/publications/community/capinv.html>
- Rosenblum, L., DiCecco, M.B., Taylor, L., & Adelman, H.S. (1995). Upgrading school support

programs through collaboration. Resource coordinating teams. *Social Work in Education*, 17, 117-124. <http://smhp.psych.ucla.edu/news/worktogh/smhpart1.htm>

## BACKGROUND READING\*

- Adler, L., & Gardner, S. (Eds.) (1994). *The politics of linking schools and social services*. DC: Falmer. <http://www.ebookmall.com/ebook/82283-ebook.htm>
- Center for Mental Health in Schools. (2005d). *Designing schoolwide programs in Title I schools: Using the non-regulatory guidance in ways that address barriers to learning and teaching*. Los Angeles: Center for Mental Health in Schools at UCLA. <http://smhp.psych.ucla.edu/pdfdocs/briefs/DOEGuidance.pdf>
- Center for Mental Health in Schools. (2005b). *Systemic change and school improvement: Designing, implementing, and sustaining prototypes and going to scale*. Los Angeles: Center for Mental Health in Schools at UCLA. <http://smhp.psych.ucla.edu/pdfdocs/systemic/systemicreport.pdf>
- Kretzmann, J. (1998) *Community-based development and local schools: A promising partnership*. Evanston, IL: Institute for Policy Research. <http://www.northwestern.edu/ipr/publications/community/jody-wp9214.html>
- Taylor, L., Nelson, P., & Adelman, H.S. (1999). Scaling-up reforms across a school district. *Reading & Writing Quarterly*, 15, 303-326. <http://smhp.psych.ucla.edu/dbsimple.aspx?Primary=1402&Number=18>
- U.S. Department of Education (1996). *Putting the pieces together: Comprehensive school-linked strategies for children and families*. Washington, DC: Author <http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/ppt/putting.htm>
- U.S. Department of Education (2000). *Safeguarding our children: An action guide*. Online at <http://www.ed.gov/offices/OSERS/OSEP/ActionGuide>.

---

\*Additional Background Readings are listed in the Reference List for this Step in Appendix E.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 3. Targeted Interventions***

### **Engaging Students as Learners (an emerging practice)**

#### **BRIEF OVERVIEW**

Students unsuccessful at the universal level (*see* Step 2: Universal Interventions)—whether their struggles are academic, behavioral, or both—typically need to be reengaged in their learning. Student engagement refers to the extent to which students are motivated and committed to learning; have a sense of belonging and accomplishment; and have relationships with adults, peers, and parents that support learning. Engagement with learning is associated with positive academic outcomes, including staying in school. Engagement is higher in classrooms where there are supportive teachers and peers, challenging and authentic tasks, opportunities for choice, and an appropriate structure.

There are various ways for students to disengage from learning. Dropping out of school is the most obvious disengagement from the educational process, but other students disengage by attending irregularly, learning little, and being little more than warm bodies when in the classroom.

Engagement is defined in three ways in the research literature.

- **Behavioral engagement.** Focusing on participation, it includes involvement in academic and social (extracurricular) activities. It is considered crucial for achieving positive academic outcomes and preventing dropping out of school.
- **Emotional engagement.** This encompasses both positive and negative reactions to teachers, classmates, academics, and school. Positive emotional engagement creates ties to an institution and influences a student's willingness to do the work.
- **Cognitive engagement.** Drawing on the idea of having an investment in one's own learning, it incorporates thoughtfulness and a willingness to exert the effort necessary to comprehend complex ideas and master difficult skills.

No matter how student engagement is defined, research indicates that higher levels of engagement are linked with improved performance in school. Engagement is a strong predictor of student achievement and behavior in school for all students, whether they come from relatively "advantaged" or "disadvantaged" families.

When students are disengaged in school, there is a strong possibility that they engage in anti-social behaviors. The consequences of disengagement vary depending on a student's background. Students from advantaged backgrounds who become disengaged might learn less than they could, but most eventually graduate and move on to other opportunities. In contrast, students from disadvantaged backgrounds in high-poverty areas attending urban high schools who become disengaged are less likely to graduate and face severely limited opportunities as a result.

One way to think about engagement in the typical classroom setting is at its most basic level – attention and focus. Without having a student's attention, there can be no teaching. Students must be active participants in their learning. More broadly, student engagement is the result of "buy-in" to the relevance of the task and the value of the eventual outcomes.

Engaging students cannot be the sole responsibility of the classroom teacher. Student engagement and learning are directly affected by a confluence of organizational factors and instructional practices in particular schools; family and community influences; and a wide range of national, state, and local policies.

## **Implementation Essentials**

- **Ensure you have a student's attention.**

Instructional group size is an important consideration. Small learning groups can facilitate cooperative inquiry and learning, concept and skill development, problem solving, motivated practice, peer- and cross-age tutoring, and other forms of activity that can be facilitated by peers, aides, or volunteers.

The group size should be smaller than the universal group. Appropriate grouping of students is based on individual interests and needs and diversity. It includes regrouping flexibly and regularly. Grouping that can actually be harmful to students includes putting students in low ability tracks and segregating students with learning, behavior, or emotional problems.

In order for students to be available for learning, the teacher must explicitly teach behavioral expectations. This could include teaching an attention getting signal such as raising an arm, various voice levels that are appropriate for different tasks, and classroom procedures such as how to hand in work.

- **Create a positive environment.**

The teacher must create a positive environment that will foster a sense of belonging. Here are some examples of ways to do that:

- Practice 2 x 10: providing two minutes a day of one-on-one interaction for ten days in a row.
- Greeting students socially at the classroom door as they enter is good modeling of social interaction. It is an overt welcoming into the learning environment. It is also a time for a brief, positive comment and to gauge a student's emotional state.

- Phone a parent and leave a message describing something positive the student has done.
- **Keep learning active (Students learn by doing, listening, looking, and asking.)**
  - **Paired teaching** can be used by asking students to partner with a peer. The pair then decides who will be #1 and who will be #2. Throughout a lesson, the teacher can prompt, "OK, #1, summarize what I just said to #2. Go." Or, "#2, give an additional example of what we're talking about to #1. Go." These exchanges can take only 1-2 minutes.
  - **Partner reading** can consist of each student reading in unison with the other or the partners taking turns. This is most effective for reinforcing short sections of text; i.e., 1-2 paragraphs.
  - **Visible thinking** promoted by the Cultures of Thinking Project is a teaching method that helps teachers follow a student's thought processes in order to discover student misconceptions, faulty knowledge, prior knowledge, reasoning ability, and understanding. Based on seven core routines, it is a way to understand and correct thinking errors.
  - **Write and show** can be accomplished by giving students scrap paper or a small, dry erase whiteboard. During a lesson, a teacher can ask each student to simultaneously respond to a simple question (e.g., a math problem on the board or overhead, a spelling word, or a simple yes/no question). When the teacher asks for a response, each student holds up what they have written. The teacher can assess at a glance whether students are following class instruction.
  - **Giving students choices** whenever possible is a powerful way to engage students in learning. This can be particularly true for tasks that are challenging, authentic, and multidisciplinary.
- **Monitor and evaluate student learning/behavior.**

Teachers consistently and conscientiously monitor to be certain that academic and behavioral expectations are being met. This is not intended to be punitive but rather means the teacher is actively engaged in what students are actually doing, assessing whether a skill or topic needs to be re-taught or if prerequisite instruction is required.

While ideally motivation will be intrinsic rather than extrinsic, external reinforcement can be critical to keeping students engaged in learning. Effective teachers use the lowest level reinforcer that works for an individual student, such as: praise, non-verbal signals, or specific rewards. Continuous group feedback can also be important.

- **Utilize a professionally created curriculum designed to help (re)engage students in their learning.**

One example of a professionally created curriculum is *WhyTry?* The main goal of the program is to help youth answer the question, "Why try in life?" especially when they are frustrated, confused, or angry with life's pressures and challenges. The *WhyTry* organization creates simple, hands-on tools for helping youth learn important life skills such as anger management, problem solving, dealing with peer pressure, living laws and rules, building a support system, and having a vision of their future. The *WhyTry* program appears to have a positive effect on academic performance, attendance and graduation, based on on-going research.

Regardless of the approaches used, instructional and behavioral progress must be continuously monitored to determine whether the intervention is working. Decisions about interventions should be made on an ongoing basis utilizing data, including student input. Getting students involved in their education program is more than having them participate. It includes connecting students with a sense of ownership in their own education by enabling them to influence and affect their educational program and to become engrossed in their educational experiences.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

The importance of (re)engaging students in their learning has an established evidence base. Although the strategies suggested above are referenced in the literature, they should be considered as emerging practices because there is no current, scientifically valid effectiveness research.

## **RESOURCES AND BACKGROUND MATERIALS**

### **Further information about the interventions highlighted above.**

- Bonwell, C.C., & Eison, J.A. (1991). *Active learning: Creating excitement in the classroom*, ASHE-ERIC Higher Education Report No. 1. Washington, D.C.: The George Washington University, School of Education and Human Development.  
<http://www.ntlf.com/html/lib/bib/91-9dig.htm>
- Brewster, C., & Fager, J. (Oct. 2000). *Increasing student engagement and motivation from time-on-task to homework*. Northwest Regional Educational Laboratory (NWREL).  
<http://www.nwrel.org/request/oct00/textonly.html>
- Center for Mental Health in Schools. (n.d.). *Quick Find Online Clearinghouse. TOPIC: Motivation*. Los Angeles Center for Mental Health in Schools at UCLA.  
<http://smhp.psych.ucla.edu/qf/motiv.htm>
- *Cultures of Thinking* webpage. <http://pzweb.harvard.edu/Research/CultThink.htm>.
- Fredricks, J., Blumenfeld, P., & Paris, A. (2003). School engagement: Potential of the concept, state of the evidence. *Review of Educational Research*, 74, 59-100.  
<http://www.childtrends.org/Files/FredricksBlumenfeldFriedelParisPaper.pdf>
- Joselowksy, Francine (2006). Committing to youth engagement. In *Framework for Success for All Students*. Collected Papers from the Technical Support Team for the Schools for a



New Society Initiative and Carnegie Corporation of New York. Carnegie Corporation of New York.

<http://www.aed.org/ToolsandPublications/upload/cogs.pdf#search=%22Joselowsky%20Committing%20to%20Youth%20Engagement%22>.

- Lieber, C.M. (2006). *Partners in learning: From conflict to collaboration in secondary classrooms*. Cambridge, MA: Educators for Social Responsibility.  
<http://www.sedl.org/pubs/fam95/105.html>
- Marcum, Kim (2006). *Difficult students, what's an educator to do?* Presentation, Sopris West Rocky Mountain Institute. Keystone, Colorado.  
<http://store.cambiumlearning.com/AuthorPage.aspx?authorID=072000085&site=sw&functionId=009000007>
- National Research Council. (2003). *Engaging schools: fostering high school students' motivation to learn*. Committee on Increasing High School Students' Engagement and Motivation to Learn. <http://www.nap.edu/catalog/10421.html>
- Reengaging Students in Learning at School. In *Addressing Barriers to Learning*, 7/1 (2002, Winter). <http://smhp.psych.ucla.edu/>
- Ritchhart, R., Palmer, P., Church, M. & Tishman, S. (2006). Thinking Routines: Establishing Patterns of Thinking in the Classroom. Harvard Graduate School of Education.  
<http://www.pz.harvard.edu/Research/AERA06ThinkingRoutines.pdf>
- Stanford University Newsletter on Teacher. (1993, Fall). What is active learning: Getting Students to Work and Think in Class. In *Speaking of Teaching*, 5/1.  
[http://ctl.stanford.edu/Newsletter/active\\_learning.pdf](http://ctl.stanford.edu/Newsletter/active_learning.pdf)
- TeacherVision.com. <http://www.teachervision.fen.com/teaching-methods/classroom-management/6706.html?detoured=1>
- The Art of Teaching: Meeting and Greeting Students at the Beginning of Class.  
<http://www.teachervision.fen.com/teaching-methods/classroom-management/6706.html?detoured=1>
- UCLA School Mental Health Project, Center for Mental Health in Schools.  
<http://smhp.psych.ucla.edu/>
- Visible Thinking resources.  
[http://www.pz.harvard.edu/vt/VisibleThinking\\_html\\_files/06\\_AdditionalResources/06a\\_AdditionalResources.html](http://www.pz.harvard.edu/vt/VisibleThinking_html_files/06_AdditionalResources/06a_AdditionalResources.html)
- *WhyTry?* website. [www.whytry.org](http://www.whytry.org)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 3. Targeted Interventions***

### **Family Support (a best practice)**

#### **BRIEF OVERVIEW**

All students benefit when they have strong, positive family and community support. Family and community provide a web of social relationships that supports learning and is essential for student success. The best learning emerges within the context of supportive relationships that bolster student strengths and prevent problems.

Many factors that affect student behavior in school stem from out-of-school experiences. Especially when students are struggling to be successful at the universal, primary level of instruction, it may be helpful to look closely at their family and community relationships.

Educators today focus on “family” involvement not just “parent” involvement because the significant adults in the lives of children have broadened beyond the nuclear family. Moreover, schools today are seeking to broaden family involvement beyond the traditional roles of volunteer, homework helper, and fundraiser.

Families provide the primary socializing force for youth. Families care about their children and want them to succeed. However, they may not always know how to effectively interact with schools or how best to provide the support their children need. Some families, especially those stressed by the daily demands of life and those caring for children who have learning or other disabilities, may need external help to meet all the needs of their children. Providing them with additional supports can help reduce the likelihood that their children will drop out of school or come into contact with the juvenile justice system.

The challenges that students face today cannot be solved by families or educators alone. Epstein's *Six Types of Involvement* is a research-based model that recognizes three overlapping spheres of influence on student development: school, family, and community. This model is the basis for the *National Standards for Parent/Family Involvement* developed by the National PTA and the National Coalition for Parent Involvement. Based on years of research, it identifies six types of school-family-community involvement important for student learning and development:

- **Parenting.** Fostering parenting skills to establish home environments that support children as students.

- **Communicating.** Establishing effective forms of regular and meaningful two-way communication between home and school.
- **Volunteering.** Valuing and recruiting parental support for school activities.
- **Learning at home.** Helping families to know how to support learning at home.
- **School decision making.** Prepare families to participate in and include families in school decision making.
- **Collaborating with the community.** Using community resources and services to strengthen schools, families, and student learning and development.

## IMPLEMENTATION ESSENTIALS

Accepting family involvement as an important factor in helping to improve the quality of schools does not always translate into implementation. It cannot be assumed that families instinctively know how to most effectively involve themselves in their children's education, or that teachers naturally know how to promote effective family involvement.

Although there is overwhelming research attesting to the value of family and community support for student learning, it can be daunting to know where to begin. One suggestion is to start by evaluating what a school currently provides.

Schools can use a simple self-assessment survey based on Epstein's six types of involvement: *Parenting, Communicating, Volunteering, Learning at Home, Decision-making, and Collaborating with Community* (see *Measure of School, Family, and Community Partnerships*, available online at <http://www.nwrel.org/csrdp/Measurepartner.pdf>). It measures how a school is currently reaching out to involve parents, community members, and students. When completing this survey, school leadership should include a range of school staff (e.g., teachers, administrators, support staff, custodial staff, cafeteria workers, and bus drivers). Using this self-assessment tool provides information about the strengths of a school's current practices as well as possible future directions for improvements. The data obtained can be used to better inform the school improvement plan. Rather than trying to address multiple issues simultaneously, it is preferable to select a few, such as: targeting staff development; hosting parenting classes; providing transportation and child care to facilitate families attending school events; etc.

Many family involvement programs expect parents to conform to the school culture, a school-centric approach, rather than solicit parental input to better define involvement. It is particularly important to be aware of and sensitive to the diverse cultural needs of the community. Not understanding or honoring cultural differences can result in less than positive outcomes. Failing to recognize diverse styles of interaction may lead to a culture clash. Cultural understanding requires more than awareness. Understanding and respect for cultural differences is critical when attempting to engage family and community support.

There are specific programs that educators could choose to implement to support families and create effective family involvement in school. Selecting a program must be based upon the individualized needs of the families, teachers, students, and community members involved. Two examples of programs designed to strengthen family and school relationships are described for illustrative purposes.

## Example #1: Families and Schools Together (FAST)

FAST is a multifamily group intervention designed to use existing strengths of families, schools, and communities in creative partnerships to reduce risk factors related to problem behaviors for children 5 to 12 years old. It uses program activities designed to build parental respect in children, improve intra-family bonds, and enhance the family-school relationship. It applies research on family stress theory, family systems theory, social ecological theory, and community development strategies to achieve four goals: enhanced family function; prevention of school failure; prevention of substance abuse by children and family members; and reduced stress from daily life situations for parents and children.

A collaborative team of parents, trained professionals, and school personnel recruit then deliver FAST program components to 5-25 families at a time during 8-12 weekly meetings, depending on the age of the designated youth. Team members do not lecture but structure highly participatory activities using experiential learning and parent support. A conflict-free family time is provided in a safe environment during which parents rehearse multiple requests for compliant behavior and being “in charge” and practice “responsive play” with their children.

Program implementation requires: a space large enough to host 60 to 80 people, a separate play area, a parent meeting, and an eating area. FAST training is purchased from the FAST National Training Center. The training package includes five visits with a certified FAST trainer who provides technical assistance. For program fidelity, certified FAST trainers are required to conduct three site visits for new programs.

FAST has been proven effective with low- and middle-income, rural and urban, African American, Asian American, Hawaiian, Hispanic/Latino, Indian American, and White families. Experimental studies show statistically significant reductions in childhood aggression and anxiety and increases in academic competence and social skills. However, in order to implement the program with fidelity, FAST training is required.

FAST has been designated a “model” program by the Substance Abuse and Mental Health Administration (SAMHSA), U.S. Department of Health and Human Services (*see* [http://www.modelprograms.samhsa.gov/template\\_cf.cfm?page=model&pkProgramID=39](http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=39)); the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Dept. of Justice (*see* <http://www.dsgonline.com/mpg2.5//TitleV MPG Table Ind Rec.asp?id=459>) and the Strengthening America’s Families (*see* [http://www.strengtheningfamilies.org/html/programs\\_1999/06\\_SFP.html](http://www.strengtheningfamilies.org/html/programs_1999/06_SFP.html)). It has been designated an “exemplary” program by the U.S. Department of Education (*see* <http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>).

For more information about FAST, see:

- FAST National Training and Evaluation Center. <http://www.fastnational.org/>
- McDonald, L., & Frey, H.E. (November 1999). *Families and Schools Together: Building Relationships*. Office of Juvenile Justice and Delinquency Prevention (OJJDP), Juvenile Justice Bulletin. Retrieved August 11, 2006, from [http://www.ncjrs.gov/html/ojjdp/9911\\_2/contents.html](http://www.ncjrs.gov/html/ojjdp/9911_2/contents.html).

## Example #2: Strengthening Families Program (SFP)

SFP is a family skills training program designed to increase resilience and reduce risk factors for substance abuse, depression, violence and aggression, delinquency, and school failure in high-risk children ages 6 to 12. There also is a youth ages 10 -14 version and an early adolescent version (ages 12-14). It is taught in 14 two-hour periods. During the first hour, parents and children participate in separate classes, each led by two co-leaders. Parents learn to increase desired behaviors in children by using attention, clear communication, effective discipline, problem solving, and limit setting. Children learn effective communication, understanding feelings, coping with anger and criticism, stress management, social skills, problem solving, resisting peer pressure, and compliance with parental rules. During the second hour, families practice structured activities, therapeutic child play, family meetings, communication skills, effective discipline, reinforcing positive behaviors in each other, and planning family activities.

The SFP curriculum includes Parent Skills Training, Children's Skills Training, and Family Life Skills Training. Courses are taught using a set of six SFP manuals (English and Spanish versions): Family Skills Training; Children's Skills Training; Parent Skills Training; Children's Handbook; Parents' Handbook; and Implementation Manual. For information on trainer costs, see [www.strengtheningfamilies.org](http://www.strengtheningfamilies.org).

SFP requires a part-time site coordinator and family recruiter and four trainers (two parent trainers and two children's trainers) to deliver the program. Typically 14 families take the course together as a group. The program costs vary depending on whether existing staff is used as part of their regular job. If not, trainers can be hired hourly to run the groups one evening a week. Program costs include \$300 to purchase a best set of six newly revised SFP manuals including a Spanish version. After purchasing a single set, the site can copy the manuals for trainers and the handbooks for families. It is recommended that funds be budgeted for childcare, family meals, and transportation, as well as incentives for homework completion and graduation. General supplies are needed such as toys and minimal paper supplies.

Developed in 1982 with research funds from the National Institute on Drug Abuse (NIDA), SFP is recognized by many federal agencies (e.g., NIDA; OJJDP; Center for Substance Abuse Prevention (CSAP); Center for Mental Health Services (CMHS); the U.S. Department of Education (DOE); the Office of National Drug Control Policy (ONDCIP); and the National Institute on Alcohol Abuse and Alcoholism (NIAAA)) as an exemplary, research-based family model. Positive results from over 15 independent research replications demonstrate that SFP is effective in increasing assets and protective factors by improving family relationships, parenting skills, and youth's social and life skills. Culturally-tailored versions also have been evaluated as well as a rural school model.

SFP has been designated a "model" program by the Substance Abuse and Mental Health Administration (SAMHSA), U.S. Department of Health and Human Services (see [http://www.modelprograms.samhsa.gov/template\\_cf.cfm?page=model&pkProgramID=179](http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=179)); an "exemplary" program by the U.S. Department of Education (see <http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Dept. of Justice (see [http://www.dsgonline.com/mpg2.5//TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?id=696](http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=696)); and an

“effective” program by the National Institute on Drug Abuse, U.S. Department of Health and Human Services (see <http://www.drugabuse.gov/prevention/examples.html>).

## RESOURCES

- **Contact for more information:**

Karol L. Kumpfer, PhD,  
University of Utah  
Salt Lake City, UT  
801-581-8498  
E-mail: [karol.kumpfer@health.utah.edu](mailto:karol.kumpfer@health.utah.edu)  
Website: [www.strengtheningfamilies.org](http://www.strengtheningfamilies.org)

- OJJDP Fact Sheet (2002). [http://www.ncjrs.gov/html/ojjdp/2000\\_8\\_1/contents.html](http://www.ncjrs.gov/html/ojjdp/2000_8_1/contents.html)

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

The importance of nurturing family support has an established evidence base. A research synthesis (Henderson & Mapp) found the evidence is consistent, positive, and convincing. Many forms of family and community involvement influence student achievement at all ages. Programs and initiatives that focus on building respectful and trusting relationships between school, families, and community are more effective in creating and sustaining connections that support student achievement. A National Education Association (NEA) report cites a review of studies examining the relationship between parent involvement and student achievement. It identified the most accurate predictor of a student’s achievement in school as a home environment that encourages learning, expresses high (but not unrealistic) expectations for children, and where parents are involved in their children’s education at school and in the community.

## RESOURCES

- An instrument designed to measure how a school is reaching out to involve parents, community members, and students in a meaningful manner:

Karen Clark Salinas, K.D., Epstein, J.L., et al. *Measure of School, Family, and Community Partnerships* National Network of Partnership Schools. Available online at <http://www.nwrel.org/csrdp/Measurepartner.pdf>.

- Strategies used by 20 local Title I programs to overcome barriers to parent involvement are described in:

Janie E. Funkhouser, J.E., & Gonzales, M.R. (Oct. 1997). *Family Involvement in Children’s Education: Successful Local Approaches. An Idea Book*. Office of Education Research and Improvement, U.S. Dept. of Education. <http://www.ed.gov/pubs/FamInvolve/index.html>.

- Information about cultural competency in designing and implementing family supports:

Bronheim, S., Goode, T. & Jones, W. (Spring 2006). *Cultural and Linguistic Competence in Family Supports*. National Center for Cultural Competence. Retrieved 9-11-06 from <http://www11.georgetown.edu/research/gucchd/nccc/documents/FamilySupports.pdf#search=%22%22cultural%20and%20linguistic%20competence%20in%20family%20supports%22%22>.

## BACKGROUND READING

- *40 Developmental Assets*. Search Institute. Retrieved 9-11-06 from <http://www.search-institute.org/assets/forty.html>.
- Carter, S. (2002). *The Impact of Parent/Family Involvement on Student Outcomes: An Annotated Bibliography of Research from the Past Decade*. Retrieved 9-11-06 from [http://www.directionservice.org/cadre/parent\\_family\\_involv.cfm](http://www.directionservice.org/cadre/parent_family_involv.cfm)
- Epstein, J.L., & Salinas, K.C. (May 2004). *Partnering with Families and Communities*. Educational Leadership, 61/8. Retrieved 9-11-06 from [http://pdonline.ascd.org/pd\\_online/success\\_di/el200405\\_epstein.html](http://pdonline.ascd.org/pd_online/success_di/el200405_epstein.html).
- Henderson, A.T., & Mapp, K.L. (2002). *A New Wave of Evidence: The Impact of School, Family and Community Connections on Student Achievement*. Austin, TX: National Center for Family and Community Connections with Schools. Retrieved 9-11-06 from <http://www.sedl.org/connections/resources/evidence.pdf>.
- National Education Association (NEA). (Undated). *What the Research Says, Parent Involvement Helps Students Succeed in School and in Life*. Retrieved 9-11-06 from <http://www.nea.org/parents/research-parents.html?mode>.
- Students at the Center: Selected Readings About Student Learning. (1997). *School, Family, and Community Partnerships*. Office of Educational Research and Improvement (OERI), U.S. Department of Education. Retrieved 9-11-06 from <http://www.nwrel.org/scpd/re-engineering/keyissues/schoolfamily.shtml>.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 3. Targeted Interventions***

### **Literacy and Math Interventions for Struggling Students (an emerging practice)**

#### **BRIEF OVERVIEW**

Approximately six million students in middle and high schools were reading significantly below grade level in 2003. These six million at-risk students, who make up the lowest 25% of achievement, were 3.5 times more likely to drop out than students in the next highest quarter of academic achievement, and 20 times more likely to drop out than top performing students (Left Behind: Six (2003)).

The picture has not changed much in the past three years. Sixty nine percent of eighth grade students who took the 2005 National Assessment of Education Progress (NAEP) in math were performing at or above a *basic* proficiency level and 30% were at or above the *proficient* level. In reading, the percentage of eighth graders performing at or above *basic* was higher in 2005 (73%) than in 1992 (69%), but there was no significant change in the percentage scoring at or above *proficient* between these same years. Currently, approximately 800,000 17-year-olds read below the basic level. The average ninth grade student from a low-income family reads three-to-four grade levels below more advantaged students. Nationally, 30% of students do not graduate on time. Of those who do graduate, 68% are unprepared for college and 53% of college students enroll in remedial courses. Every year, 1.3 million students do not graduate with their peers (Study Group, 2005). The issue has grown to epidemic proportion.

Much has been written regarding the state of secondary schools and the need for effective teaching of reading and math. Secondary schools can address the issue of poor achievement in reading and math by taking a systems approach that integrates effective leadership, management, infrastructure, instruction, behavior and discipline, assessment, and transition services to provide a continuum of high quality, effective instruction to all students. This continuum includes **targeted** interventions for students who do not progress adequately given high quality, effective instruction.

Assessment data is used to determine which students are in need of more instruction in specific skill areas. The targeted intervention is then matched to the student's needs and is implemented through small group instruction. The intervention can be implemented by any staff member who has been trained in the specific intervention.



## **IMPLEMENTATION ESSENTIALS**

There are key elements associated with implementing targeted interventions for both reading and math. These elements are essential to the effectiveness of any intervention regardless of the program used.

### **Effective Universal Instruction**

Before implementing targeted interventions, instruction and student results at the core (universal) instructional level needs to be examined. An effective core program should result in approximately 80% or more students achieving at or above a proficient level. The instructional program will include: a curriculum that is aligned with state and district standards and benchmarks; formative and summative assessments to determine student achievement; and common learning strategies for reading and math implemented with fidelity throughout content areas. Reading instruction should also include instruction in comprehension, vocabulary (roots, etymology, structural analysis) and writing (grammatical structure, syntax, parts of speech). Math instruction includes instruction in arithmetic skills, problem solving, conceptual knowledge, and reasoning ability while also addressing the contributing functions of application, procedural fluency, number sense and visual-spatial, temporal and language processing (Colorado Department of Education, 2005). If 70% or more of the students are achieving below proficiency on summative assessments, the core instructional program needs to be improved before focusing on a system of intervention.

### **Identification**

A process for measuring student progress in the core program is needed before implementing an intervention program. It is essential that staff have data to determine which students are not progressing and to identify the specific needs of each student. This allows staff to effectively match the specific intervention to the needs of the student. There is no one program that will address low achievement in reading or math for all students due to the complexity of the reading and math learning process.

### **Time**

Additional intervention may be needed in addition to the core instructional program. This is often referred to as “double dipping” where the student continues to receive instruction in the English, language arts, or math class while also receiving a targeted intervention in an additional class. It is essential that the student continue to access the content needed to successfully complete a secondary program while also receiving instruction in the deficit skill area.

In addition, the intervention should use a program that is different from the core instructional program. Providing a student the same instruction in a different setting, or tutoring the student on class assignments, has not been effective in closing gaps in learning. In order for sufficient progress to be seen, an intervention must be specific to the need, and be implemented for a consistent period of time, preferably daily for at least the same time period as the core class. The length of the intervention implementation period is an area being discussed and researched, and may vary from student to student.

### **Group Size**

It is essential that the targeted intervention be provided in a small group setting. The teacher-

student ratio in intervention classes varies from a maximum 1-15 to a minimum of 1-5. Students are grouped based on individual interests, needs, and for benefits to be derived from diversity. Instruction occurs within the smaller groups or individually. The group size works best when it is considerably smaller than the core instructional class.

## **Instruction**

Targeted interventions are most effective when they provide:

- systematic and explicit instruction;
- a significant increase in intensity of instruction;
- ample opportunities for guided practice of new skills;
- systematic cueing of appropriate strategies in context; and
- appropriate levels of scaffolding (systematic steps of prompting as a student learns a task) as children learn to apply new skills. (Torgeson, 1998).

In literacy, explicit instruction must be provided in the five component skills that are deficient: phonemic awareness; phonics; fluency; vocabulary; and/or reading comprehension strategies. Longitudinal data indicates that explicit systematic phonics instruction results in more favorable outcomes for students with reading difficulties than does a context-emphasis (whole-language) approach.

In math, instruction may need to be provided in any of the seven component skills that are deficient: arithmetic skills; problem solving; conceptual knowledge; reasoning ability; application; procedural fluency; and number sense. In addition, instruction must be more intensive because older students who are behind academically need more repetition and more experience with skills in different contexts.

Ample opportunities for guided practice must be provided. This is where the teacher provides modeling, the teacher and student practice the skill together while feedback and corrections occur, and the student practices the skill independently while the teacher monitors and provides feedback and corrections. This needs to occur over time to ensure that the student has independent mastery.

However, Sustained Silent Reading (SRR) is a practice that is used in many schools throughout the nation, yet the National Reading Panel concluded that there was insufficient support from research to suggest that independent, silent reading can improve fluency (NICHD, 2000). Having students read independently is a good practice; however, using valuable instructional time for sustained silent reading with students who struggle with reading is a poor practice.

## **Progress Monitoring**

Progress monitoring is the process of assessing student performance frequently using short duration tools that are related to end-of-year outcomes. Ideally, these are brief tools that provide highly relevant information on how students are progressing toward long-term goals. Progress monitoring tools that are based upon benchmark goals are aligned to a standard and measure progress toward meeting that standard. Progress monitoring data provides staff with information to respond immediately to student needs by modifying instruction.

During targeted intervention, progress monitoring tools that assess learning during the intervention are used frequently to determine if the student is responding. A student receiving targeted intervention must demonstrate accelerated growth in order to make the gains necessary to reach the benchmark. For this reason, monitoring of the effectiveness needs to be frequent so instructional adjustments can be made to ensure this accelerated growth. While there are progress monitoring tools at the elementary level, there are only a few at the secondary level. AIMSweb is one tool that monitors reading and math through the eighth grade using curriculum based measures ("AIMSweb Progress," 2006). Many effective targeted interventions include progress tools in the materials.

### **Collaboration**

When a student is receiving a targeted intervention in addition to the general education content, it is vital that collaboration occur between the interventionist (the teacher providing the intervention) and the general education teacher. These can be and often in best practice are one and the same person. This collaborative relationship needs to focus on implementing strategies in the general content class that reinforces the learning that is taking place in the intervention. This is particularly important as the student makes progress and needs systematic cueing of appropriate strategies in multiple contexts.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

### **Reading**

Reading interventions combine modeling, repeated reading and feedback (Shawitz, 2003). There are several intervention programs in reading and just a few are mentioned here. Research that directly compares the effectiveness of these programs has not been completed; however, there is some promising data emerging on some programs. As more research emerges, the effectiveness of other programs may be stronger than those mentioned here.

For reading, results have been seen using *Lindamood Bell* (Sadoski, M. and Willson, V., 2006), *LANGUAGE!* (Sopris West, 2006; Klemp, Hinman, and Allain, 2005), and *Wilson Reading System* (Bursuck, W., and Dickson, S. 1999). For fluency, *Read Naturally* makes the best use of research and has the strongest evidence of effectiveness on fluency (Hasbrouck, 2006). *Read 180* is also a promising program in fluency. The Florida Center for Reading Research website provides information on specific programs in all five components of reading <http://www.fcrr.org>.

### **Math**

The research of effective math interventions is considerably less than what is found on reading interventions. A number of briefs on various math interventions are available on the website of *The Access Center: Improving Outcomes for All Students K-8*, [http://www.k8accesscenter.org/training\\_resources/math.asp](http://www.k8accesscenter.org/training_resources/math.asp). The *What Works Clearinghouse* (WWC) website, [www.whatworks.ed.gov](http://www.whatworks.ed.gov), has reviewed middle school math intervention programs. The review focuses on interventions based on a curriculum that contains learning goals that spell out the mathematics that students should know and be able to do; instructional programs and materials that organize the mathematical content; and assessments. One program was found to have a study that met evidence standards by WWC: *The Expert Mathematician*, <https://www.expertmath.org>. In addition, *Transitional Math*, <https://www.sopriswest.com>, shows promise.

## RESOURCES AND BACKGROUND READING

- AIMSWeb Progress Monitoring and Improvement System. (2006). <http://www.aimsweb.com/index.php>
- Alliance for Excellent Education. (2004, May). *How to Know a Good Adolescent Literacy Program When You See One: Quality Criteria to Consider*. Issue Brief. <http://www.all4ed.org/publications/Criteria%20for%20Adolescent%20Literacy%20Programs.pdf>
- Alliance for Excellent Education. (2003). *Left Behind: Six Million At-Risk Secondary Students*. Issue Brief. <http://www.all4ed.org>
- Bursuck, W., and Dickson, S. (1999). Implementing a Model for Preventing Reading Failure: A Report from the Field. *Learning Disabilities Research & Practice*, 14(4), 191-202, Lawrence Erlbaum Associates, Inc. [http://www.leaonline.com/doi/abs/10.1207/sldrp1404\\_1](http://www.leaonline.com/doi/abs/10.1207/sldrp1404_1)
- Colorado Department of Education. (2005). *4 Domains in Math*. [http://www.cde.state.co.us/coloradomath/4\\_Essential\\_Domains.htm](http://www.cde.state.co.us/coloradomath/4_Essential_Domains.htm)
- Moats, L. (2002). *When Older Students Can't Read*. LD Online. <http://www.ldonline.org/article/8025>
- National Assessment of Educational Progress. *The Nation's Report Card*. <http://nces.ed.gov/nationsreportcard>
- National Association of State Boards of Education (NASBE). (Oct. 2005). *Reading at Risk: The states response to the crisis in adolescent literacy*. Report of the NASBE Study Group on Middle and High School Literacy [http://www.nasbe.org/recent\\_pubs/adol%20literacy%20exec%20summary.pdf](http://www.nasbe.org/recent_pubs/adol%20literacy%20exec%20summary.pdf)
- Montague, M., Wagner, C., & Morgan, T. (2000). Solve It! strategy instruction to improve mathematical problem solving. *Learning Disabilities Research and Practice*, 15, (2), 110-116. [http://www.leaonline.com/doi/abs/10.1207/SLDRP1502\\_7?journalCode=ldrp](http://www.leaonline.com/doi/abs/10.1207/SLDRP1502_7?journalCode=ldrp)
- Witzel, B., Smith, S. W., & Brownell, M. (2001). How can I help students with learning disabilities in algebra? *Intervention in School and Clinic*, 37, (2), 101-104. [http://findarticles.com/p/articles/mi\\_hb3014/is\\_200111/ai\\_n7658594](http://findarticles.com/p/articles/mi_hb3014/is_200111/ai_n7658594)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 3. Targeted Interventions***

### **Reconnecting Youth** (a best practice)

#### **BRIEF OVERVIEW**

***Reconnecting Youth*** (RY) is a school-based prevention program for youth in grades 9-12. The goals are to decrease drug use, emotional distress, and behavior problems, and increase school performance. It is a semester-long intervention that integrates small-group work and life-skills training models to enhance the personal and social protective factors of high-risk youth. It uses a partnership model involving peers, school personnel, and parents.

RY has four key components:

- ***RY Class***: an 80-lesson curriculum for helping indicated high-risk youth in grades 9-12. This research-based practice is divided into four major units: Self-Esteem Enhancement, Decision-Making, Personal Control, and Interpersonal Communication. The class is offered for 50 minutes daily during regular school hours for one semester (80 sessions) in a class with a student-teacher ratio of 10 or 12 to one. After a 10-day orientation to the program, approximately one month is spent on each of the four units.
- ***School Bonding Activities***: consisting of social, recreational, school, and weekend activities that are designed to reconnect students to school and health-promoting activities as alternatives to drug involvement, loneliness, and depression.
- ***Parental Involvement***: required for student participation, is essential for at-home support of the skills students learn in RY class. School contact is maintained through notes and calls from teachers who also enlist parental support for activities and provide progress reports.
- ***School Crisis Response Planning***: provides teachers and school personnel with guidelines for recognizing warning signs of suicidal behaviors and suicide prevention approaches.

#### **IMPLEMENTATION ESSENTIALS**

RY operates best in an environment with active supports. Partnerships are described as vital. It is recommended that school administrators secure links with community groups for

involvement such as funding, offering mentoring, in-kind donations, and help with providing drug free activities.

RY offers recommended selection criteria to identify potential participants. From this group, students are invited rather than assigned, and consent is needed from parents. Students expressed willingness to work toward program goals is essential.

**Personnel.** One full-time RY coordinator per every five to six classes is needed to provide teacher support, encouragement, and consultation. The role typically includes bimonthly meetings as well as weekly classroom observation. The RY coordinator is hired and paid by the RY teacher funding source (e.g., school, independent agency). Ideally, the RY coordinator is a skilled RY teacher with supervisory and training expertise. RY teachers are selected, not assigned, using pre-established criteria to ensure the program has teachers who are committed to working with high-risk youth and show special aptitude based on student, other teacher, and administrative recommendations.

**Other resource costs.** A classroom to accommodate the RY teacher and 10-12 students is needed. In addition to the curriculum, teachers will need to prepare student notebooks from handouts. Recreational and school-bonding activities, including transportation, also need to be budgeted.

## PROGRAM EVALUATION

- Designated as a model program by the Substance Abuse and Mental Health Service Administration (SAMHSA), U.S. Department of Health and Human Services, <http://modelprograms.samhsa.gov/pdfs/FactSheets/Reconnecting.pdf>.
- Designated a "Program that Works" by the National Institute on Drug Abuse (1999) <http://www.ncsl.org/programs/pubs/1099drug.htm#works>
- Rated AA+ by Drug Strategies in its publication, *Safe Schools, Safe Students* (1998).
- Rated AA+ by Drug Strategies in *Making the Grade: A Guide to School Drug Prevention Programs* (1999).
- Featured in NIDA's video, *Coming Together on Prevention* (1994), NCADI Stock #VHS66, [http://www.nida.nih.gov/NIDA\\_Notes/NNVol10N4/RDAVideos.html](http://www.nida.nih.gov/NIDA_Notes/NNVol10N4/RDAVideos.html).

## AVAILABLE EVIDENCE

A quasi-experimental design with repeated measures was used to test efficacy. Trend analyses compared change for experimental and control groups across pre- and post-tests (five months) and follow-up tests (five to seven months). Findings reported to date:

- >54% decrease in hard drug use
- >32% decrease in perceived stress
- >18% improvement in grades
- >48% decrease in anger and aggression problems
- >23% increase in self-efficacy
- >7.5% increase in credits earned per semester

## RESOURCES

- Contact for more information and training:

Beth McNamara  
Phone: (425) 861-1177  
Fax: (206) 726-6049  
Email: [ry.info@verizon.net](mailto:ry.info@verizon.net)

- To obtain a copy of the curriculum, *Reconnecting Youth: A Peer Group Approach to Building Life Skills* (2nd edition), contact RY's publisher. Cost is \$300 plus shipping.

Solution Tree (formerly NES)  
304 West Kirkwood Avenue, Suite 2  
Bloomington, IN 47404-5132  
Phone toll-free: 1-800-733-6786; Fax: 812-336-7790  
Website: <http://www.solution-tree.com>.

- **Training and Technical Assistance.** A variety of school personnel throughout the nation have been trained by program staff to successfully implement the curriculum. It is recommended that all RY teachers and coordinators receive implementation training. Onsite implementation training for potential RY teachers and coordinators is available from RY personnel. Initial implementation training lasts five days. Follow-up implementation consultation of 1 day every 6 months during the first year of implementation plus phone consultation is recommended. At least one yearly follow-up consultation, to manage implementation challenges and to assess implementation fidelity in subsequent years, is also recommended.

## BACKGROUND READING

- Eggert L.L., Thompson E.A., Herting J.R., & Nicholas L.J. (1994). Prevention research program: Reconnecting at-risk youth. *Issues in Mental Health Nursing*, 15, 107-135. [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=8169117&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8169117&dopt=Abstract)
- Eggert L.L., Thomson E.A., Herting J.R., & Nicholas L.J. (1995). Reducing suicide potential among high-risk youth: Tests of a school-based prevention program. *Suicide and Life-Threatening Behavior*, 25, 276-296.
- Reconnecting Youth Prevention Research Program. (2006). *Publications*. Seattle, WA: University of Washington. <http://www.son.washington.edu/departments/pch/ry/pubs.asp>
- Blum, R. (2006). *School Connectedness: Improving Students' Lives*. Military Child Initiative. Baltimore, MD: John Hopkins Bloomberg School of Mental Health. <http://cecp.air.org/download/MCMonographFINAL.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 3. Targeted Interventions***

### **Self-Determination for At-Risk Youth (a best practice)**

#### **BRIEF OVERVIEW**

Adolescence can typically be a time of storm and stress as teenagers push the boundaries for more independence and freedom. They want to make their own decisions, both large and small, regarding where they want to live, which social relationships they desire, what kinds of jobs they want, and how to spend their leisure time. Professionals struggle to allow students to take risks and make decisions, while also holding taut on the reins to keep students safe and learning. Recently, new attention has been given to the concept of self-determination in an attempt to help foster appropriate decisions and choices.

Researchers have been studying self-determination for many years. A common definition of self-determination says that individuals who are self-determined have “a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. Self-determination requires an understanding of one’s strengths and limitations and a belief in oneself as capable and effective. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society.” (Field, Martin, Miller, Ward and Wehmeyer, 1998, p. 2).

Self-determination is not just one skill but is comprised of various attributes. These may include:

- choice-making, decision-making, and problem-solving;
- goal setting and attainment;
- self-regulation;
- self-advocacy;
- self-understanding and awareness; and
- self-efficacy.

Individuals who demonstrate these abilities are found to have more successful academic, behavioral, and social outcomes, all of which lead to greater success as adults.

Most educators would concur that developing self-determined students is a worthy goal. However, many times, this process is unconsciously hindered by adults who make many decisions for at-risk youth on the premise that these adolescents have demonstrated a long history of bad choices with little understanding of the consequences. However, until youth are

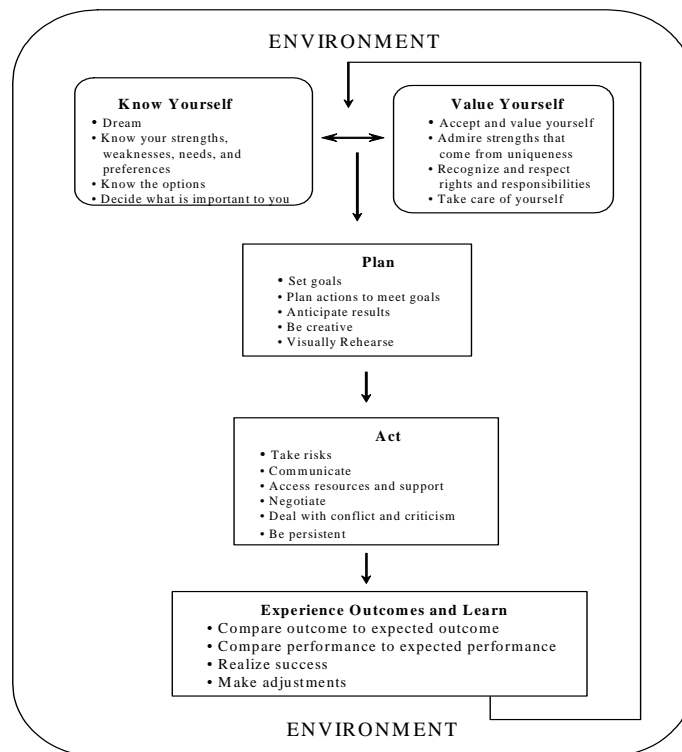


given both the **opportunity** to practice self-determined behaviors and the **support** from which to reflect and learn from the consequences of their actions, they will not develop the ultimate capacity to become responsible adults.

Many parents have difficulty thinking that their children will ever demonstrate appropriate self-determined behaviors. They are fearful of letting their children take risks that will endanger their safety. Indeed, many educators share this fear. It is the responsibility of both family members and educational professionals to recognize that adolescents need to be taught how to demonstrate appropriate self-determined behaviors. Youth need **explicit instruction** in learning how to be self-determined. They need specific examples and scenarios in which to **practice** these skills, and they need the **support** of caring and competent adults to guide them to self-determined actions.

Field and Hoffman (1994) conceptualize self-determination as a process that includes:

- knowing yourself;
- valuing yourself;
- planning to reach goals;
- acting upon those plans; and
- learning from the experience.



From "Development of a Model for Self-determination," by S. Field and A. Hoffman, 1994, Career Development for Exceptional Children, 17, p. 165. Copyright © by CDEI. Reprinted with Permission.

**Figure 2-1.** Field and Hoffman's self-determination model

Intrinsic to this model is the premise that students must first know themselves and value who they are as unique individuals, and that (with a mentor) they develop plans for self-determined actions. They then act upon these plans, and (with a mentor) reflect on the consequences of their actions and learn from the experiences. This model of support engages youth to understand that they can become self-determined individuals who grow into competent adults.

## **IMPLEMENTATION ESSENTIALS**

Hoffman and Field (2005) and other professionals have identified quality indicators for self-determination instruction that will assist youth to become more self-determined. Educators should:

- Ensure that the knowledge, skills, and attitudes promoting enhanced self-determination are addressed in the curriculum, in family support programs, and in staff development. Students will not learn self-determined strategies by osmosis. There are a number of curricular materials that explicitly teach self-determination competencies to students, to family members, and even to educators. Self-determination is a regenerative process that empowers all who practice it, including educators who both teach and practice it.
- Ensure that students, parents, and professionals are equal partners in educational decision-making and planning. One way to examine this parity is to record the amount of time that students are asked to contribute to meetings, as compared to the contributions of parents and educational professionals. Ideally, the three groups should have equal time with equal opinions that are valued and considered.
- Ensure that youth are provided with opportunities for making choices, and that a strong network exists to support the consequences of the action. It is not crucial that an adolescent succeed in every choice or decision, but rather, that learning from the choice occur.
- Encourage youth to take appropriate risks, again with appropriate support. Targeted curriculum along with opportunities to practice self-determined activities can develop positive and strong decision-making skills.
- Ensure that self-determined behavior is modeled throughout the school environment by all professionals. Students need positive role models to demonstrate that proactive adults engage in self-determined actions.
- Ensure that academic and social content is both rigorous and relevant, and is directly related to students' lives and goals. Self-determination arises from the recognition that one can use the tools in one's life to create relevant connections to the demands of adulthood.

Students can practice self-determined activities in their daily school lives, using a strengths-based approach to learning. Examples of practicing self-determination might include:

- allowing students to “dream big” followed by opportunities to experience the realities of that dream through practice, job shadowing, mentorship, and in-depth investigations;

- allowing students to make choices on assignments, grading criteria, and how they would like to demonstrate mastery of concepts;
- assisting students to articulate their learning and behavioral strengths and needs, and to voice their wishes for how they best learn in academic and social situations;
- expecting students to articulate their long-term goals and the short-term strategies by which to achieve them;
- teaching students how to become appropriate self-advocates in school, in employment situations, and in interpersonal relationships;
- having students link applied academic content so that it is relevant in some way to their lives; and
- giving to others in service learning, volunteering, or other mutually reciprocal opportunities so that they are not always the recipients of support, but demonstrate a responsibility to the community at large.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

Research on self-determination is reported by Bremer, C.D., et al (April 2003), *Self-Determination: Supporting Successful Transition*, in *Improving Secondary Education and Transition Services through Research*, Vol. 2/Issue 1, available at: <http://www.ncset.org/publications/viewdesc.asp?id=962>.

Research has supported the view that self-determination in high school is related to positive transition outcomes. Wehmeyer and Schwartz (1997) conducted a study in which they followed up on a group of students who had graduated from high school. The study included 80 students ages 17 to 22 with mental retardation or learning disabilities. Self-determination data were collected prior to their high school exit, using a self-report measure called The Arc's Self-Determination Scale (Wehmeyer & Kelchner, 1995), a 72-item self-report measure that includes a score for global self-determination and subscales for individual autonomy, self-regulation, psychological empowerment, and self-realization. Adult outcomes for the students were assessed using a scale completed by parents.

Nearly one year after graduation, findings showed that students whose scores in high school indicated a higher level of self-determination were more likely to have experienced a greater number of positive adult outcomes, including a higher likelihood of being employed and earning more per hour than those who were not self-determined (Wehmeyer & Schwartz, 1997, p. 245). The study showed a "consistent trend characterized by self-determined youth doing better than their peers one year out of school. Members of the high self-determination group were more likely to have expressed a preference to live outside the family home, have a savings or checking account, and be employed for pay" (Wehmeyer & Schwartz, 1997, p. 253).

## **RESOURCES**

### **Websites**

- The University of North Carolina at Charlotte Center on Self Determination. <http://www.uncc.edu/sdsp/>  
Contains a wealth of information on self-determination and self-advocacy, including a listing of exemplary sites that implement self-determination practices for youth with emotional and behavioral challenges.

- National Center for Secondary Education and Transition.  
<http://www.ncset.org/topics/sdmhs/>  
Contains information on self-determination principles and resources, including frequently asked questions, concepts, and best practices.
- UPenn Collaborative on Community Integration.  
[http://www.upennrrtc.org/issues/issue\\_selfd.html](http://www.upennrrtc.org/issues/issue_selfd.html)  
Provides resources on self-determination, mental well-being, and community integration for individuals with psychiatric disabilities.

### Curricula

- Hoffman, A. and Field, S. (2005). *Steps to self-determination: A curriculum to help adolescents learn to achieve their goals*. (2<sup>nd</sup> Ed.) Austin, TX: Pro-Ed, Inc.  
<http://www.proedinc.com/Scripts/default.asp>
- Martin, J., Marshall, L., Maxson, L., Jerman, P., Hughes, W., Miller, T., & McGill, T. (1997-2000). *The Choicemaker series*. Longmont, CO: Sopris West.  
(includes *Choosing Education Goals, Choosing Personal Goals, Choosing Employment Goals*, and *Choose and Take Action*.)  
<http://store.cambiumlearning.com/ProgramPage.aspx?parentId=019005526&functionID=009000008&site=sw>
- *Self-Determination Synthesis Project*. Charlotte, NC: University of North Carolina.  
(Provides a complete list of self-determination curricula.)  
[http://www.uncc.edu/sdsp/pdf/curriculum\\_components.pdf](http://www.uncc.edu/sdsp/pdf/curriculum_components.pdf)
- Serna, L., & Lau-Smith, J. (1995). *Learning with PURPOSE: An instructor's manual for teaching self-determination skills to students who are at-risk for failure*. Univ. of Hawaii.  
(Available from: Loretta Serna, Professor, Department of Educational Specialties, College of Education, University of New Mexico; phone: 505-277-0119; e-mail: [rett@unm.edu](mailto:rett@unm.edu).)
- Van Reusen, A.K., Bos, C.S., Schumaker, J.B., & Deshler, D.D. (1994). *The self-advocacy strategy*. Lawrence, KS: Edge Enterprises. <http://www.ku-crl.org/sim/strategies/advocacy.html>

### BACKGROUND READING

- Bullis, M.; Moran, T.; Todis, B.; Benz, M.; & Johnson, M. (2002). Description and evaluation of the ARIES project: Achieving rehabilitation, individualized education, and employment success for adolescents with emotional disturbance. *Career Development for Exceptional Individuals*, 25, 41-58. See [http://tip.fmhi.usf.edu/tip.cfm?page\\_ID=27&rsrc\\_ID=5&templ=no](http://tip.fmhi.usf.edu/tip.cfm?page_ID=27&rsrc_ID=5&templ=no).
- Bullis, M., & Cheney, D. (1999). Vocational and transition interventions for adolescents and young adults with emotional or behavioral disorders. *Focus on Exceptional Children*, 31(7), 1-24. Available at: [http://findarticles.com/p/articles/mi\\_qa3813/is\\_199903/ai\\_n8848841](http://findarticles.com/p/articles/mi_qa3813/is_199903/ai_n8848841)
- Field, S., Martin, J., Miller, R., Ward, M., & Wehmeyer, M. (1998). *A practical guide to promoting self-determination*. Reston, VA: Council for Exceptional Children.  
<http://www.cec.sped.org/AM/Template.cfm?Section=Publications1&Template=/CustomSource/Products.cfm&ICID=290>
- Field, S., Martin, J., Miller, R., Ward, M. & Wehmeyer, M. (1998). *Self-determination for persons with disabilities: A position statement of the Division on Career Development and Transition*. *Career Development for Exceptional Individuals*, 21(2), 113-128.  
[http://dcdt.org/pdf/sefl\\_deter.pdf](http://dcdt.org/pdf/sefl_deter.pdf)

- Halpern, A. S., Herr, C. M., Doren, B., & Wolf, N.K. (2000). *Next S.T.E.P.: student transition and educational planning*. Austin, TX: Pro-Ed.  
<http://www.proedinc.com/Scripts/prodView.asp?idProduct=3485>
- Johnson, M., Bullis, M., Benz, M., & Hollenbeck, K. (2004). *Teaching job-related social skills: Work adjustment for gainful employment success*. Longmont, CO: Sopris-West  
<http://store.cambiumlearning.com/ProductPage.aspx?parentId=019004507&functionID=009000008&site=sw>
- National Center for Secondary Education and Transition (NCSET) (2003). *Self-determination: Supporting successful transition*. Minneapolis, MN: University of Minnesota.  
<http://www.ncset.org/publications/viewdesc.asp?id=962>
- National Center for Secondary Education and Transition (NCSET)(2003). Self-determination for middle and high-school students. Minneapolis, MN: University of Minnesota.  
<http://www.ncset.org/topics/sdmhs/default.asp?topic=30>

***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**STEP 4.**

**Intensive  
Interventions**

- **Introduction**
- **Behavior Objective Sequence (BOS)** *(a promising practice)*
- **IDEA Partnership Seed Grant in New Hampshire** *(an emerging practice)*
- **Developmental Therapy Objections Rating Form (DTORF)** *(a promising practice)*
- **Life Space Crisis Intervention (LSCI)** *(a promising practice)*
- **Multisystemic Therapy (MST)** *(a best practice)*
- **Systems of Care (SOC)** *(a promising practice)*
- **The Wraparound Process** *(a best practice)*

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

### **Introduction\***

For many educators, the term *intensive interventions* may conjure up visions of actions that are complex, problem focused, time consuming, and often overly expensive. *Intensive* suggests that other, less involved interventions have failed, and that something is terribly wrong with the individual, the service system, or both. *Intensive interventions* do not necessarily need to be any of the above. However, a systematic approach to intervention that takes into account the unique characteristics of the individual is essential.

There are several key factors in developing and implementing intensive interventions in addition to simply selecting proven strategies. Some key factors include:

- partnering with the student and the family in the development of services;
- confirming, or developing as needed, local and state public policies supporting the strategies;
- ensuring that the process has adequate resources for the long term;
- developing formal linkages between providers of needed resources in the school and community;
- creating effective skill development for all parties to the intervention, including consumers and families; and
- engaging a formal evaluation process that informs both practice and policy.

Intensive interventions are based on a solid foundation of assessment. An accurate understanding of the present condition is developed in part by carefully constructing the critical events of the past. This must include a focus on the assets the student possesses. Assessment needs to focus not only on the individual but also on other factors, such as poverty, racism, family support, community assets, and availability of educational support and related services. As with evaluations for special education, multiple sources of information must be included. Given that mental and physical health are priority concerns for this population, both should be carefully assessed, diagnosed and treated when appropriate.

---

\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

One important aspect of the tools presented here is that each requires a degree of rigor from the professionals implementing these interventions. All of the tools, processes, and approaches require some directed training in order for staff to become proficient in their use. A clear understanding of the implications of the goals for the individual, the family and the systems providing services are needed. This does not mean that each professional understand and be competent in all aspects of an intervention. However, at a minimum the staff involved need to have a working knowledge of not only their role and responsibility, but the roles and responsibilities of each of the partners in the system of care.

It is essential to ensure that needs are appropriately matched with effective services. The first step with intensive interventions is ensuring, or actually creating, the system of services and supports that is needed. Educators play a critical role in this process if for no other reason than educators have more contact with youth than any other service sector. Of primary importance is the fact that the educational environment is ideally situated to focus upon the skill development aspects of intensive interventions.

It should be noted that intensive interventions do not necessarily need to follow failed attempts at universal and targeted interventions. The application of these interventions should be based upon individual need and the likelihood of effective intervention. In many cases, intensive resources have been withheld until concerns have spiraled out of control. Teams should have access to the full spectrum of services so the most appropriate service for the presenting concern can be applied.

Mental illness presents a particularly poignant example of the need to effectively match interventions to the concern. Youth involved in the juvenile justice system have a high probability of having a diagnosable mental illness. Some estimates are as high as 80% of the juvenile justice population. Similarly, mental health concerns are often evidenced in the school setting, but the youth may not receive treatment for their disorders. It is also well established that the longer a mental disorder goes untreated, the more difficult it is to be successfully treated. School personnel report that students frequently have with issues related to mental illness. Education professionals also report they feel inadequately trained and resourced to effectively manage the mental health problems they face.

Untreated mental illness has been identified as a leading contributing factor in social and behavioral difficulties for youth. The intensive tools listed here focus on addressing all aspects of the individual, especially mental health. The importance of skill development is not diminished at the intensive level of service. Rather, academic and social/behavioral skill acquisition remains the cornerstone of these interventions. The intensive level seeks to redouble efforts to understand the particular strengths and needs of the individual. In many cases this involves careful assessment of mental and physical health factors. Barriers to accessing effective health and mental health services are targeted. The students are supported in their efforts to access the needed services.



The system of services is held accountable for assuring that needed services are accessible and effective.

Educators who make themselves aware of the needs of troubled and troubling youth will find a host of information and supports that will assist them in creating effective and efficient interventions. Youth can and do benefit substantially from the many intensive interventions available in which educators play a critical role.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

### **The Behavior Objective Sequence (BOS) (a promising practice)**

#### **BRIEF OVERVIEW**

*The Behavior Objective Sequence (BOS)* is a tool that provides a process for developing, implementing, and evaluating intervention plans. A special feature of the *BOS* is that the tool is both developmentally sequenced and strength-based. The *BOS* process incorporates skill assessment, program planning, monitoring, and cross provider planning into a single instrument. The *BOS*:

- yields information that can actually be used for individualized intervention planning;
- provides a positive view of the youth by specifying strengths; and
- defines pro-social behaviors not yet mastered that require instruction.

The *BOS* consists of 233 developmentally sequenced social competencies that are assessed through structured observation, by ratings in multiple settings, or both. The *BOS* provides goals and objectives that are easily communicated to all members of the planning team. This allows all team members to contribute to the development and implementation of interventions derived directly from assessment of current performance.

The *BOS* has three major components:

***Assessment Tool.*** A 233-item inventory arranged into six sub-scales. The *BOS* has been used with pre-school through adult learners.

***Program Planning Process.*** Consists of a set of forms from which the team can choose those most appropriate for the individual student. The forms provide for interagency planning.

***Data Collection Forms.*** Forms are included that allow customized intervention plans to be evaluated on an ongoing or interval basis.

#### **IMPLEMENTATION ESSENTIALS**

The *BOS* is founded on the following principles:

- There is a developmental process that supports social and behavioral skill development.
- Accurate assessment is needed in order to develop effective intervention programs.

- Assessment is the foundation for determining individually relevant intervention goals and objectives as well as for monitoring intervention outcomes.
- A strengths-based approach is consistent with effective practice.

As with the philosophy underlying Positive Behavioral Supports ([www.pbis.org](http://www.pbis.org)), use of this tool is predicated on the principle that youth need to be specifically taught the very skills that will enable them to be successful in school and in the community. Youth that come in contact with the juvenile justice system often have skill development that is uneven. This can be especially true regarding the prerequisite skills necessary to effectively engage in academic and social interventions. It is often these skill deficits that prevent youth from benefiting from a given intervention.

Staff implementing the BOS must have specific training in the use of the tools, forms and planning process. This training is available through the author.

There are a number of instruments that assess emotional and behavioral status. Examples of such instruments include:

- Epstein's Behavioral and Emotional Rating Scale (BERS) (1998), <http://www.nasponline.org/publications/cq287Test.html>;
- the Walker-McConnell Scales of Social Competence & School Adjustment (1995), <http://www.cfchildren.org.uk/ukcfc/eduf/assessf/pdfs/assessmentfaq.pdf>; and
- the Social Skills Rating Scale (SSRS) by Gresham and Elliot, <http://ags.pearsonassessments.com/group.asp?nGroupInfID=a3400>.

What sets the *BOS* apart from these tools is that the *BOS* process incorporates skill assessment, program planning, monitoring and cross-provider planning into a single instrument.

The author and the publisher have available manuals and research articles online at <http://www.researchpress.com/product/item/5015/> and <http://www.behavioralinstitute.org/>

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

Reliability and validity of the *BOS* have been recently reported.

- Wilder, L.K., Braaten, S., Wilhite, K., & Algozzine, B. (2005). *Concurrent Validity of the Strength-Based Behavioral Objective Sequence*. *Journal of Applied School Psychology*, 22 (1), 125-139. <http://www.haworthpress.com/store/ArticleAbstract.asp?sid=0W2RLB5EWJX78NMAW3QJ9LR86RHL2D2C&ID=64140>

## RESOURCES

- **Training and Technical Assistance.** In-service training, consultation, and workshops can be provided for a school, facility, or organization. Contact information for available dates:

## **Behavioral Institute for Children and Adolescents**

3585 Lexington Ave. N., Suite 163

St. Paul, Minnesota 55126

<http://www.behavioralinstitute.org/>

Phone: 651-484-5510

Fax: 651-483-3879

E-mail: [info@behavioralinstitute.org](mailto:info@behavioralinstitute.org)

- *Behavior Objective Sequence Assessment Manual*. Research Press (IL) (1998). <http://www.researchpress.com/product/item/5015/>. \$39.95 U.S. Available also on CD for \$150.00.

## **BACKGROUND READING**

### **Websites**

- Behavioral Institute for Children and Adolescents. <http://www.behavioralinstitute.org/>
- Council for Children with Behavioral Disorders. <http://www.ccbd.org/>
- NICHCY Connections... to Behavior Assessment, Plans, and Positive Supports. <http://www.nichcy.org/resources/behavassess.asp>

### **Reports and articles**

- Braaten, S. (1998). *Behavioral Objective Sequence*. Champaign, IL: Research Press.
- Fennerty, D., Lambert, C., & Majsterek, D. (n.d.). Behavior Rating Scales: An Analysis. Central Washington University. [http://eric.ed.gov/ERICWebPortal/Home.portal?\\_nfpb=true&\\_pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=ED442042&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectid=0900000b80092ac4](http://eric.ed.gov/ERICWebPortal/Home.portal?_nfpb=true&_pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=ED442042&ERICExtSearch_SearchType_0=eric_accno&objectid=0900000b80092ac4)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

### **IDEA Partnership Seed Grant in New Hampshire (an emerging practice)**

#### **BRIEF OVERVIEW**

***IDEA Partnership Communities of Practice/Seed Grant.*** The IDEA Partnership ([www.ideapartnership.org](http://www.ideapartnership.org)) at the National Association of State Directors of Special Education (NASDSE) is a project funded through the Research-to-Practice Division of the U.S. Department of Education Office of Special Education Programs (OSEP), (<http://www.ed.gov/about/offices/list/osers/osep/index.html>) and is part of OSEP's National Technical Assistance and Dissemination Network. The IDEA Partnership reflects the collaborative work of more than 55 national organizations, as well as technical assistance providers, and state and local organizations and agencies. The Partnership has developed a new way of involving special educator stakeholders in Communities of Practice (CoP) to affect change at the state and local level to improve outcome for students with disabilities. The partnership has developed a CoP on school-based mental health and provided seed grants to a small number of states for their work.

Building on a seed grant from the IDEA Partnership, New Hampshire (NH) is working to improve the involvement of regional, community mental-health centers in school programs to ensure that youth and their families have access to effective mental health services and supports through structured collaborative processes including positive behavior interventions and supports (PBIS). Seed grant activities are aligned with other mental health and school initiatives that support integrated children's services.

The IDEA Partnership maintains two websites ([www.ideapartnership.org](http://www.ideapartnership.org) and [www.sharedwork.org](http://www.sharedwork.org)) that provide a wealth of information for community collaboration. The Partnership website also serves to connect individuals across the country who are working on similar initiatives.

#### **The goals for the seed grant work in New Hampshire are to:**

- develop an understanding of fiscal strategies necessary to establish and support collaborative work, not limited to direct mental health services to students;

- develop a model process and system that will assist schools in accurate identification of students and their families who would be eligible and who would benefit from available resources;
- increase knowledge of community resources and develop processes for service referral and access; and
- increase community mental health center involvement in planning and program development activities related to school-based mental health services.

## **IMPLEMENTATION ESSENTIALS**

### ***NH Hospital Discharge Protocol Manual***

In collaboration with NH's System of Care Grant (SAMHSA 1999), a partnership of family representatives, community mental health center and school personnel, and state agency representatives from children's mental health, child protection, juvenile justice and education developed the NH Hospital (NHH) Discharge Protocol Manual for use when children receive in-patient services at the Anna Philbrook School or the F-Unit of NH Hospital, NH's psychiatric hospital program for children and young adults.

The manual reflects a process that supports children and youth, their families, natural supports and community partners in the management of the admission and discharge processes. Central to the Manual's procedures are principles of family-driven, child/youth-centered, community-based care.

Goals for the Discharge Protocol Manual are:

- to improve the quality of the admission and transition process from hospital to community; and to ensure access to needed community services;
- to reduce the length of time that children with non-acute care needs spend in the hospital; and
- to improve the communication regarding diagnostic, clinical, educational, psychosocial, and behavioral assessments that are completed while a child is in the hospital.

Partners in the 1999-2005 System of Care Grant, CARE NH include:

- Department of Education (DOE);
- Division for Children Youth and Families (DCYF);
- Division for Juvenile Justice Services (DJJS);
- Bureau of Behavioral Health (BBH);
- Genesis Behavioral Health, Community Mental Health Center (CMHC) – Laconia;
- Granite State Federation of Families for Children's Mental Health (GSFFCMH);
- Mental Health Center of Greater Manchester (MHCGM);
- Moultonborough School District;
- National Alliance for the Mentally Ill – New Hampshire (NAMI NH);
- New Hampshire Hospital (NHH) - Anna Philbrook Center (APC) and F Unit; and
- South Eastern Regional Education Service Center (SERESC).

Training in the NHH Discharge Protocol has been rolled-out to state systems personnel at NH Hospital, DCYF, and DJJS. School district pilot training began in fall 2006.

### ***Integration of Schools and Mental Health Systems Grant***

NH has just received a grant from the U.S. Department of Education, Office for Safe and Drug-Free Schools. The overall goal of the project, *Mental Health and Schools Together-New Hampshire (MAST-NH)*, is to build the capacity of eight communities in five geographic regions of NH to provide children and their families with access to a full continuum of effective, culturally competent and linguistically appropriate mental health care. This goal will be achieved by creating a statewide training, technical assistance and dissemination network that strategically links school personnel involved in the positive behavioral interventions and supports-NH (PBIS-NH) systems-change initiative with qualified mental health, juvenile justice and community partners involved in NH's mental health care systems. Linkages will be promoted through professional development activities and collaborative interagency partnerships.

A key feature of MAST-NH will be training and technical assistance in the application of wraparound as a strengths-based, family-driven, child-centered planning process that engages family members (including the child and youth), their natural supports and service providers. Lessons learned from successful wraparound planning teams throughout the state, will inform the development of a data-driven model that can be tailored by each wraparound team to best address the planning process, and implemented with fidelity.

### **PROGRAM EVALUATION**

Program evaluation is an ongoing component of the process. Implementation of this aspect of the coordinated system of care and the Discharge Protocol is being implemented currently. Each of the funding sources will require evaluation. <http://nhcebis.seresc.net/>

### **AVAILABLE EVIDENCE**

Various aspects of this project have a growing evidence base. For example, the New Hampshire Center for Effective Behavioral Interventions and Supports (ND BEIS) has data on the impact of their PBIS initiative. All grant components have an evaluation component and as this project matures this data will be available.

### **RESOURCES**

#### **Contracts for more information:**

Virginia Irwin, Director  
Division of Instruction  
NH Department of Education  
[virwin@ed.state.nh.us](mailto:virwin@ed.state.nh.us)

Eric Mann, Co-Director  
NH Center for Effective PBIS  
[emann@seresc.net](mailto:emann@seresc.net)

## IDEA Partnership

- IDEA Partnership. <http://www.ideapartnership.org>
- IDEA Partnership's Shared Work website. <http://www.sharedwork.org/>

## New Hampshire (NH) Seed Grant.

- Grabill, D., et al. (9-28-2006). *Interagency Partnerships Can Improve Outcomes for Youth: Strategies and Challenges in Aligning Agencies Priorities and Initiatives*. Power Point presentation available at:  
<http://www.tapartnership.org/advisors/education/presentations/NH%20Presentation%20Ball.06.ppt>
- NH Hospital Discharge Protocol Manual. Available from: NH Health and Human Services, 115 Pleasant Street. Concord, NH 03301.
- NH MH-Schools Seed Grant website.  
<http://www.sharedwork.org/section.cfm?ms=4&ms2=0&as=54>
- NH Seed Grant For Mental Health And Schools.  
[Http://sharedwork.org/documents/nhmhschoolsseedgrantoverview.doc](http://sharedwork.org/documents/nhmhschoolsseedgrantoverview.doc)
- New Hampshire Center for Effective Behavioral Interventions and Supports (ND-CEBIS).  
<http://nhcebis.seresc.net/>
- Positive Behavioral Interventions and Supports-NH (PBIS-NH). <http://nhcebis.seresc.net/>

## BACKGROUND READING

### Websites

- Center for Evidence-Based Practice: Young Children with Challenging Behavior.  
<http://www.challengingbehavior.org>
- Center on the Social and Emotional Foundations for Early Learning.  
<http://www.csefel.uiuc.edu>
- Communities of Practice/Etienne Wenger's website. <http://www.ewenger.com/>
- **Positive Behavioral Interventions and Supports (PBIS)**.  
<http://www.pbis.org/main.htm>
- **School-Wide Information System (SWIS)** website. [www.swis.org](http://www.swis.org)
- **Systems of Care** information is available at:  
<http://mentalhealth.samhsa.gov/cmhs/ChildrensCampaign/grantcomm.asp>
- **Wraparound Services** information is available at:  
[http://www.reclaimingfutures.org/solution\\_ws.asp](http://www.reclaimingfutures.org/solution_ws.asp)

### Articles & reports

- Bazelon Center for Mental Health Law. (May 2006). *Way to Go: School Success for Children with Mental Health Care Needs*. Washington, DC. Available at:  
<http://www.bazelon.org/newsroom/2006/6-7-6-WayToGo.html>.
- Center on Positive Behavioral Interventions and Supports. (2004). *School-wide Positive Behavior Support: Implementers' Blueprint and Self-Assessment*. University of Oregon.  
<http://www.pbis.org/files/Blueprint%20draft%20v3%2009-13-04.doc>



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

### **Developmental Therapy Objectives Rating Scale (a promising practice)**

*Developmental teaching* is an approach for fostering social-emotional competence and responsible behavior in children and youth who display behavioral challenges. It matches a child's current social, emotional, behavioral, and cognitive abilities with specific goals, objectives, behavior management strategies, curriculum materials, activities and evaluation procedures.

#### **BRIEF OVERVIEW**

Until the early 20<sup>th</sup> century, little attention was given to the unique needs of children. However, with a general recognition that children's development occurs gradually over many years, educators and psychologists began to look for recurrent sequential patterns in child social, emotional, and cognitive development, and acquisition of related learned skills. Beginning in the late 1960's, Mary Margaret Wood and her colleagues at the Rutland Center in Athens, GA and the University of Georgia developed a hierarchically arranged sequence of skills that reflected this interaction of child development and learning. This sequence provided a basis for both assessment of child-skill level and an appropriate structuring of curriculum objectives to facilitate further growth.

The ***Developmental Therapy Objectives Rating Scale (DTORF)*** and related interventions was first described comprehensively in *Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children*, edited by Wood (Baltimore: University Park Press, 1975). The current printed resource is the 3<sup>rd</sup> edition, *Developmental Therapy-Developmental Teaching: Fostering Social-Emotional Competence in Troubled Children and Youth*, M.Wood, R. Davis, L. Swindle, and Quirk (Austin, TX: 1996).

As indicated by the title of the first edition, the initial focus was on younger children, especially those with special needs. Later work has broadened the developmental age span covered. The skills assessed are broader than those targeted in behavioral interventions, many better described as "skill clusters." The record keeping is based a daily rating rather than counts of specific behaviors.

The four basic tenets on which this intervention is based (as noted at [www.dtorf.com](http://www.dtorf.com)) are:

- Development is orderly and predictable while uniquely individual.

- A strength-based view of behavior fosters self-esteem and encourages behaviors that are healthy and typical of age peers.
- Constructive changes occur when acceptable behavior and relationships bring personally satisfying results.
- Learning results from events that have emotional and cultural meaning. It then spreads to all areas of a young person's life.

The *DTORF* is used by teachers, special education directors, and others. The *DTORF* online version ([www.dtorf.com](http://www.dtorf.com)) is a functional behavior assessment (FBA) system for evaluating the social, emotional, behavioral and cognitive competence of students. It helps in planning classroom instruction by instantly creating Behavior Intervention Plans (BIPs) and appropriate objectives for Individualized Education Programs (IEPs).

The goal of the curriculum based on the *DTORF* is to promote healthy emotional development. Activities and materials have been developed for this purpose. The books describing developmental therapy/teaching include methods for decoding behavior and positive behavior management.

## IMPLEMENTATION ESSENTIALS

The *DTORF* and its related curricular guides provide the basis for a comprehensive program for children beginning at very low levels of skill mastery.

While the use of the *DTORF* as a rating scale can be mastered fairly quickly, its application in structuring a curriculum and evaluating student progress requires intensive staff training and on-going supervision. Training is available from the Developmental Therapy-Teaching Program at the University of Georgia, [www.uga.edu/dttp](http://www.uga.edu/dttp).

Fully applied, this intervention requires a relatively high teacher-to-student ratio. Time must be provided for monitoring of progress and record keeping as well as lesson planning.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

Developmental Teaching is nationally recognized as an effective program for troubled children by the U.S. Department of Education and the American Psychiatric Association. Schools and school districts can improve the services they provide to students without additional resources.

The *DTORF* has been recognized as an effective program.

- American Psychiatric Association. (1993). Significant achievement awards: Clinical and special education services for severely disturbed children – Developmental Therapy Program. Rutland Psychoeducational Services, Athens, GA. *Hospital and Community Psychiatry*, 44, 995-996.
- Davis, K.R. (1996). Developmental Therapy Model. In *Educational Programs that Work: The Catalogue of the National Diffusion Network* (22<sup>nd</sup> ed.), p. 12.11. Longmont, CO: Sopris West.

- Kaufman, A.S., Paget, K., and Wood, M.M. (1981). Effectiveness of Developmental Therapy for severely emotionally disturbed children. In F.H. Wood (Ed.). *Perspectives for a new decade*. 176-188. Reston, VA: The Council for Exceptional Children.
- Wood, M.M., Davis, K.R. and Swindle, F. L. (1998). *Documenting effectiveness*. Developmental Therapy Institute, Athens, GA.

## RESOURCES

- Contact for additional information and staff training.

Developmental Therapy Teaching Programs  
University of Georgia  
website: [www.uga.edu/dttp](http://www.uga.edu/dttp)

- Commercially available information can be found on the DTORF website. [www.dtorf.com](http://www.dtorf.com)
- The DTORF form is available from LetterPress Software. [www.lpsoftware.com](http://www.lpsoftware.com)
- *The Developmental Teaching Objectives ...and Rating Forms-Revised*. (4th Edition). <http://www.uga.edu/dttp/resources/software/evalkit.html>
- *Developmental Therapy-Developmental Teaching: Fostering Social-Emotional Competence in Troubled Children and Youth* (3<sup>rd</sup> edition, 1996) by Mary Margaret Wood with Karen R. Davis, Faye L. Swindle, and Constance Quirk is available from Pro-Ed Publishers. [www.proedinc.com](http://www.proedinc.com)

## BACKGROUND READING

- Wood, M. M., Brendtro, L., Fecser, F. A., & Nichols, P. (1999). *Psychoeducation: An Idea Whose Time has Come*. Reston, VA: The Council for Children with Behavior Disorders. [http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=ED435157&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectid=0900000b8008f43d](http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=ED435157&ERICExtSearch_SearchType_0=eric_accno&objectid=0900000b8008f43d)
- Wood, M. M., Davis, K. R., Swindle, F. L. & Quirk, C. (1996, 3<sup>rd</sup> Edition). *Developmental Therapy-Developmental Teaching: Fostering Social-Emotional Competence in Troubled Children and Youth*. Early Childhood Research Institute, University of Illinois- Urbana-Champaign. <http://clas.uiuc.edu/fulltext/cl02050/cl02050.html>
- Wood, M.M., Davis, K. R., & Swindle, F.L. (1998). *Developmental Therapy-Teaching Programs: Documenting Effectiveness*. Early Childhood Research Institute, University of Illinois- Urbana-Champaign. <http://clas.uiuc.edu/fulltext/cl02531/cl02531.html>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

### **Life Space Crisis Intervention (LSCI) (a promising practice)**

#### **BRIEF OVERVIEW**

***Life Space Crisis Intervention (LSCI)*** was developed by Fritz Redl (1959) and others as a counseling intervention for use by teachers, child care workers, and other mental health professionals with children and youth in emotional/behavioral crisis. The goal of *LSCI* is to enable the interviewer to assess: the perspective of acting-out students on their behavior as it relates to themselves and others in the immediate setting ("life space"); the intensity of emotional arousal accompanying the behavior; and student capacity for identifying alternative behaviors that are more acceptable to others and willingness to behave in one of these alternative ways.

The principle stages of a *LSCI* interview are to:

- drain off the student's intense emotions by acknowledging feelings;
- discover the student's point of view by using affirming and listening skills;
- identify the student's vital interest and select an appropriate LSCI intervention strategy;
- use interviewing skills to help the student recognize and change self-defeating behavior patterns;
- teach the new skills needed for behavior change; and
- prepare the student to reenter the on-going activity and setting.

*LSCI* is a therapeutic strategy for using a crisis situation as an opportunity to help students learn alternatives to aggressive, disrespectful, and other out-of-control behavior. Teachers, administrators, and others who deal with youth in conflict situations can use *LSCI*. It applies a blend of psycho-dynamic, cognitive, behavioral, and pro-social methods as a teaching intervention for youth displaying challenging behavior.

Stages one and two are worthy of special comment. Teachers and other authority figures are responsible for assessing problem situations and responding quickly. Some often assume they can comprehend the "why" of such situations as quickly as the "what" and the "when." Teachers trained in LSCI understand the importance of listening to student explanations of the "why" from student perspectives before intervention, whenever circumstances permit. Listening first may avoid unnecessary escalation of the crisis and lead to a more desirable outcome.

## IMPLEMENTATION ESSENTIALS

*LSCI* can be used as the central component of an intervention program or together with other interventions. Implementation requires staff training and resources.

- Staff need to be trained in using the procedure and have supervised practice in the choice of incidents for application of the intervention. A certified training program is available.
- Resources for on-going program support are needed.
- Flexible staffing with backup is needed if *LSCI* is applied at the time of a behavior crisis, which is recommended.
- Supervision by trained mental health personnel is desirable to ensure appropriate use and provide teacher support.

## PROGRAM EVALUATION

Two multiple baseline-across-subjects designs were employed to evaluate the effects of LSCI on two female and two male participants separately. Data were collected in the classroom over a three-month period. The dependent measure was discrete events of challenging behavior that was operationalized individually for each student. There was a radical decrease in challenging behavior for each participant after implementation of the LSCI. [Abstracted from: Grskovic, J. A. and Goetze, H. 2005. An Evaluation of the Effects of Life Space Crisis Intervention on the Challenging Behavior of Individual Students. *Reclaiming Children and Youth*, 13:4, 231-235.]

Naslund, S. R. 1987. Life space interviewing: A psychoeducational interviewing model for teaching pupils insight and measuring program effectiveness. *The Pointer*, 32:2, 12-15.

## AVAILABLE EVIDENCE

LSCI was evaluated by research using a quasi-experimental design with two matched school populations. Staff in one school received the LSCI model of crisis training, while staff in a second school received support in developing their own strategies for managing crisis. There were significant reductions in the number of student crises, and there were fewer suspensions. [Abstracted from: Dawson, C. A. 2003. A Study on the Effectiveness of Life Space Crisis Intervention for Students Identified with Emotional Disturbances. *Reclaiming Children and Youth*, 11:4, 223-250.]

Another study explored the effects of the Life Space Interview on academic and social behavior of eight residentially placed adolescent behaviorally disordered students. Baseline data was collected for each subject's target behavior as well as academic performance in reading and mathematics. The results of this study supported the value of the LSCI with these behaviorally disordered adolescents. (Abstracted from: DeMagistris, R. J. and Imber, S. C. 1980. The Effects of Life Space Interviewing on Academic and Social Performance of Behaviorally Disordered Children. *Behavioral Disorders*, 6:1, 12-25, <http://www.lsci.org/lscistudy.pdf>)

Long, N. J. (1990). Comments on Ralph Gardner's article: "Life Space Interviewing: It can be effective but don't...". *Behavioral Disorders*, 15, 119-125.

Wood, M., & Long, N. J. (1991). *Life Space Intervention. Talking with Students in Crisis*. Austin: Pro-Ed Publishers.

## RESOURCES

- Contact for information about training leading to certification in *LSCI*:

**Frank A. Fecser, Ph.D.**

Life Space Crisis Intervention Institute  
Positive Education Program  
3100 Euclid Avenue  
Cleveland, Ohio 44115  
Phone: 216-361-7760 ext. 123  
E-mail: [Fecser@pepcleve.org](mailto:Fecser@pepcleve.org)

- An overview of *LSCI* by its creators, Frank A. Fecser and Nicholas J. Long is available on the Center for Effective Collaboration and Practice (CECP) website.  
<http://cecp.air.org/interact/authoronline/april98/1.htm>
- A synopsis of *Life Space Crisis Intervention* is available on the UMFS website.  
<http://www.umfs.org/pdf/LSCI.pdf>
- Life Space Crisis Intervention Institute. [www.lsci.org](http://www.lsci.org)
- *Life Space Crisis Intervention*, from *Psychoeducational Strategies*. Pro-Ed Publishers. [http://www.psychoed.net/PSYCHOEDNET/Page\\_18.html](http://www.psychoed.net/PSYCHOEDNET/Page_18.html)
- Long, N.J., Wood, M. M., & Fecser, F. A. (2001, 2<sup>nd</sup> ed.), *Life Space Crisis Intervention: Talking with Students in Conflict* (2001, 2<sup>nd</sup> edition). Pro-Ed Publishers. [www.proedinc.com](http://www.proedinc.com)
- Redl, F. (1959). Strategy and techniques of the life space interview. *American Journal of Orthopsychiatry*, 29, 721-736.

## BACKGROUND READING

- **Psychoed.net**. (A website designed for educators and others, provides information about psychoeducational strategies and approaches for helping children and youth with learning, emotional & behavior problems.) <http://www.psychoed.net/>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

### **Multisystemic Therapy (MST) (a best practice)**

#### **BRIEF OVERVIEW**

*Multisystemic Therapy (MST)* is primarily a home-based approach to treatment by developing and strengthening the natural support systems of the family. The focus is on removing barriers that keep youth and families from accessing needed services. This approach seeks to empower the family by developing skills that serve to support the effective implementation of therapeutic interventions.

*MST* has been specifically applied in populations of youth who are serious or chronic offenders. It has been proven effective with males and females, multiple ethnic groups, and urban, suburban and rural populations. *MST* is based on the belief that serious antisocial behavior results from the interplay of the individual, family, peer group, school, and community. This approach addresses the fact that individually applied therapies for this group of youth were minimally effective as well as expensive.

Antisocial behavior stems from multiple sources; therefore interventions need to address many aspects of a youth's life. In particular, the *MST* process seeks to develop skills for youth to more effectively engage in school and vocational endeavors. Schools play an important part in the *MST* process.

#### **IMPLEMENTATION ESSENTIALS**

With regarding to schools, *MST* requires the development of a system of supports that encourage positive relationships with peers and school staff. Schools are required to develop consistent discipline practices, and to teach and reinforce the expected behaviors to students. Comprehensive assessment of academic and behavior skills supports the development of appropriate academic and behavioral intervention plans. Without accurate assessment and evaluation data, school personnel run the risk of frustrating the learner. Appropriately challenging expectations encourage positive engagement of the youth.

School personnel can use *MST* to link with families in proactive ways. The process also provides support for connecting community resources with school efforts. It is proven that schools can be effective partners in developing protective factors in this population. Many of the protective factors that youth need to function effectively are developed in a school context. *MST*

compliments school efforts in both academic and behavior intervention planning. *MST* also takes into account the mental health needs of youth and makes these resources available to the school team.

## PROGRAM EVALUATION

*MST* has been recognized as:

- an “exemplary” program in OJJDP’s *Model Programs Guide* (May 2003), U.S. Department of Justice. <http://www.dsgonline.com/mpg2.5/search.htm>
- [http://www.dsgonline.com/mpg2.5/TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?id=363](http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?id=363)
- a “model” program by *SAMHSA Model Programs: Effective Substance Abuse and Mental Health Programs for Every Community* (2002), Center for Substance Abuse Prevention. [http://www.modelprograms.samhsa.gov/template\\_cf.cfm?page=model&pkProgramID=21](http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=21)
- a “model” program in *Blueprints For Violence Prevention*, (2000). Center for the Study and Prevention of Violence (CSPV). Boulder, CO: Institute of Behavioral Science. <http://www.colorado.edu/cspv/blueprints/model/programs/MST.html>

## AVAILABLE EVIDENCE

*MST* has a history of formal studies spanning more than 20 years. Numerous evaluations of *MST* consistently support the achievement of positive outcomes while maintaining cost effectiveness. There is strong evidence to support the effectiveness of *MST* in reducing criminal activity and institutionalization while developing pro-social and academic skills. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) includes extensive research citations that support the effectiveness of *MST*.

This program was part of a cost-benefit analysis completed by the Washington State Institute for Public Policy on several violence prevention and reduction programs, including six Blueprints programs, *Watching the Bottom Line: Cost-Effective Interventions for Reducing Crime in Washington*.

## RESOURCES

- **Contact for more information:**

**Marshall E. Swenson**  
**Manager of Program Development, MST Services**  
**701 J. Dodds Blvd., Suite 200**  
**Mt. Pleasant, SC 29464**  
**Phone: 843-856-8226**  
**E-mail: [marshall.swenson@mstservices.com](mailto:marshall.swenson@mstservices.com)**

- *MST Services*, an affiliate of the Medical University of South Carolina and the Family Services Research Center, supports those interested in implementing *MST*. The *MST* website contains background material, research and information regarding licensing. <http://www.mstservices.com/>



- **MST Fact Sheets**
  - Multisystemic Therapy: An Overview. (1998).  
[http://www.mstservices.com/text/mst\\_overview.pdf](http://www.mstservices.com/text/mst_overview.pdf)
  - The Principles Underlying Multisystemic Therapy.  
[http://www.mstservices.com/text/mst\\_principles.pdf](http://www.mstservices.com/text/mst_principles.pdf)
  - Multisystemic Therapy: How is it Done?  
[http://www.mstservices.com/text/mst\\_how\\_done.pdf](http://www.mstservices.com/text/mst_how_done.pdf)
  - The Effective Use of Multisystemic Therapy.  
[http://www.mstservices.com/text/mst\\_effective\\_use.pdf](http://www.mstservices.com/text/mst_effective_use.pdf)
  - Multisystemic Therapy: Clinical Outcomes and Cost Savings.  
[http://www.mstservices.com/text/mst\\_clinical\\_outcomes.pdf](http://www.mstservices.com/text/mst_clinical_outcomes.pdf)
  - Multisystemic Therapy: A Comparison with Other Treatment Approaches.  
[http://www.mstservices.com/text/mst\\_comparison.pdf](http://www.mstservices.com/text/mst_comparison.pdf)

## BACKGROUND READING

- Aos, S., Barnoski, R., & Lieb, R. (January 1998). *Watching the Bottom Line: Cost-Effective Interventions for Reducing Crime in Washington*. Olympia, WA: Washington State Institute for Public Policy. <http://www.wsipp.wa.gov/pub.asp?docid=98-01-1201>
- Blueprints Model Program FACT SHEET. (2006). *Multisystemic Therapy*. Center for the Study and Prevention of Violence.  
<http://www.colorado.edu/cspv/publications/factsheets/blueprints/pdf/FS-BPM06.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

### **Systems of Care (a promising practice)**

#### **BRIEF OVERVIEW**

*Systems of Care (SOC)* is a philosophy and approach that is based on a set of values and principles to develop and implement efficient and effective services and supports for children and youth with complex mental health needs and their families. This approach places the youth and family at the center of the decision-making process as well as being major partners in the planning and policy development for the system itself. A SOC approach supports the creation of formal networks and linkages among the various public child-serving agencies and private community service providers.

*SOC* is a framework for interagency service delivery that recognizes the importance of family, school and community, and seeks to promote the full potential of all children and youth by addressing their physical, emotional, intellectual, cultural and social needs. *SOC* evolved over the last 20 years from the consensus of many individuals working with children and families in the field as well as well-documented studies that carefully examined both successful and unsuccessful service delivery models. The process focused particular attention upon children and youth with complex and multiple mental health needs and the many public agencies and service providers working with these families.

#### **Key Components of Systems of Care**

The *SOC* approach requires the adoption of a set of beliefs or values. These values then drive the development and implementation of the services and supports that will be made available to the child/youth and family in the community. For many community service providers this approach will require a new way of thinking and of doing business. Often policy changes are needed at both the state and local levels in order to create a system that reflects the values required by the *SOC* approach.

There are three core values and ten core principles. The following are a summary of these values and principles.

- **Child-centered and family-focused.** The recognition that: (a) the context of the family is central to the care of all children; (b) families are important contributors to, and equal partners in, any effort to serve children; and (c) all system and service processes should be planned to maximize family involvement.

- **Individualized.** Provision of care that is expressly child centered, addresses child-specific needs and recognizes and incorporates child-specific strengths.
- **Culturally and linguistically competent.** Sensitivity and responsiveness to, and acknowledgment of, the inherent value of differences related to race, religion, language, national origin, gender, socioeconomic background, and community-specific characteristics.
- **Interagency.** The involvement and partnership of core agencies in multiple child-serving sectors, including child welfare, health, juvenile justice, education, and mental health.
- **Collaborative/coordinated.** Professionals working together in a complementary manner to avoid duplication of services, eliminate gaps in care, and facilitate child and family movement through the service system.
- **Accessible.** The minimizing of barriers to services in terms of physical location, convenience of scheduling, and financial constraints.
- **Community based.** The provision of services within close geographical proximity to the targeted community.
- **Least restrictive.** The provision of services in settings that maximize freedom of choice and movement, and that present opportunities to interact in the child's and family's regular environments (e.g., school and family).
- **Advocacy.** A system of care should advocate for the child and provide mechanisms to protect the rights of children and their families
- **Nondiscrimination.** A system of care should have a policy of nondiscrimination in the delivery of services and ensure that children and youth with needs have access to quality services and supports.

## IMPLEMENTATION ESSENTIALS

Building and implementing a SOC requires complex set of policies, processes, services, and supports depending on the community and the scope of the services included in that community's service array. In a SOC there typically are multiple partners from various organizations, agencies, and disciplines. System-building efforts can pose particular challenges as service providers often have their own language, set of customs, requirements for service provision, and timelines. This is further complicated where: communities have not yet started system-building efforts; families have difficulty accessing services, if available; or families are not fluent in the varying nomenclature of participating disciplines. Building a community-based system of care that operationalizes the values and principles takes many years. Four framework components have been identified that should guide the work: (1) program context; (2) guiding principles; (3) strategies; and (4) outcomes.

There exists an extensive network of resources including evaluation studies, implementation process reports, consultants, technical assistance and research centers to guide a community's

efforts in developing a SOC. Studies have shown that successful SOC initiatives have one consistent component – an individual or small group of highly motivated, competent proponents. Evaluations also indicate that the support of policy makers at the state and local level is critical.

The following are additional key components:

- effective outreach to consumers and families to assure input and participation;
- strict adherence to the guiding principles of SOC;
- engaging a community process that is open to multiple partners; and
- on-going evaluation of process and outcomes.

## PROGRAM EVALUATION

Evaluation studies of the SOC process can be found on the website of the Technical Assistance Partnership for Child and Family Mental Health. <http://www.tapartnership.org/>.

The Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services has an extensive website with background materials and research reports at: <http://systemsofcare.samhsa.gov/>.

## RESOURCES and BACKGROUND READING

- Contact for more information about Systems of Care approaches:

**Gary Blau**

Chief, Child, Adolescent and Family  
Branch, CMHS  
Phone: 240-276-1921  
E-mail: [gary.blau@samhsa.hhs.gov](mailto:gary.blau@samhsa.hhs.gov)

**Diane Sondheimer**

Deputy Chief, Child, Adolescent and Family  
Branch, CMHS  
Phone: 240-276-1922  
E-mail: [diane.sondheimer@samhsa.gov](mailto:diane.sondheimer@samhsa.gov)

- **Systems of Care website, SAMHSA.** <http://systemsofcare.samhsa.gov/>
- **Systems of Care Fact Sheet.**  
<http://systemsofcare.samhsa.gov/newinformation/docs/SOCfactsheet.doc>
- **National Technical Assistant Center for Children’s Mental Health** at the Center for Child and Human Development, Georgetown University, houses an extensive library of research publications on SOC. <http://gucchd.georgetown.edu/index.html>
- **Research & Training Center for Children’s Mental Health**, University of South Florida, offers empirical information on SOC. The Center also has an annual conference on SOC. <http://rtckids.fmhi.usf.edu/>
- The University of South Florida offers an online graduate certificate focused on SOC. [http://cfs.fmhi.usf.edu/cfsnews/cfsnews\\_pubs/GraduateCertificateflyer.pdf](http://cfs.fmhi.usf.edu/cfsnews/cfsnews_pubs/GraduateCertificateflyer.pdf)
- Hodges, S., Ferreira, K., Israel, N., & Mazza, J. (2006). *Strategies for System of Care Development: Making Change in Complex Systems. A framework for analysis of Case Studies of System Implementation: Holistic Approaches to Studying Community-Based Systems of Care.* Tamps, FL: University of Southern Florida (USF).  
[http://rtckids.fmhi.usf.edu/rtcpubs/Study2\\_StrategiesSOCDev.pdf](http://rtckids.fmhi.usf.edu/rtcpubs/Study2_StrategiesSOCDev.pdf)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

### **THE Wraparound Process (a best practice)**

#### **BRIEF OVERVIEW**

*The Wraparound Process* is an intensive, individualized care management process for youths with serious or complex needs. Wraparound was initially developed in the 1980s as a means for maintaining youth with the most serious emotional and behavioral problems in their home and community. In recent years, however, it has been applied within child welfare, juvenile justice, and in schools as a way to improve school outcomes for students with serious emotional disturbance, as well as maintain them in regular school settings. Wraparound is increasingly being applied in school settings in conjunction with Positive Behavioral Supports (PBS), as a means of supporting students with the most serious and complex behavioral needs.

During the *wraparound process*, a team of individuals who are relevant to the well-being of the child or youth (e.g., family members, other natural supports, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

The process of engaging the family, convening the team, developing the plan, implementing the plan, and transitioning the youth out of formal wraparound is typically facilitated by a trained care manager or "wraparound facilitator," sometimes with the assistance of a family support worker. The wraparound process, and the plan itself, is designed to be culturally competent, strengths based, and organized around family members' own perceptions of needs, goals, and likelihood of success of specific strategies.

Wraparound has been implemented nationally for over 20 years and presented as a promising practice in many publications. However, specification and consistent implementation of the model has occurred only in the past few years. As recently specified, wraparound is conceived of as a four-phase process:

- engagement and team preparation;
- initial plan development;

- plan implementation; and
- transition.

The full description of the activities that typically take place in each of these phases can be found in “Phases and Activities of the Wraparound Process,” a document available on the website of the National Wraparound Initiative at (NWI) [www.rtc.pdx.edu/nwi](http://www.rtc.pdx.edu/nwi).

## IMPLEMENTATION ESSENTIALS

Wraparound is intended to ensure that youth with complex needs (and multiple agency involvement) benefit from a coordinated care planning process that produces a single plan of care that cuts across all agencies and providers. Wraparound plans and wraparound teams require access to flexible resources and a well-developed array of services and supports in the community. As a result, wraparound implementation requires that the child-serving system is supportive of wraparound. Some of the key types of community and system supports include:

- **Community partnership.** Key stakeholder groups, including agencies, providers, and representatives of youths and families have joined together in a collaborative effort to plan and implement wraparound.
- **Collaborative action.** Stakeholders involved in the wraparound effort take concrete steps to translate the wraparound philosophy into concrete policies, practices and achievements.
- **Fiscal Policies.** The community has developed fiscal strategies to support the wraparound effort and to better meet the needs of children and youth participating in the wraparound effort.
- **Access to needed supports and services.** The community has developed mechanisms for ensuring access to the services and supports that wraparound teams need to fully implement their plans.
- **Human Resource Development and Support.** The system supports wraparound staff and partner agency staff to work in a manner that allows full implementation of the wraparound model.
- **Accountability.** The community has implemented mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to oversee the quality and development of the overall wraparound effort.

In addition to system supports, the wraparound process requires skilled facilitators and family support partners who have the right working conditions to do their jobs. As a result, the lead agency responsible for implementing the wraparound process for families must support implementation in several key ways, including maintaining adequately low caseload sizes; ensuring that primary staff receive comprehensive training and skill development; supporting wraparound team efforts to get necessary members to attend meetings and participate collaboratively; and making timely decisions regarding funding for strategies developed by teams to meet families’ unique needs.

The wraparound process is not proprietary. The NWI website includes a description of the practice model, as well as many implementation resources compiled from trainers, technical assistance providers, and program sites nationally. The NWI website also includes a list of consultants and trainers that communities and organizations may wish to access. More comprehensive examples of how wraparound has been implemented in schools can be found at

the Illinois Positive Behavioral Supports network website, <http://www.pbisillinois.org>, and in Eber (2003). Information about implementation and fidelity measures for wraparound can be found at the Wraparound Evaluation and Research Team's website, <http://depts.washington.edu/wrapeval>.

## PROGRAM EVALUATION

The wraparound process has been implemented widely across the United States and internationally because of the documentation of its successful use in several communities, its alignment with the value base for systems of care, and its resonance with families and family advocates. However, the formal wraparound research base has been slow to develop for several reasons: (1) its status as a care management *process* rather than a specific treatment for a specific disorder; (2) its grassroots development rather than development by a single research team; and (3) its individualized nature, in that the identified needs and specific strategies for each family participating in wraparound should be unique.

At the same time, the research base on wraparound continues to expand and evolve.

- To date, positive results have been found from three published experimental studies, six published quasi-experimental studies, and numerous pre- and post-longitudinal studies.
- The wraparound process has been cited as a promising practice in the Surgeon General's reports on youth violence and mental health.
- Since the wraparound practice model has been more fully specified, four random assignment control studies have been begun in four different locations, all with a consistent practice model and training and coaching model. Fidelity measures aligned with the wraparound model described above are also now available and in use in all the above studies.

## AVAILABLE EVIDENCE

As noted above, the evidence base on wraparound is broad and until recently has not been generated on a consistent and specified model. A review of outcomes studies as of 2002 is provided in Burchard, Bruns, & Burchard (2002), and is currently being updated. Other reviews and information are available at the NWI website, [www.rtc.prdx.edu/nwi](http://www.rtc.prdx.edu/nwi).

## RESOURCES

- **Training and Technical Assistance.** Many communities and programs have been trained and coached by experts on the wraparound process to successfully implement the wraparound process. Typical curricula include initial four-day training sessions for staff (e.g., facilitators and parent partners) followed by shadowing of experienced staff, and in-vivo coaching. Supervisors also receive a series of human resource development activities so they can collect data about staff performance and support staff over the long term via intensive group and individual supervision, as well as ongoing coaching.

- **Resources for understanding Wraparound.** <http://www.neglected-delinquent.org/nd/resources/articles/articlessummary20060119a.asp>
  - *The Parent's Guide to Wraparound*
  - *Wraparound Planning*
  - *National Wraparound Initiative*
  - *The San Diego Wraparound Training Academy*
  - *The Gun Court Initiative*
  - *Wraparound Milwaukee*
  - *History of Wraparound and Systems of Care*
- National Wraparound Initiative. [www.rtc.prdx.edu/nwi](http://www.rtc.prdx.edu/nwi)
- Video and manual on wraparound: Eber, L. (2003). *The Art and Science of Wraparound*. Bloomington, IN: Forum on Education at Indiana University. [http://www.forumoneducation.org/wraparound\\_video.html](http://www.forumoneducation.org/wraparound_video.html)
- Wraparound Planning mini-website. Center for Effective Collaboration and Practice, American Institutes for Research. <http://cecp.air.org/wraparound/default.htm>

## BACKGROUND READING

- Eber, L. (2001, April). *School-Based Wraparound and Its Connection to Positive Behavior Interventions and Supports: A Component of Safe/Effective Schools for All Students*. National Evaluation and Technical Assistance Center. <http://www.neglected-delinquent.org/nd/resources/articles/articlessummary20060119a.asp>
- Kamradt, B. (2000). Wraparound Milwaukee: Aiding youth with mental health needs. *Juvenile Justice* 7,14-23. [http://www.ncjrs.gov/html/ojjdp/jjjnl\\_2000\\_4/wrap.html](http://www.ncjrs.gov/html/ojjdp/jjjnl_2000_4/wrap.html)
- Kendziora, K., Bruns, E., Osher, D., et al (Eds). (2001). *Wraparound: Stories from the field. Systems of care: Promising practices in children's mental health, 2001 series: Volume I*. Washington, DC, Center for Effective Collaboration and Practice, American Institutes for Research. [http://cecp.air.org/AIR\\_Monograph.pdf](http://cecp.air.org/AIR_Monograph.pdf)
- Pires, S. (2002). *Building Systems of Care—A Primer*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Center, Georgetown University. Available at: [http://gucchd.georgetown.edu/programs/ta\\_center/object\\_view.html?objectID=2500](http://gucchd.georgetown.edu/programs/ta_center/object_view.html?objectID=2500)
- Walker, J.S., Koroloff, N., & Schutte, K. (2003). *Implementing high-quality collaborative Individualized Service/Support Planning: Necessary conditions*, Portland OR: Research and Training Center on Family Support and Children's Mental Health. <http://www.rtc.pdx.edu/PDF/pbImpHighQualISP.pdf>





***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**STEP 5.**

**Transition from School to  
Post-School Activities**

- Introduction
- Bridges from School to Work (*a promising practice*)
- Community Transition Program (C-Tran) (*a promising practice*)
- High School/High Tech (HS/HT) (*a promising practice*)
- Transition Toolkit for Systems Improvement (*a best practice*)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 5. Transition from School to Post-School Activities**

### **Introduction\***

The purpose of the Individuals with Disabilities Education Act (IDEA)<sup>1</sup> is to ensure children with disabilities have a free appropriate public education (FAPE) that prepares them for further education, employment and independent living. The proper transition of youth from high school to the adult world is critical to ensure youth are ready for the next phase of their lives. The IDEA has recognized this importance and specifically requires school districts to provide transition services for students with disabilities<sup>2</sup>.

In 2004 Congress reauthorized IDEA and strengthened the transition requirements of the law by requiring a focus on both the academic *and* functional needs of eligible youth. The transition services for a particular student are determined by the student's Individualized Education Program (IEP) team. It is important for students to be present, and their preferences and interests considered and discussed, during IEP team meetings to determine what transition services to include in their IEPs.

Specifically, transition services must include a “coordinated set of activities” that facilitates a student’s movement from school to post-school activities. Post-school activities include, but are not limited to: employment, vocational training, post-secondary education, supported employment, and independent living. The services provided to transitioning students should be based not only on the students’ needs, but also on their interests for post-school life. A school can be and should be creative when determining what services to provide a student; however, the basic types of services include:

- instruction;
- related services;

---

\* \* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

<sup>1</sup> 20 U.S.C. § 1400 et seq. See: <http://idea.ed.gov> for in-depth information about the law and regulations (searchable site for IDEA statutory and regulatory cites).

<sup>2</sup> To be eligible for special education services, a student must be identified as having one or more of the 12 qualifying disabilities (i.e., mental retardation, hearing impairments, speech and language impairments, etc.) and by reason of the disability require special education and related services. 20 U.S.C. § 1401(3).

- living objectives;
- daily living skills; and
- a functional vocational evaluation (20 U.S.C. §1401(34)(C)).

The planning for transition services must begin during the IEP meeting held for the IEP that will be in place when the student turns 16. However, the U.S. Department of Education (ED) encourages schools to begin transition services earlier than age 16 “if determined appropriate by the IEP Team” (34 C.F.R. § 300.320(b)). There is nothing in the federal law that prohibits an IEP team from beginning transition services as early an age as is needed. Therefore, students could begin transition services when they are 14 or younger, if appropriate. A student’s transition goals must be updated every year and the services provided must be geared to help the student achieve those goals.

One important element of transition is coordination with other local agencies. Because students will be moving out of the school environment into other areas of their life, connections with agencies that can assist them in that move is essential. Typically, students should be linked with the vocational rehabilitation agency in their region and assigned a vocational rehabilitation counselor. More information is available on the website of the U.S. Rehabilitation Services Administration (RSA), <http://www.ed.gov/about/offices/list/osers/rsa/index.html>. Links to vocational rehabilitation offices in every state also are available online at <http://www.jan.wvu.edu/SBSES/VOCREHAB.HTM>.

The input and services of other agencies is so important that the IDEA requires school districts, to the extent appropriate, to invite to IEP meetings representatives of other agencies that are likely to be responsible for providing or paying for transition services. Schools must have the consent of the parents (or the student if of the age of majority) before inviting the other agency personnel (34 C.F.R. § 300.321(b)).

In order for schools to meet the needs and interests of transition students, creativity often is needed. There are countless programs and models of successful transition services available. One place to research transition service models is the National Collaborative on Workforce and Disability Pro-Bank, [http://www.ncwd-youth.info/promising\\_Practices/index.html](http://www.ncwd-youth.info/promising_Practices/index.html). Several models are highlighted in this Step.

- The ***Bridges from School to Work Program (Bridges)*** is sponsored by the Marriott Foundation for People with Disabilities, a not-for-profit organization. Bridges places youth who are in school or recently exited school in jobs, and assists youth in advancing in their jobs. There are *Bridges* programs in Atlanta, Chicago, Dallas, Los Angeles, Philadelphia, San Francisco and Washington, D.C. However, other communities may use the program as a model to work with companies to develop a similar program. The Marriot Foundation is available for consultation and assistance if a community wishes to model the program.

- The ***Community Transition Program (C-Tran)*** provides a step-by-step manual on how to implement program. It focuses on students who have met their IEP requirements but are still in need of transition services. Although students attend classes, the services are provided completely outside of the school setting, and combine work with social skill development, and life skill training. This model is geared for students with mild-to-moderate disabilities and requires students to have a baseline of skills before entering the program.
- **The High School/High Tech (HS/HT) program** began approximately 20 years ago with the concern that not enough students, especially students with disabilities, were entering the technology fields. In 1986 the program was adopted by the President's Committee on Employment of People with Disabilities. When the President's Committee was dissolved in 2001, the U.S. Department of Labor developed the Office of Disability Employment Policy (ODEP), and High School/High Tech (HS/HT) became one of the Department's initiatives. The program is based on four core design features that assist students in gaining leadership and employment skills in the technology fields. There is a comprehensive manual that will help schools and local communities and states develop a HS/HT program.
- More than 40 national organizations and individuals joined the National Alliance for Secondary Education and Transition (NASSET) to develop a national set of standards for transition. NASSET developed a "Toolkit" that describes the standards and the quality indicators: the ***National Standards & Quality Indicators: Transition Toolkit for Systems Improvement (Toolkit)***. This *Toolkit* includes guidance, instructions and forms for use by states and local agencies to develop programs based on the national standards.

Overall, transition is a critical component of education for students eligible for special education under the IDEA. With proper transition services, students can move into the adult world without gaps in services needed to prepare them for successful employment and independent living. The more time and energy devoted to providing meaningful and successful transition for students, the more likely they will have productive lives after school.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 5. Transition from School to Post-School Activities**

### **Bridges from School to Work (a promising practice)**

#### **BRIEF OVERVIEW**

The *Bridges from School to Work (Bridges)* program is sponsored by the Marriott Foundation for People with Disabilities, a not-for-profit organization. The goal of *Bridges* is to foster employment of people with disabilities by placing young people who are in school or recently exited school in jobs, and to assist youth in advancing in their jobs. There are *Bridges* programs in Atlanta, Chicago, Dallas, Los Angeles, Philadelphia, San Francisco and Washington, D.C. The program focuses on developing competitive employment as a step towards longer-term opportunities.

The program is designed to assist youth with disabilities, both in and out of school; youth who are pregnant or have a child; youth in foster care (or aging out); and urban and minority youth. *Bridges* focuses on training and supporting the youth who are hired while also assisting employers with communication, supervision, and discipline issues.

The process begins with a one-day pre-placement training called Youth/Parent Orientations (YPO). During this training, students and parents are introduced to the benefits of the program, informed of the expectations of employers, and provided information about appropriate communication with employers. A *Career Development Plan* is created for each youth, and updated quarterly while the youth is in the program. The plan identifies the individual's interests, long-term career goals, and needs and obstacles. It develops specific plans to address these challenges with objectives and benchmarks. Each individual is provided with supports depending on needs, for example: travel; training; job coaching; and modified job training processes.

With the assistance of *Bridges* staff, participants take part in assessments. The staff also meets one-on-one with participants to develop the individual's job readiness. After an individual is placed in a job, staff maintains continuous contact to ensure supports are in place for success.

After 18 -24 months in the program, participants will advance if they have met three of five criteria (exceptions apply for individuals with severe or profound disabilities). The five areas are:

1. increase in hourly wage;
2. increase in hours worked per week;
3. quantifiable increase in job responsibilities or transfer to a position with such an increase;
4. pursuit of postsecondary education or training; and
5. continuous employment for twelve months.

The criteria are presented as a method to measure progress, and individuals are not penalized if they do not meet the criteria.

The Marriott Foundation oversees the *Bridges* program. Employer representatives on its staff identify potential jobs for participants. A database includes information about services provided, outcomes, and indicators that identify project strengths and weaknesses. The employer representatives are continually trained both formally and informally on how to assist individuals and employers.

## **IMPLEMENTATION ESSENTIALS**

The program is operated by the Marriott Foundation and has five core staff members that assist with the program. Currently, there are 75 site-based staff in seven cities. Logistical support is also provided to the city programs, including human resources, accounting and risk management. Intensive formal and informal training of staff includes a basic introduction into the program as well as learning the schools the staff serves and employers in the region. New staff shadows current staff to model best practices. Collaboration is needed with employers, public schools, and social service agencies as they provide some funding.

According to the Marriott Foundation website, finite resources limit the number of *Bridges* programs it can be operating at any time. In establishing *Bridges* programs, its priority is in communities that have a significant Marriott presence. However, the primary philosophies and processes upon which *Bridges* is based can be duplicated anywhere. Foundation staff are available to assist those who would like to include their philosophies or processes in local efforts.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

The program was evaluated from 1990 to 2005. More than 11,400 youth were enrolled in the program during that time and more than 8,400 youth entered competitive employment. Of the youth who participated in the program, 6,594 were black, 2,538 Hispanic, 1,417 white and 890 "other." The average hourly wage was \$6.37 with the

youth working an average of 21.65 hours a week. Six months after entering the program, the average hourly wage was \$7.06 with average hours per week at 26.44 hours.

The Office of School-to-Work, School-to-Work Intermediary Project recognized *Bridges* as an “effective” practice in 2000. In 2004, the U.S. Secretary of Labor honored *Bridges* as one of five businesses to receive the annual New Freedom Initiative Award.

## RESOURCES

- Contact for more information:

### **Marriott Foundation for People with Disabilities**

<https://marriottfoundation.org/foundation/contact.mi>

- FAQs about *Bridges*. <http://marriottfoundation.org/foundation/question.mi>
- Marriott Foundation for People with Disabilities website. <http://marriottfoundation.org/foundation/default.mi>
- San Francisco Chronicle Article. <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2006/05/04/BUG7KIKBMV1.DTL>

## BACKGROUND READING

- Education Resources Information Center. [http://eric.ed.gov/ERICWebPortal/Home.portal?\\_nfpb=true&\\_pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=EJ567064&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectId=0900000b80010900](http://eric.ed.gov/ERICWebPortal/Home.portal?_nfpb=true&_pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=EJ567064&ERICExtSearch_SearchType_0=eric_accno&objectId=0900000b80010900)
- National Collaboration on Workforce and Disability. [http://www.ncwd-youth.info/promising\\_Practices/display\\_pro-bank.php?selection=199](http://www.ncwd-youth.info/promising_Practices/display_pro-bank.php?selection=199)
- Social Security Online. (2006). *A Summary Guide to Employment Support for Individuals With Disabilities Under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SDI) Programs*. <http://www.socialsecurity.gov/redbook/eng/main.htm>



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 5. Transition from School to Post-School Activities**

### **Community Transition Program (C-Tran) (a promising practice)**

Community-based transition programs are alternative special education opportunities, developed by public school systems, in age-appropriate settings. They are located around the United States at four-year or community colleges and in other community settings such as vocational-technical schools, homes, offices, and businesses. *C-Tran* is an example of a school-supported program.

#### **BRIEF OVERVIEW**

The ***Community Transition Program (C-Tran)*** is a transition program for students who have mild-to-moderate disabilities and, although otherwise eligible for graduation, are in need of transition services. The program is community-based and provides daily skills-building activities beyond the student's job.

The program starts each year with a two-week orientation where students meet the other participants and the staff. During this time students also participate in a variety of activities. Later, students will be asked to choose their activity preferences. Staff members assess the students' skills and strengths during this time as well focusing on issues such as money handling, telling time, and telephone etiquette. The program is housed in an apartment where students cook, clean and eat together at times.

At the end of the first two weeks, an individualized schedule is developed for each student. In addition, every student participates in core program elements. Every Monday students plan a budget for the week, plan menus and shop for groceries. In the afternoon, students attend an arts and crafts class. During the arts and crafts class, the co-teachers meet to discuss the programs and work together on issues. On Fridays, students participate in a social activity in the morning and have lunch together at a voted-on restaurant. In the afternoon, they participate in an activity that was voted-upon earlier. The Friday activities range from museum visits to putt-putt golf. Every Tuesday, Wednesday and Thursday morning, there is a one-hour teaching time. These

teaching times are used to discuss issues significant to transition and often involve guest speakers. For example, a school resource officer might talk about safety issues, the American Red Cross about first aid, and the Housing Authority about Section VIII and other housing issues. Students have daily chores and use the public transportation system to get around town when feasible (e.g., there are no time constraints).

Students are expected to join the program with some basic skills. However, no particular set of skills is necessary to join the program. Students will carry a planner, a purse or wallet, and a notebook that contains their IEP objectives as well as a notebook with personal information such as medical information, clothing sizes, and community contacts.

## **IMPLEMENTATION ESSENTIALS**

*C-Tran* is located in a duplex in Lawrence, Kansas that is accessible to public transportation. One teacher, a social worker, and three paraprofessionals support 13 students. Participation in the program is determined by the IEP team, and goals are created through a person-centered planning process. Students create their own schedules incorporating work, instructional time, and recreation/leisure activities. The teacher and para-educators assist students in becoming as independent as possible.

There are many details to adhere to in order for this program to work, such as repair issues for the apartment, doctor appointments to attend, and transportation issues. Overall, what is needed is a commitment from the special education director, the superintendent of schools, or both, and some key resource staff.

The special education director or other key personnel also will need to provide some basic resources and involvement with the program. In the *C-Tran* program, the special education director provided staff, utilities, a computer, a washer and dryer, a cell phone, pagers, and an allowance of purchase orders for grocery stores and Wal-Mart or Target as well as supplies from the school. Other necessary funding had to come from fundraising activities.

A site in the community will be needed to house the program as well as furniture, appliances and other household items. A van or other vehicle might be necessary.

In addition to the basic set-up needs of the program, there needs to be a process for determining which children are appropriate for the program. Information about the program needs to be disseminated to schools, teachers, and families. A skills inventory form is needed to assist in determining if the program will meet a student's needs. The IEP team needs to meet to make the ultimate determination of placement into the program, and an IEP that addresses the student's transition needs to be developed. It is helpful if *C-Tran* personnel can attend the IEP meeting. When a student is accepted

into and enters the program, the staff will need to track the student's progress with IEP objectives and provide report cards.

Because the program focuses on life skills such as work and independent living, collaboration with adult service providers also is required. It is beneficial to develop the program from the beginning with in-put and collaboration with these service providers.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

The *C-Tran* program in Lawrence, KS bases its goals and outcomes on the transition guidelines and student interests, and it is regularly evaluated to consider program improvements. The program keeps progress data on all students served throughout the year. A graduate student has done an outcomes research project on the program. Other districts and states have come to visit and observe the program. Although a specific program evaluation has not been done, based on the progress students make, coupled with feedback from parents, young adults and community agencies, *C-Tran* is an emerging practice at a minimum.

The Transition Coalition has designated C-Tran as a "model of success."  
<http://www.transitioncoalition.org/cgiwrap/tcacs/new/collaboration/mos/index.php?page=ctran>

In a follow-up study of the students who were reached, 100% were employed at that time.  
<http://www.transitioncoalition.org/cgiwrap/tcacs/new/collaboration/mos/index.php?page=ctran>

## **RESOURCES**

- Contact for more information:

**Donna Patton-Bryant**

Assistant Director of Special Education

Lawrence Public Schools

110 McDonald Drive

Lawrence, KSD 66044

Phone: 785-832-5000, ext. 2798

E-mail [dmpatton@usd497.org](mailto:dmpatton@usd497.org)

- Baska, L., Kaufman, A., Gaumer, Morningstar, A., Lattin, M., & Peterson, D. (2003). *The Community Transition Program: Experiences Starting a Community-Based Program for Students Ages 18-21*. Lawrence, KS: University of Kansas, Department of Special Education.  
[http://www.transitioncoalition.org/~tcacs/new/files/47365\\_FINAL\\_WEB.pdf](http://www.transitioncoalition.org/~tcacs/new/files/47365_FINAL_WEB.pdf)

- Keetle, S. (1997). *C-Tran functional analysis of behavior*. Lawrence, KS. Lawrence Public Schools.

## BACKGROUND READING

### Websites

- Kansas Youth Leadership Forum (YLF) for Students with Disabilities (a recipient of the Models of Success Award given by the KU Transition Coalition). <http://www.ksylf.org/sponsor.shtml>
- The National Center on Secondary Education and Transition (NCSET) (resources for youth with disabilities to create successful futures). <http://www.ncset.org/>
- The Transition Coalition. [www.transitioncoalition.org](http://www.transitioncoalition.org)
- The Transition Coalition. Mini-Modules. <http://www.transitioncoalition.org/cgiwrap/tcacs/new/resources/resources/index.php>
- The Youthhood.org (a website to assist teens plan for the future after high school). [www.youthhood.org](http://www.youthhood.org)
- Transition Planning for Youths with Disabilities. <http://www.ed.uiuc.edu/sped/tri/transindex.html>
- Transition Research Institute at Illinois (TRI) (an information resource for teachers and others to promote the successful transition of youth with disabilities from school to adult life). <http://www.ed.uiuc.edu/SPED/tri/institute.html>

### Articles and reports

- Cambridge, P. and Carnaby, S. 2005. *Person Centred Planning and Care Management with People with Learning Disabilities*. Jessica Kingsley Publishing, London. <http://www.jkp.com/catalogue/book.php/contents/9781843101314>
- Chadsey, J., Leach, L., & Shelden, D. (2001). *Including Youth With Disabilities In Educational Reform: Lessons Learned From School-To-Work States*. Transition Research Institute, University of Illinois. <http://www.ed.uiuc.edu/SPED/tri/statestories.htm>
- Falvey, M.A., Forest, M., Pearpoint, J. & Rosenberg, R.L. (1997). *All my life's a circle. Using the tools: Circles, MAPS & PATHS*. Toronto, Canada: Inclusion Press. Available from the Inclusion.com website. [www.inclusion.com](http://www.inclusion.com)
- Family Life & Sexual Health (FLASH). (2005). *Audio-Visual & Other Special Educators' Resources*. Seattle & King County, Washington. <http://www.metrokc.gov/health/famplan/flash/special-education/SE-AppendixI.pdf>
- Hart, D. (2006). Postsecondary Education Options for Students with Intellectual Disabilities. Institute for Community Inclusion. [http://www.communityinclusion.org/article.php?article\\_id=178](http://www.communityinclusion.org/article.php?article_id=178)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 5. Transition from School to Post-School Activities**

### **High School/High Tech (HS/HT) (a promising practice)**

**High School/High Tech (HS/HT)** is a transition and career development program for transition-age high-school youth with disabilities. It provides them an opportunity to explore careers or gain further education that may lead to careers in science, technology, engineering and math (the STEM careers). The purpose of the *HS/HT* grants is to assist states, working in partnership with the state Workforce Investment Board, the state Vocational Rehabilitation (VR) agency, and others to implement a statewide HS/HT program, integrate the HS/HT program into youth services funded under the Workforce Investment Act (WIA), and ensure sustainability of the HS/HT program through state-level management and coordination.

The program began approximately 20 years ago with the concern that not enough students, especially students with disabilities, were entering the technology fields. In 1986 the program was adopted by the President's Committee on Employment of People with Disabilities. When the President's Committee was dissolved in 2001, Congress created the Office of Disability Employment Policy (ODEP) within the U.S. Department of Labor, and High School/High Tech (HS/HT) became one of the Department's initiatives.

#### **BRIEF OVERVIEW**

*HS/HT* is a community-based program that operates in various settings, including schools and other educational settings, VR agencies, and a variety of community-based organizations. The program incorporates activities and innovative curriculum to address all aspects of the framework for a comprehensive program of transition services outline in the *Guideposts for Success*, a publication by the National Collaborative on Workforce and Disability for Youth (NCWD/Youth). These five categories of activities and services are:

- preparatory experiences;
- career preparation and work-based learning experiences;
- youth development and leadership;

- connecting activities; and
- family involvement and support.

**Preparatory experiences** are those services provided at the site or educational setting and typically consist of using curriculum and program options based on universal design of school and work, and receiving support from and by highly qualified staff.

**Work-based experiences** include industry site visits, job shadowing, internships, paid employment, and other on-the-job training that help prepare the student for what is expected in the working world. **Youth development** and leadership activities assist students in becoming self-sufficient and developing independent thinking skills.

**Connecting activities** involve connecting students to those services needed from other agencies to assist with the move into the work world, as well as addressing assistive technology and transportation needs. **Family involvement and support** refers to ensuring that the student has family members and other caring adults involved in helping with the transition to adult life.

A manual that describes how to implement a *HS/HT* program further explains the different aspects of the *Guideposts for Success*, which are based on research about what all youth, including youth with disabilities, need to succeed in the adult world. NCWD/Youth provides technical assistance to HS/HT programs nationwide.

<http://www.ncwd-youth.info/>

*HS/HT* programs promote evidenced-based best practice. Through the *Guideposts to Success*, *HS/HT* has provided youth with disabilities with the opportunity to receive comprehensive transition services, including school-based preparation experiences, career exploration and work-based learning experiences, youth development and youth leadership and family involvement.

## IMPLEMENTATION ESSENTIALS

To create a sustainable program, building a *HS/HT* program must be done at the state and local levels. A sustainable program requires state governmental agencies to allocate essential resources (human and fiscal) needed to establish and run a *HS/HT* program. In order to become a *HS/HT* affiliate site, a program must meet a certain set of criteria. There are four stages of affiliate status: pre-operational site, developing site, fully developed site and reorganizing site.

In order to be recognized as a fully developed site, a program must meet all standards within three years of affiliation. The standards vary depending on whether the site is a local site or a state site. These requirements include: ensuring that a student is not denied eligibility solely based on type or severity of disability, providing data, and for state systems developing a technical assistance program. In order to use the *HS/HT* logo the program must: provide year-round opportunities for two years in all four design features listed above; agree to document and report progress on a yearly basis;

and develop partnerships with stakeholders such as educational agencies and the vocational rehabilitation agency. Persons with a disability between the ages of 14 and 21 are eligible to participate in the program.

In order to develop a program, coalitions will need to be formed. Initially, meetings with schools and local business will be needed to gain their support. Next, a meeting with interested parties will need to be held. This meeting should begin to develop the structure of the program, determining who will be the administrative entity for the program, whether the program will have an advisory counsel (information is provided in the manual in Chapter 4 on how to develop an advisory counsel), and designing a plan that includes local business partners and schools. The plan should ensure that all five aspects of the *Guideposts* are being addressed. Then the coalition submits a request to become an affiliate and holds a kick-off event. Assistance is available at a variety of levels including the national level.

Gaining the support and collaboration of key players is critical to make the *HS/HT* program work. The *HS/HT* Manual describes Mattessich and Monsey's six essentials to successful collaboration:

- environment;
- membership;
- process/structure;
- communication;
- vision; and
- resources.

The manual also provides a chart of steps to create and sustain collaborations. In addition, a new program will need to be marketed to gain support. Chapter 11 of the manual provides principles and ideas for strategies to successfully market the program in the community.

Finally, annual program evaluations are required for each *HS/HT* program site. Annual reports on specific requirements are required. The Malcolm Baldrige Quality Award Criteria system has been adopted to evaluate the *HS/HT* program. The purpose of the evaluation is to determine outcome results and for a self-assessment to determine areas in need of improvement. Sound data will also help gain support for the program. Chapter 10 of the Manual provides in-depth information on how to evaluate a program, and information on how to access the data collection forms needed for evaluation.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE.**

Each year each *HS/HT* site reports information on customers, activities, resources and outcomes of the program. A data collection form is available for use. All of the

individual reports are aggregated into one yearly report for the *HS/HT* program as a whole.

According to recent reports, the number of students being served, the number of local sites in operation, and the number of schools participating in *HS/HT* continues to increase. At the conclusion of the 2005-2006 school year, *HS/HT* was operating with a state infrastructure in nine states (CO, DE, FL, GA, MD, MI, OH, OK and SC) and being implemented locally at a minimum of 12 sites in nine additional states (CA, CT, NJ, PA, SD, TX, VA, WA and WI). There are also efforts to establish additional sites in WI and TX, and to develop a new program in NM. At least two states, FL and MI, have *HS/HT* sites dealing with youth involved in the juvenile justice (JJ) system or youth at risk of entering the JJ system.

In the nine states with state *HS/HT* infrastructures, there were 135 sites in 351 schools. Cumulative data on the outcome for students in those states show *HS/HT* reduces the dropout rate for youth with disabilities and decrease the likelihood that such youth will be involved with the JJ system. *HS/HT* has also demonstrated its effectiveness in increasing the participation of youth with disabilities in postsecondary education and employment thus enhancing student's prospects for economic self-sufficiency. Of the 3,500 students served as of August 2006, only 12 dropped out of school. Of the 789 students who exited the program, 752 graduated from high school. A few youth left the program for other reasons (e.g., their families moved), and many of the 3,500 are still participating. Of those who graduated from high school, 540 went on to further education. Additionally, 897 of the students participating in *HS/HT* were involved in some type of "formal" work-based experience (e.g., internships-paid and unpaid, part-time employment and full-time employment).

## RESOURCES

- Contact for more information:

### **Sallie Rhodes**

National Collaborative on Workforce and Disability (NCWD/Youth)  
4455 Connecticut Avenue, NW, Suite 310,  
Washington, DC 20008  
Phone: 202-822-8405, ext. 169  
E-mail: [collaborative@iel.org](mailto:collaborative@iel.org)

- HS/HT Program Manual. [http://www.ncwd-youth.info/resources\\_&Publications/hsht\\_manual.html](http://www.ncwd-youth.info/resources_&Publications/hsht_manual.html)
- High School/High Tech website. <http://www.ncwd-youth.info/HSHT/about.php>
- High School/High Tech. U.S. Department of Labor, Office of Disability Employment Policy. <http://www.dol.gov/odep/programs/high.htm>



- HS/HT Bulletin (2003). *Annual Data from High School/High Tech Sites*. Washington, DC: National Collaborative on Workforce and Disability (NCWD/Youth). [http://www.ncwd-youth.info/assets/hsht/bulletins/2004\\_6.pdf](http://www.ncwd-youth.info/assets/hsht/bulletins/2004_6.pdf)
- Using the High School/High Tech Design Features to Meet the Needs of Youth with Disabilities: A Supplement to the High School/High Tech Manual. [http://www.ncwd-youth.info/assets/hsht/supplement1\\_design\\_features.doc](http://www.ncwd-youth.info/assets/hsht/supplement1_design_features.doc)

## Funding Resources

- HS/HT funding resources organized by organization and state. <http://www.ncwd-youth.info/HSHT/resources.php>

## BACKGROUND READING

- Americans with Disabilities Act: Overview. [http://www.ncwd-youth.info/resources\\_&Publications/disability\\_Legislation/ada\\_overview.html](http://www.ncwd-youth.info/resources_&Publications/disability_Legislation/ada_overview.html)
- Information Brief (Dec. 2003). *Math, Science, and Technology: Essential Skills for Career Success in the 21st Century*. Washington, DC: National Collaborative on Workforce and Disability (NCWD/Youth). [http://www.ncwd-youth.info/assets/info\\_briefs/infobrief\\_issue7.pdf](http://www.ncwd-youth.info/assets/info_briefs/infobrief_issue7.pdf)
- Information Brief (Sept. 2002). *Labor Market Trends for Technology-Focused Occupations and Career Fields: Implications for High School/ High Tech Program Operators*. Washington, DC: National Collaborative on Workforce and Disability (NCWD/Youth). [http://www.ncwd-youth.info/assets/info\\_briefs/infobrief\\_issue2.pdf](http://www.ncwd-youth.info/assets/info_briefs/infobrief_issue2.pdf)
- Job Accommodation Network (JAN). A free consulting service designed to increase the employability of people with disabilities provided by the U.S. Department of Labor. <http://www.jan.wvu.edu/>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 5. Transition from School to Post-School Activities**

### **Transition Toolkit for Systems Improvement (a best practice)**

#### **BRIEF OVERVIEW**

Transition services are important in meeting the educational needs of students with disabilities, and assisting their successful move to postsecondary education, careers, and other adult activities. Successful transition requires the coordinated effort of all stakeholders including schools, families, communities, service agencies, and employers.

In November 2003, the ***National Alliance for Secondary Education and Transition (NASET)*** was created.<sup>2</sup> Over 40 national organizations and individuals joined the NASET mission to develop a national set of standards for transition that ensures the perspectives of stakeholders is paramount, specifically, NASET was created to:

- identify the needs of students to be successful in postsecondary education and training, community life, employment and adult life; and
- determine and prioritize issues of significant national importance that impact successful transition services and policies for all youth.<sup>4</sup>

From a multi-organizational perspective, NASET identified benchmarks that reflect quality secondary education and transition services for *all* students. In 2005, it published ***National Standards & Quality Indicators: Transition Toolkit for Systems Improvement ("Toolkit")***. According to the Foreword, the *Toolkit's* purpose is "to provide a common and shared framework for school systems and

---

<sup>3</sup> The work of NASET was facilitated by the *National Center on Secondary Education and Transition (NCSET)*, [www.ncset.org](http://www.ncset.org), is a national technical assistance center funded by the U.S. Department of Education's Office of Special Education Programs (OSEP) through 2006. NCSET website continues to provide information related to secondary education and transition for youth with disabilities in order to create opportunities for youth to achieve successful futures.

<sup>4</sup> NASET ceased to exist after this successful collaboration.

communities to identify what youth need in order to successfully participate in postsecondary education and training, civic engagement, meaningful employment, and adult life.”

## Why National Standards?

As explained in the *Toolkit*, NASET identified five reasons why national standards are needed to improve results for all students.

1. The No Child Left Behind Act (NCLB) and the Individuals with Disabilities Education Act (IDEA) support the goal of youth making successful transitions to adult life. In order to accomplish this goal, partnerships with students, families, schools, communities and the government are needed.
2. A shared mission and collaboration with community entities is critical to the success of many youth with disabilities.
3. National groups and organizations, including the White House and Congress, have found that high schools are failing our students, and therefore reform is needed to improve opportunities and results for students.
4. Research shows that outcomes for students improve when transition ensures a varied learning experience including: academic, career, technical education, work-based and development activities. In order to create these learning opportunities, collaboration among various entities and the student and family are required.
5. Because families are typically central to the relationship between children and their school career as well as the child’s life planning, it is critical to include the perspectives and interests of families in national standards.

NASET members identified five key areas as the focus for developing national standards: schooling; career preparatory experiences; youth development and youth leadership; family involvement; and connecting activities. Focus groups, consisting of representatives from national organizations and subject-matter experts, were established to address each area. These workgroups also represented the perspectives of youth with and without disabilities, family members, educators, administrators, researchers, service providers, and employers.

To ensure high-quality transition services and systems are created for students, the workgroups adopted criteria to guide the development of standards and quality indicators. It was determined that the standards and quality indicators should:

- reflect all youth;
- be general enough to serve various audiences;
- reflect research-based and best practices in the field;
- identify what youth need in order to successfully participate in postsecondary education, training, and other meaningful adult activities; and

- focus on effective practices within secondary programs and transition services to children with disabilities.

There are 20 standards (at least three for each of the five focus areas), and each standard has 2-7 indicators. For example, with regard to the *Youth Development and Youth Leadership* area, there are four standards. The fourth standard has two indicators:

|            |                                                                                               |
|------------|-----------------------------------------------------------------------------------------------|
| <b>3.4</b> | <b>Youth demonstrate the ability to make informed decisions about themselves.</b>             |
| 3.4.1      | Youth practice self-management and responsible decision-making that reflects healthy choices. |
| 3.4.1      | Youth demonstrate independent living skills.                                                  |

Overall, the purpose of the national standards is to assist those who are responsible for planning and implementing transition systems for youth, including state and local administrators, and practitioners. The ultimate goal is for the work based on these standards and indicators to serve as a springboard for change in transition planning, implementation, and policies nationally.

## IMPLEMENTATION ESSENTIALS

What each school or school district needs to effectively implement a transition program consistent with the national standards will be specific to each school or school district. The *Toolkit* provides a process for making those determinations.

The first step in determining what is needed is to engage in a self-assessment using the ***Self-Assessment Tool*** provided in the *Toolkit*. The school or school district identifies key community partners needed to implement an effective transition program. The key partners review the national standards and determine whether each indicator exists in their community (local or state), and to what extent the indicator exists. Each key partner separately rates each indicator on a scale of 0-3 (not evident, seldom evident, usually evident, and always evident). Next, the key partners meet to discuss their ratings with a goal of reaching agreement on the rating for each indicator.

Each standard is then rated for importance (high, mid, or low) using the ***Priority Setting Tool*** provided in the *Toolkit*. The Self-Assessment score combined with the Importance ratings produce a “Priority for Improvement” rating (high, mid, or low) for each standard and indicator.

For each priority issue identified using this process, an ***Action Plan*** is adopted using a worksheet provided in the *Toolkit*. The worksheet is used to identify goals and for each

goal, action steps and technical assistance needs. A second worksheet provided in the *Toolkit* is used to identify the following for each action step in the Action Plan: the lead agency, a timetable for completion; technical assistance needed, partners and resources, and expected outcomes.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

According to the *Toolkit*, evidence and research support each of the five issue areas as well as each standard and indicator. The *Toolkit* identifies the research and studies used to develop the standards. The four strategies used to identify the research and studies to used were: literature searches; recommendations by NASET staff members; recommendations from members of the workgroups; and consultations with experts.

The *Toolkit* was used as the basis for a 2003 National Leadership Summit for Improving Results for Youth. Representation from 46 states, the District of Columbia, and the U.S. Virgin Islands attended the summit.

As of October 2006, at least 13 States have asked for additional information or technical assistance regarding the *Toolkit*.

## RESOURCES

- Contact for more information:

**David R. Johnson**, Project Director  
National Center for Secondary Education and Transition  
Institute on Community Integration (UCE)  
University of Minnesota  
Phone: 612-624-1143  
E-mail: [johns042@umn.edu](mailto:johns042@umn.edu)

- National Alliance for Secondary Education and Transition. (2005). ***The National Standards and Quality Indicators: Transition Toolkit for Systems Improvement***. Minneapolis: University of Minnesota, National Center for Secondary Education and Transition. <http://www.nasetalliance.org/toolkit/>
- **National Alliance for Secondary Education and Transition** website. <http://www.ncset.org/websites/naset.asp>
- National Leadership Summit for Improving Results for Youth. (2003). ***Findings & Outcomes: State Priorities and Need for Assistance***. Washington, DC. <http://www.ncset.org/summit03/findings.htm>

## BACKGROUND READING

- Johnson, D.R., & Emanuel, E.J. Eds. (Nov. 2000). *Issues Influencing the Future of Transition Programs and Services in the United States*. Minneapolis, MN: National Transition Network Institute on Community Integration (UAP), University of Minnesota. [A collection of articles by leading researchers in secondary special education and transition services for students with disabilities.]  
[http://www.ncset.org/publications/related/NTN\\_Transition\\_Issues.pdf](http://www.ncset.org/publications/related/NTN_Transition_Issues.pdf)
- National Center on Secondary Education and Transition (NCSET). (Dec. 2004). *A National Study on Graduation Requirements and Diploma Options for Students with Disabilities*. <http://www.ncset.org/publications/related/NCSETgradreport.pdf>
- National Center on Secondary Education and Transition (NCSET). (January 2004). *Current Challenges Facing the Future of Secondary Education and Transition Services for Youth with Disabilities in the United States*. Discussion Paper.  
<http://www.ncset.org/publications/discussionpaper/default.asp>



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

## **STEP 6**

### **Children in the Child Welfare System**

- **Introduction**
- **AB 490: A Legislative Model for Addressing Educational Equity** *(a promising practice)*
- **Broward County Model: A Promising Model for Interagency Agreements** *(a promising practice)*
- **Creating Trauma-Sensitive School Cultures** *(an emerging practice)*
- **Endless Dreams: Building Educational Support for Youth in Foster Care** *(an emerging practice)*
- **Fresno County Model: A Promising Model for Interagency Collaboration** *(a promising practice)*
- **It's My Life: Postsecondary Education and Training** *(an emerging practice)*
- **Legislative Approaches for Promoting Educational Success of Children in Foster Care** *(an emerging practice)*
- **Linking the Interests of Families and Teachers (LIFT)** *(a promising practice)*
- **Mythbusting: Breaking Down Confidentiality and Decision-Making Barriers** *(an emerging practice)*



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **Introduction\***

Children in foster care need help from schools to ensure they are successful in their education pursuits. Approximately 500,000 children are in foster care in the United States on any given day. Entry into foster care involves a court determination that abuse or neglect of the child by the child's caretaker (typically a parent) has occurred and there is a current inability to continue to provide for the child's needs and keep the child safe in the home. The result is the child is uprooted from his or her home, family, and often siblings, and placed in a new home, sometimes with relatives but often with strangers. This major home life disruption is often coupled with the need to move to a new school. Many of these children are overwhelmed by trauma that affects learning, including, attention, concentration, mood, interpersonal trust, and communication. When schools are equipped with the right information and resources, much can be done to help these students who require additional supports to ensure their educational needs are being met.

In addition to school changes, often due to the history of abuse or neglect in the home, children in foster care might not have been receiving appropriate education services before their entry into foster care. These students might continue to experience disruptions in their education placement and difficulty learning in the midst of the emotional and physical upheaval. Schools can be powerful allies with the child welfare system in working with the children and families to minimize the disruptions and address the well-being of children in foster care (including educational needs). In fact, their educational success requires the involvement of the schools where they are placed.

Often schools lack information and resources to address the needs of children in foster care. This step outlines some basic principles and provides some tools that will help teachers, administrators and other school staff address the needs of this important population of students.

---

\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

## Guidelines for Promoting the Educational Success of Children in Foster Care

To meet the education needs of students in the child welfare system, and create classroom and school sensitivity, educators can:

***1. Learn more about of the child welfare system in their community and what life is like for children living in foster care.***

Most school staff have not had training or experience with the CHILD WELFARE or foster care system in their community or had any personal experience with children in foster care. Training for school teachers and other school professionals typically does not include coursework or seminars related to the unique circumstances and needs of children who have been victims of abuse and neglect and placed in out-of-home care. Schools can address this information gap through training on this population of students. See the **Endless Dreams Curriculum** for more information.

***2. Learn more about the impact of trauma on children and how to create supports in the school environment for children who have experienced trauma.***

Trauma experiences affect the ability to focus and learn in school. Children in foster care are part of a larger group of students who have experienced trauma in their home lives. There are ways schools can work with children impacted by trauma to increase their ability to experience education success. See **Creating a Trauma Sensitive School Culture** for more information.

***3. Work with children, families, and the child welfare system to promote academic and school stability by keeping children in their school of origin whenever possible. When school changes are necessary, provide seamless transitions to new schools, including enrollment, record transfers, and credit issues.***

With so much upheaval in their lives, children in the child welfare system can benefit immensely from remaining in their same classroom and school, even when they move to a new home or a new part of town. Schools can develop procedures and protocols to address how “remaining in school of origin” determinations would be made, including addressing critical issues such as the providing transportation to the school. For example, the McKinney Vento Act provides similar accommodations for children who are homeless and sometimes includes children in foster care. For more information, see [www.nlchp.org/education](http://www.nlchp.org/education).

Providing this kind of important support for children in foster care requires strong collaboration and communication between local child welfare and education agencies.

Examples of ways these accommodations have been achieved are provided in **The Fresno Model** and **The Broward County Model**, using interagency agreements, and in **Legislative Approaches**. Best practices for handling confidentiality and privacy issues are provided in **Mythbusting**.

There are times when keeping children in foster care in their home school is not feasible. In these instances, schools should work with child welfare agencies to ensure smooth transitions into the new school. Too often, children in foster care remain at home waiting for school enrollment requirements to be met before they can begin at a new school. Children are missing critical learning time due to administrative requirements that can be streamlined to ensure children in foster care do not unnecessarily miss class time. In addition to enrollment, schools can also address the transfer of education records from old to new school. These records include vital information about how to meet the education needs of the student. Delay in receiving this information could result in a child's needs not being met appropriately. There are many other issues that accompany school transitions, including credit calculations and partial credit acceptance so students do not lose credit and course time due to moves beyond their control, and social adjustments and support needs as children adjust to new peers, teachers and school. Tools three, four, and five in this *Step* also address these issues.

***4. Dedicate specific staff resources for children in foster care in your school to focus on removing the barriers that stand in the way of meeting the education needs of children in foster care.***

Educators have likely experienced frustration when attempting to contact a child welfare agency about a student in their school and confusion about the structure and organization of the unfamiliar agency. A similar frustration is felt by child welfare system professionals when they need to contact a school or find out who in a particular school will have the answers they need related to a student in foster care. When schools designate specific staff to be the point person for children involved in the foster care system (sometimes called liaisons or designees), schools improve cross-system communications, as well as internal school policies and practices with the development of specific expertise by identified staff members.

This liaison role may be carried out by various staff within the school, and selection of that person or persons can be a school-by-school decision. For example, in one school, the guidance counselor could be the right choice; in another the school social worker might serve in this role. Classroom teachers, school nurses, or a school administrator are other options. The key is that this professional would have special training/information (see Guideline number one, above) to address the typical barriers that children in the child welfare system face during their education pursuits. When child welfare agencies follow this same process (e.g., have designated staff resources within their agency with specific education expertise), collaboration between the

agencies becomes more feasible (see Guideline number five, below). This education expertise is emerging in child welfare agencies around the country (For more information, see

<http://www.abanet.org/child/rcjji/education/caseyeducationproject.pdf>.)

Schools can play an important and supportive role in the development of education expertise in other agencies and entities (i.e. education liaison in the child welfare agency or the juvenile court). For more information about designated staff resources with foster care expertise within the school system, see Tools three and four that describe interagency agreements, **Legislative Models** and **AB 490**.

***5. Develop strong communication mechanisms with the child welfare systems that allow for a forum to identify needs and implement systemic improvements to address education issues for children in foster care.***

One way to meet the education needs of children in foster care is for each teacher or staff that works with a child in the foster care system to strive to overcome the specific barriers for that child. While an individualized approach is critical to the success of each unique student, those that work with children in foster care may start to see trends, or common obstacles, that need to be addressed for this population of students.

An efficient way to address these common obstacles is through policies and procedures to guide education system staff working with children in foster care. Most of these procedures cannot be developed by the school system alone. It is only through collaboration with the child welfare agency that the best, most efficient policies can be created. These kind of systemic efforts can be daunting and time consuming, but in the long run, the efforts spent working on systemic solutions become invaluable to teachers, caseworkers, and other professionals working with children in foster care. See the **Fresno Model** and the **Broward County Model** for examples of jurisdictions that have created interagency agreements and Memorandums of Understanding (MOUs) to guide the collaboration between schools and child welfare.

***6. Work with child welfare agencies to ensure that birth parents, when appropriate, are involved in education decisions. When a birth parent is not appropriate, educators should seek clarity on who is the legal decision maker and others who may be serving as an advocate for a child and should be included in education decisions.***

While educators work closely with all parents to develop strong relationships, identifying the parent and developing that relationship becomes more complicated when a child is in foster care. Although a child has entered foster care, often the birth parent is still making education decisions for the child. Sometimes, courts have intervened and limited the rights of parents to make education decisions. In these situations, schools

could be left to determine with whom they should develop a strong relationship in order to support the foster child.

Also, for children in foster care, there are many other professionals involved, all of whom might have information to share with the school or a role to play as an advocate (not necessarily as the education decision maker) for the child. These various players include a foster parent or other caretaker, a social worker, an attorney (sometimes know as a guardian ad litem) or other volunteer advocate for the child, or therapist, group home staff or counselor. The relevant players may be different depending on each child's individual circumstances. Schools need tools and resources to help them understand how the child welfare system works (see Guideline 1) and communicate with the child welfare agency (see Guideline 6) in order to ensure all the right people are at the table when education decision are made.

For information about education decision makers, surrogate parents, and other persons who might play a role, see **Mythbusting**.

***7. Recognizing the high number of children in foster care who are at risk of not completing school; provide specific supports to ensure successful completion with an appropriate high school diploma; and work to ensure students in foster care are participating in programs (and the schools they attend have access to these programs) that expose and encourage post-secondary education opportunities.***

Studies have shown that despite a strong desire of children in foster care to obtain a higher education, very few enter, and fewer complete, post secondary education. Reasons for this disparity are numerous, and include such issues as lack of mentors and advocates that encourage and support the completion of high school and the pursuit of additional education; limited exposure to the many education and career opportunities that exist; and ending of the child welfare system support between ages 18 and 21, which is the critical time for decisions about future education and careers. Schools can help by making efforts to target youth in foster care for extra supports and programs to complete high school and pursue other education goals. These efforts would improve overall graduation rates for schools and directly impact on the future success for these youth. See **It's My Life** for resources for schools and suggestions for supporting students in foster care with standardized tests, application and enrollment in postsecondary education, applying for financial aid, and completing postsecondary goals.

Educators are critically important to helping children in foster care achieve education success and prepare for independent lives as adults. By using effective resources and tools such as the ones highlighted in this section, educators can take pride in the role they play in the education success of children in the foster care system.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **AB 490: A Legislative Model for Addressing Educational Equity for Foster Children (a promising practice)**

#### **BRIEF OVERVIEW**

**Assembly Bill 490** (AB 490) in California is a comprehensive education statute designed to address the unique educational needs of foster youth enrolled in California schools. Effective January 1, 2004, the purpose of the statute is to ensure foster youth have access to:

- meaningful opportunities to meet state academic standards;
- stable school placements;
- placement in the least restrictive educational programs; and
- academic resources, services, and extracurricular and enrichment activities available to all students.

Another underlying goal of AB 490 is to ensure that all educational and school placement decisions for foster youth are based on the best interests of the child. For the text for AB 490, see [http://www.leginfo.ca.gov/pub/03-04/bill/asm/ab\\_0451-0500/ab\\_490\\_bill\\_20031012\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/03-04/bill/asm/ab_0451-0500/ab_490_bill_20031012_chaptered.pdf).

#### **Key components of AB 490:**

- **Promotes educational stability**. Requires agencies to promote educational stability by taking into consideration a placement's proximity to a foster youth's school attendance area (Welf. & Inst. Code §16501.1(c)(1)-(2)).<sup>1</sup>
- **Right to remain in school of origin**. Allows foster youth to remain in their school of origin for the duration of the school year when their placement changes and to remain enrolled in and attend the school of origin pending resolution of any school placement dispute (Educ. Code §48853.5(d)(1) & (5)).

---

<sup>1</sup> All statutory references are to the California Code.

- **Right to immediate enrollment**. Allows a foster child to be immediately enrolled in a new school even if all typically required school records or related items are not available at the time of enrollment (Educ. Code §48853.5(d)(4)(B)).
- **Right to least restrictive program**. Requires a comprehensive public school be considered the first school placement option for foster youth. Alternative educational settings are specifically frowned upon and are considered the educational placement of last resort for foster youth (Educ. Code §§48850(a), 48853(b)).
- **Joint responsibility**. Makes the local education Agency (LEA) *and* the placing agency jointly responsible for the proper and timely transfer of foster care students between schools (Educ. Code §49069.5(b)).

## IMPLEMENTATION ESSENTIALS

AB 490's strength is its attention to detail with respect to all aspects of enrollment, placement, and transfer procedures that might impact whether a school placement decision for a foster youth is, in fact, based on the best interests of a child. In order to facilitate educational stability, AB 490 requires all school districts to have a Foster Care Educational Liaison position and it specifies detailed responsibilities for the Liaison as well as all other agencies charged with carrying out the educational placement and transfer of foster youth.

Recognizing that the transfer of student records is a critical factor in the swift placement of foster youth in educational settings, specific timelines and responsibilities for such transfers are mandated. Specific exceptions to mainstream school placements are spelled out and narrowly defined. Provisions to facilitate access to educational records of foster youth are included and the exchange of information between agencies is explicitly encouraged. Finally, other detailed provisions are designed to ensure foster youth do not incur further academic deficits or are not academically penalized because their mobility too often disrupts their educational experience.

- **Education Liaisons**. Every LEA is required to designate a staff person as a foster care education liaison who is responsible for ensuring and facilitating proper school placement, enrollment, and checkout from school of foster youth. The liaison also assists foster youth when transferring from one school to another by ensuring the proper transfer of credits, records, and grades (Educ. Code § 48853.5(b)(1)-(2)).
- **Transfers: Notice**. Every OLC placing agency is required to notify the LEA of the student's expected last day of attendance; request calculation of the student's seat time, credits, and grades in preparation for transfer of records; and request that the student be transferred out as soon as it becomes aware of the need to transfer a student (Educ. Code § 49069.5(c) & (e)).

- **Transfer: Records**. An LEA is required to deliver a foster youth's education information and records to the next educational placement within two business days of receiving a transfer request from a county placing agency (Educ. Code §49069.5(e); Educ. Code § 48853.5(d)(4)(C)).
- **Waiver of Enrollment Procedures**. Enrollment cannot be delayed even if the foster care student has outstanding fees, fines, textbooks, or other items due at the school last attended or is unable to produce records or clothing normally required for enrollment, such as: previous academic records, medical records, immunization records, proof of residency, other documentation, or school uniforms (Educ. Code § 48853.5(d)(4)(B)).
- **Priority Placement - Mainstream Public School**. It establishes a specific standard for the placement of foster youth in a mainstream public school by requiring that, in all instances, educational and school placement decisions be based on the best interests of the child (Educ. Code § 48850(a)). It narrowly defines exceptions for placement in an alternative setting:
  - when an individualized education program (IEP) requires placement in a non-public school or in another local educational agency;
  - when the person holding educational rights determines it is in the best interest of the student to be placed in another educational program; or
  - when a foster youth asserts the right to remain in his or her school of origin for the remainder of a school year (Educ. Code § 48853(a)(1)-(3)).
- **Facilitates Access to Student Records**. Authorizes the release of educational records to any county placing agency, without parental consent or court order, for the purpose of compiling the child's health and education summary, fulfilling educational case management responsibilities required by a juvenile court or by law, or to assist with the school transfer or enrollment of a foster student (Educ. Code § 49076(a)(11)).
- **Cooperative Agreements**. School districts, county offices of education, and county placing agencies are encouraged to develop cooperative agreements to facilitate confidential access to and exchange of pupil information by electronic mail, facsimile, electronic format, or other secure means (Educ. Code § 49076(a)(11)).
- **Protection of Grades and Credits**. LEAs are required to calculate and to accept credit for full or partial coursework satisfactorily completed by a student while attending a public school, juvenile court school, or nonpublic, nonsectarian school (Educ. Code § 48645.5).
- **No Penalties for Absences**. Ensures foster youth will not be academically penalized for absences due to change in placement, attendance at a court hearing or other court-related activity (Educ. Code § 49069.5(g) & (h)).



## PROGRAM EVALUATION

There has been no formal evaluation of the impact of AB 490 on the educational status of California's foster care students. However, prior to the statute's enactment, there were several reports which identified the educational barriers faced by foster youth and which served as the foundation for the statute's provisions.

- *Education of Foster Group Home Children, Whose Responsibility Is It? – Study of the Educational Placement of Children Residing in Group Homes Final Report* (January 2001) American Institute for Research; SRA Associates, University of California at Berkeley Child Welfare Research Center; Lodestar Research, <http://www.cde.ca.gov/ls/pf/fy/documents/lcistudies.pdf>
- *Education for Foster Children: Removing Barriers to Academic Success* (April 2001) Bay Area Social Services Consortium, Center for Social Services Research School of Social Welfare, University of California, Berkeley, <http://cssr.berkeley.edu/bassc/pdfs/EDUfc.pdf>
- *Policies, Procedures, and Practices Affecting the Education of Children Residing in Group Homes* (March 2003) The American Institutes for Research, <http://www.cde.ca.gov/fg/fr/se/documents/grouphomes.pdf>
- The summary report is entitled *Educating California's Foster Youth, The Policies, Procedures, and Practices Affecting the Education of Children Residing in Group Homes*, <http://www.cde.ca.gov/fg/fr/se/documents/fosteryth.pdf>

## AVAILABLE EVIDENCE

Although no specific data or studies are available at this time regarding the effectiveness of AB 490, the most recent report issued by the California Department of Education concerning the state's Foster Youth Services (FYS) program sheds some light on the statute's impact. Part II of the report discusses common challenges in implementing effective FYS programs, which implicate numerous AB 490 provisions, including those concerning partial credit calculations, transportation, transfer of records, collaboration between partner agencies, notification of placement changes, and immediate enrollment.

See: Foster Youth Services Program (Education Code sections 42920-42925) Counseling, Student Support, and Service Learning Office, California Department of Education (February 15, 2006), <http://www.cde.ca.gov/ls/pf/fy/documents/fylegreport2005.pdf>.

## RESOURCES

- Ensuring Educational Rights and Stability for Foster Youth: Assembly Bill 490—Training and Implementation Materials <http://www.abanet.org/child/rcjji/education/ab490.html> Includes AB490 summary and overview; the roles and responsibilities of Juvenile Court Judges, Attorneys, Social Workers, Probation, Caregivers, Schools; an

"Implementation Plan for AB 490—A School Blueprint," and an AB 490-related electronic presentation.

- Frequently Asked Questions & Answers About AB 490 (California Foster Youth Education Task Force) <http://ylc.org/AB490QuestionsAnswers.pdf>.
- Foster Youth Education Fact Sheets (California Foster Youth Education Task Force) <http://ylc.org/californiafactsheets082205.pdf>.
- California Department of Education Foster Youth Services <http://www.cde.ca.gov/ls/pf/fy/>  
Includes general information regarding Foster Youth Services, including contact lists for all Foster Youth Services Program Coordinators and AB 490 Educational Liaisons and links to foster care/education-related publications.

## BACKGROUND READING

- Courtner, M .E., Roderick, M., Smithgall, C., Gladden, R.M., & Nagaoka, J. (December 2004). *The Educational Status of Foster Children*. Chapin Hall Center for Children. [http://www.chapinhall.org/article\\_abstract.aspx?ar=1377&L2=61&L3=130](http://www.chapinhall.org/article_abstract.aspx?ar=1377&L2=61&L3=130)
- Lichtenberg, L., Lee, A., Helgren, P. & Bradley, S. (Oct. 2004). *Helping foster children achieve educational stability and success: a field guide for information sharing*. Casey Family Programs. [http://www.wa-schoolcounselor.org/documents/Field\\_Guide\\_DRAFT\\_rev%5b1%5d..pdf](http://www.wa-schoolcounselor.org/documents/Field_Guide_DRAFT_rev%5b1%5d..pdf)
- National Adoption Information Clearinghouse. (March 2006). *Educational Stability for Children and Youth in Foster Care, 2001-present*. National Clearinghouse on Child Abuse and Neglect Information. [http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/educational\\_stability.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/educational_stability.pdf)
- Shea, N., Weinberg, L. & Zetlin, A. (May 2006). *Helping Your Child Succeed in School: An Education Handbook for Parents and Caregivers of Children and Youth in the Foster care System*. Mental Health Advocacy Services, Inc. [http://www.acoe.k12.ca.us/acoe\\_docs\\_spas/Parent\\_Ed\\_Handbook\\_May\\_2006.pdf](http://www.acoe.k12.ca.us/acoe_docs_spas/Parent_Ed_Handbook_May_2006.pdf)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **Broward County Model**

**(a promising model for interagency collaboration)**

#### **BRIEF OVERVIEW**

The ***Broward County Model (Fostering Student Success)*** is an interagency plan to ensure that children in foster care are properly educated in safe, caring environments.

***Fostering Student Success*** is an eight-year collaboration, documented in a formal interagency agreement (the "Agreement") to improve and support the academic progress of children in the child welfare system in Broward County, Florida. The Agreement provides procedures that create an awareness of these students' unique educational needs and supportive educational interventions to improve the educational outcomes for these students. Formal partnerships began with the School Board of Broward County and the Florida Department of Children and Families (DCF). ChildNet and Workforce One joined the collaboration in recent years.

Broward County schools have students who have been removed by the Dependency Court from the homes of their parents or primary caregivers and live in licensed foster homes or facilities. All of these children and youth have experienced abuse, neglect, or abandonment from their primary caretakers and, for the most part, suffer from emotional scars that are likely to affect their academic success. The students often "fall between the cracks" as they move from their family's home to multiple foster homes and, consequently, from school to school. A research project conducted by the School Board of Broward County documented that children in the child welfare system were educationally disadvantaged when compared to their same-aged peers. The general goal of this model is to implement planned interventions to remove as much of the educational disadvantage for these children as possible.

## The Collaboration's Guiding Principals

- Education, stability within the educational setting, educational progress, including progress toward post-secondary education, and employability skills are important to all children, especially the children served by the child welfare system.
- Schools must fulfill constitutional and statutory obligations to educate children of compulsory school age and ensure that each child makes adequate yearly progress.

Under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Vocational Rehabilitation Act, local education agencies (LEAs) have obligations for education and related services for children with disabilities.

- LEAs and the child welfare system share responsibility for the early identification and intervention services needed by children who are confirmed to have been the victim of maltreatment as defined in Child Abuse Prevention Treatment Act (CAPTA) and IDEA Part C.
- The parties to the Agreement share responsibility for the elimination of barriers to school enrollment for children awaiting foster care placement.
- The children known to the Department could have, or be "at risk" of developing, academic and/or behavioral problems due to the disruption in their lives and, therefore, they may require special education services and interventions.
- School stability and attendance are strongly linked to academic achievement and both entities will encourage within their respective systems prompt enrollment, continuation of children in the school of origin whenever safe and feasible, and regular attendance.
- Students need to be in school and in the right school or program to be successful.
- Collaboration can ensure educational access and related care, including post-secondary education pursuits, and promote job training and employability skills essential to fostering the success of these students.
- Collaboration can avoid duplication of services or programs, and combine resources to maximize availability and delivery of services and programs.
- Communication between and among all interested parties best serve the children, families, and communities in which they reside.

## IMPLEMENTATION ESSENTIALS

### Agreement to Collaborate

Key to the model is the agreement to make all reasonable efforts to collaborate and cooperate regarding the education and related services for children in the child welfare system. Without such “buy in” on all levels, the agreement becomes a paper on the shelf. In order to support collaboration and remove any unintended barriers, the parties convene the stakeholders on a quarterly basis, at a minimum, in order to:

- a) Review each agency’s rules, regulations, policies and practices as they impact the education, special education, and related services of children in care.
- b) Make recommendations to the School Board, the District Administrator of DCF, and the Board of the ChildNet regarding procedures, processes, guidelines, and policies as they impact the children.
- c) Define and establish communication protocols, identify responsible staff, and facilitate prompt and substantive information sharing and communication between the parties.
- d) Provide technical assistance and support among the parties for the implementation of the Agreement.
- e) Review and report to the proper authorities any laws, administrative codes, policies, or plans that need to be amended in order to fully implement this Agreement and its intended purposes.
- f) Report to the group about the progress made in implementation of the agreement.

### Liaisons

The parties each agreed to appoint a staff liaison responsible for implementation of this Agreement. The liaisons coordinate in promoting and maintaining procedures among the School Board, DCF District Office and ChildNet and Workforce One. They align their work to foster student success.

- a) **Court Liaison.** The School Board of Broward County provides staff to the court for shelter and dependency hearings and some staff who are also responsible for communication with the school-based personnel to share the change in custody or placement as reported at the hearings and work cooperatively with the DCF and ChildNet staff in protecting the children, obtaining educational programs and interventions, and coordinating transportation, training, and implementation efforts.
- b) **Education Liaison.** The Child Welfare agency provides a staff member as primary contact with the school system administration and as a specialist in education to support caseworkers. This individual also works cooperatively with the school staff in training.

- c) **School-Based Liaisons.** The school board has agreed to identify a staff person at each school to serve as a “Foster Care Designee,” and to establish roles and responsibilities of the designees. The Foster Care Designee is an informed contact person for the child, the caregiver, and the caseworker. Further, the designee reviews the educational records of the child and initiates any appropriate interventions as may enable the child to make educational progress.

### **Hearings**

Within 24 hours of a child’s initial removal from home, a shelter hearing will be held and the judge will determine whether the child shall be maintained in state care, placed with an approved relative or other caregiver, or returned home. The Dependency Court Liaison attends the daily shelter hearings and reports the findings to the Foster Care Designee via e-mail. This facilitates appropriate school-based measures being taken to support the child, address specific safety concerns, and enforce court-orders regarding contact with the child by parents or other individuals.

### **School Registration Form for Children in Foster Care**

A School Registration Information for Foster Care Children form is completed by ChildNet and provided to the Foster Care Designee at the respective school for every child in state care attending a Broward public or charter school. This form, created collaboratively by ChildNet and the school system, includes at a minimum: the student’s name; the student identification number; the name, address, and phone number of the caseworker and supervisor; and the phone number, name, address, and an emergency number for the foster care parent or agency. The form also includes: protective custody status; any special needs; educational, medical, social, emotional, or behavioral issues; whether there is a court order that precludes the natural parent, family, or guardian(s) from being in contact with the child; and any other court orders that might have an impact on the educational environment.

The form is received by the school immediately after the child has been placed in the custody of DCF/ChildNet or, in the case of a new registration, at the time of registration. The form, along with court orders and any other information related to a child’s foster care status, is kept in a confidential folder with the Foster Care Designee. When significant changes take place, an updated form is provided within 72 hours.

### **Registration Documentation**

Children in foster care may be enrolled by either their caseworker or their foster parent. Foster care students are required to have the same forms of documentation for registration as other Broward County Students. The federal McKinney-Vento Homeless Education Act, 42 USC §11431 *et seq.*, temporarily waives the enrollment requirements of proof of immunizations and other registration documentation for students who are considered “homeless” by state definition. Children residing in a temporary shelter arrangement while awaiting a permanent family or foster home placement are included

in this definition. No foster care student is denied prompt registration or school attendance.

For children who reside in a setting under the supervision of the courts, the caregiver assumes the parental role of registering the student in school. This caregiver provides a copy of the court order or other official documentation indicating the student has been officially and legally placed in the caregiver's physical custody. These children are not classified as being in foster care in Broward County.

The registration process is conducted privately in order to protect the student's rights to privacy and confidentiality.

### **Free and Reduced Meals**

All children known to the DCF have an application completed for eligibility determination for free or reduced meals to ensure immediate processing and authorization for meal services. A foster care child, living in any licensed foster home or facility is considered a household of one. The amount that the caregiver receives for the child's personal use, not the foster parent's income, is considered when determining eligibility.

### **Placement Changes and Educational Stability**

The school setting is often the most stabilizing environment for foster care youth as they travel from community to community. It becomes an important focal point of their existence, in which relationships with school staff and peers can be established and maintained. School success for the foster care child takes on major significance since the ability to break the cycle of trauma and poverty is often based on being educationally prepared for employment and the future. In most instances, students placed in a licensed shelter or foster home will move away from their home school, either temporarily or permanently. To support their educational stabilization, children residing in licensed settings may continue to attend their school of record or a previous school of attendance. Most students remain in their current school, unless it is determined that a change in schools should be made due to issues of safety or other circumstances. This decision is made collaboratively by ChildNet, school personnel, and the new caregiver/provider.

It is common for children in foster care to experience disruptions in their foster placement causing them to be moved from one home or facility to another. The ensuing disruption of academic progress can further set a child back emotionally and educationally. ChildNet has committed to place students in foster homes/settings with, or closest to, their home school whenever possible to facilitate stabilization of school placements.

When making decisions about an appropriate school placement, the following factors are considered:

- the student's academic, social, and emotional needs;
- safety or other risk factors;
- schedule/credit concerns for high school students (i.e. block vs. regular schedule);
- therapeutic services/relationships, such as those provided in EH/SED programs;
- the previous mobility of the student as well as potential plans for reunification;
- travel distance and length of bus ride, given the child's age/developmental level;
- ability for continued participation in before- and after-school activities and clubs; and
- input from the student, if age appropriate.

Movement between schools should preferably take place at logical breaks in the school calendar such as at the end of a marking period, semester, or school year.

### **School Transition**

If it is determined that a change in school would be in the student's best interest, the parties agree to a protocol to expedite registration and, importantly, a transfer of records and information. The transition protocol includes: contact initiated by the current school's Foster Care Designee with the new school Foster Care Designee to discuss pertinent issues and paperwork regarding the child; transmittal of the confidential folder to the new school's Foster Care Designee; and expedited registration of the youth at the new school in the correct educational program.

### **Special Transportation**

If the determination is made to maintain the student at his/her current school, the parties use a protocol for arranging any necessary transportation. Transportation requests may take up to 10 school days to be processed from the time of notification to the Dependency Court Liaison. The caseworker is responsible for ensuring temporary transportation for the child until the school district has determined the appropriate transportation option.

Whenever feasible, transportation should use bus stops that already exist or the addition of new stops on an existing route such as those for magnet programs, cluster programs, near-by schools, etc. The second transportation option would be to pay the foster care parent at the district reimbursement rate to transport the student (two round trips per day). This option must be pre-approved by the school district. When neither of these is feasible, the LEA commits to providing transportation in order to stabilize the student's education placement.



### **School-based Individual Planning**

The school-based interventions begin with each principal identifying a Foster Care Designee as the single point of contact. The Foster Care Designee has primary responsibility for: coordinating and monitoring the support and educational interventions for the foster care student; and communicating with the caseworker, foster parent, and when appropriate, the biological parent. The Foster Care Designee meets with their foster care students a minimum of once a semester to monitor their needs and services and identify additional interventions or modifications needed. The Foster Care Designee is provided with a checklist to facilitate proper planning and interventions for the student.

Whenever a student is suspected of having a disability, appropriate procedures for are followed to determine eligibility. Referrals are handled on a priority basis as these students tend to be highly mobile.

### **Parental Rights/Educational Decision Making**

Unless prohibited by court order, parents are encouraged to continue to make educational decisions for the child. Under Florida law, foster care parents have the same rights as other parents. Parental involvement is acknowledged as a contributor to academic success. Parents are encouraged to participate in conferences with the student's teachers and receive information and provide input about grading, attendance, behavior, student records, Section 504 rights, and other matters essential to the child's educational progress.

### **Special Education Decision Making/Surrogate Parents**

The interagency agreement protocols facilitate the prompt determination of an educational decision-maker and the appointment of a trained surrogate parent when appropriate. The parties agree that special training is needed for surrogates and foster parents, not only on the special education process, but also on the impact of trauma from the abuse, neglect, abandonment, and removal from the home, as those events may affect the child's ability to learn.

When a student living in a foster home has or is perceived to have a disability, the school district must determine the person(s) who hold(s) the child's due process rights. Failure to determine this in a timely manner could result in the court appointing an educational decision-maker. The student's parents are encouraged to be actively involved and maintain their due process rights unless they are prohibited from participation by the court or their whereabouts are not known. In most situations, the foster parent may serve as the decision-making parent if there are no more than four total children in the home. Under Florida law, if there are more than four children in the home, the foster parent should remain actively involved, but a surrogate parent, as defined in IDEA, must be appointed.

Students residing in any type of group care setting, regardless of the number of children (i.e., shelter facilities, group homes, or residential treatment centers) require a surrogate parent if they meet any of the criteria listed below:

- parent's rights have been terminated by court order;
- parent's rights are still intact but the court has issued an order limiting their right to be the educational decision-maker;
- parents' whereabouts are unknown; or
- other situations as determined on a case-by-case basis regarding who is entitled by law to have a surrogate appointed but does not meet the criteria listed above.

The agreement has resulted in establishment of a solid group of trained surrogate parents and other persons who support good Individualized Education Programs (IEPs) for this group of students.

### **Information Sharing**

The interagency agreement allows ChildNet and the school district staff to share information about foster care students.

### **Comprehensive Behavioral Health Assessments**

A comprehensive behavioral health assessment is provided through the state for all children removed from their homes due to child abuse, neglect, or abandonment. The purpose of this assessment is to provide assistance and recommendations to the courts and the case management agency to determine the specific needs of the child. One requirement of the assessment is that the evaluator must observe the child in a variety of settings, including school. Evaluators from these agencies are permitted to observe a student without further consent of the parent/guardian. The evaluator produces proper agency identification and a copy of the court order indicating that the child is in the legal custody of the child welfare agency before being granted access. Every effort is made not to disrupt the student's instruction. An interview with the student while at school is generally not needed unless the evaluator has exhausted all other opportunities to meet with the child.

### **Facilitating School Attendance and Addressing Truancy**

To identify students in state custody who are not attending school, the LEA electronically forwards the attendance of foster care students to ChildNet on a regular basis. The case workers are required to monitor and address any school attendance problems, as they might be a sign of a service need and because they interfere with student progress. To promote attendance, efforts are made to schedule child welfare-related events outside of the school day,

### **Behavioral/Discipline Issues**

Foster care youth are expected to follow the same student code of conduct guidelines as all other students. When a disciplinary issue arises, the parties have agreed to explore options relating to school-based infractions. Alternatives to external suspension

are required whenever possible for foster care students. Efforts are made to communicate with the foster parent/group home director and caseworker to determine interventions to support the youth's progress using resources as appropriate from each child-serving system.

### **Case Planning**

The parties have developed protocols regarding case planning for a child known to the department, both at the time of plan development and plan review. Within the plan development or review process, the schools may provide information regarding the child and suggest services or tasks for the child or the family. The case plan may address the education of the child and include any tasks or strategies necessary to enable the child to maximize the attainment of educational goals. The case plan might include recommendations for parental involvement in the child's education.

### **Individualized Education Programs (IEPs)**

If a child has an IEP or one is developed while the child is in foster care, the Foster Care Designees ensure that the appropriate individuals are involved in the development of the IEP and that the decision makers for the child have proper legal authority to act.

### **Independent Living Skills**

The parties cooperate in developing programs to assist youth in achieving independence, both for students with and without disabilities. Collaboration in this area is designed to enhance but not supplant the schools' responsibilities under IDEA to ensure that community agencies are contacted and participate in the development of transition plans for students with disabilities. This collaboration works to ensure educational progress and to assist students in acquiring essential independent living skills, including readiness for pursuit of higher education goals and/or employment.

### **Pursuit of Post Secondary Education**

The parties recognize the importance of encouraging post-secondary education pursuits for foster children and agree to work collaboratively to encourage continued education for these youth. The LEAs agree to train guidance counselors on the availability of fee waivers and scholarship opportunities designed to assist these children in continuing their education. The school system advises the ChildNet Independent Living staff of all resources for transition and transition planning available through its offices and suggests guidelines for transition plans to meet the special needs of students known to the Department.

### **Training and Staff Development**

The parties agree to provide training and staff development related to the implementation of the agreement and to institutionalize the policies and processes needed to implement it. The schools must provide training for its staff to identify and serve the educational needs of the children known to the Department. This training includes a general understanding of the implementation of this Agreement and the

impacts of the trauma of abuse, neglect, abandonment, and removal from home on children known to the Department.

This training incorporates an education component into new or existing staff development for school personnel and caseworkers regarding methods for enrolling students, stabilizing school placements, access to educational services, referral for special education services when appropriate, IDEA and state implementing statutes for securing special education and related services including transition planning, the importance of education in child development, progress towards independence, and the impacts of trauma on children generally.

Training also is provided for foster parents on the rights of children in foster care to an education, the role of education in their development and adjustment, the proper ways to access education and related services for them, and the importance of and strategies for parental involvement in education for their success. DCF is mandated, either directly or through the Community-Based Care (CBC), to provide training to caseworkers, guardians ad litem, attorneys ad litem, judges, and others involved in the child welfare system regarding the services and information available through the schools.

## **AVAILABLE EVIDENCE AND PROGRAM EVALUATION**

Findings in this report mirror the needs reported in the literature nationwide. Other key identified benefits of the agreement included: (a) Broward was ahead of other school districts in Florida, and most other areas of the nation, in the sharing of information and service provision to foster care students; (b) increased attempts by child welfare agencies to focus on stabilization of foster care and school placements; (c) the majority of foster care students attended school on the first day of the 2003-04 academic year; and (d) privatization presents the opportunity to enhance foster care students' educational status. Emerging findings indicate that the presence of the agreement continues to generate benefits for some of the most fragile students.

- Evaluation Report, 2003-2004: *Interagency Agreement Between The School Board Of Broward County, Florida, The Florida Department Of Children And Families, District 10, and Childnet, Inc.*, [http://www.Broward.K12.Fl.U.S/Research\\_Evaluation/Evaluations/Dcffinal5-5-04.Pdf](http://www.Broward.K12.Fl.U.S/Research_Evaluation/Evaluations/Dcffinal5-5-04.Pdf)
- School Board of Broward County, Florida. (January 2003) *Foster Care Research Brief: An Examination of Students Participating in the Foster Care Program. Report from the Office of the Superintendent.*, [http://www.broward.k12.fl.us/research\\_evaluation/Briefs/brief51-75/Fostercarebrief67.pdf](http://www.broward.k12.fl.us/research_evaluation/Briefs/brief51-75/Fostercarebrief67.pdf).

## RESOURCES AND BACKGROUND READING

Copies of the following documents are available online at:

<http://www.abanet.org/child/rcjji/education/#flo>

- Fostering Student Success. Child Welfare Agency Procedural Manual 2005-2006. Broward County, Florida (July 2005)
- Interagency Agreement between the School Board of Broward Count, Florida, the Broward County Department of Children and Family Services, ChildNet, Inc., and WorkForce One (April 18, 2006).
- School Registration Information for Foster Care Children form. Broward County, Florida.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **Creating Trauma Sensitive School Cultures** (emerging practices)

The three programs listed below are designed to improve the caring climate of schools and to reduce the impact of trauma and other barriers to learning.

There has been a push in recent years to examine how trauma impacts children by undermining their ability to learn, have healthy relationships, and function in school and the community. Trauma can occur from such things as: experiencing violence, neglect, witnessing traumatic events, or lack of a nurturing environment. All children in foster care experience some form of trauma from being removed from their natural home environment, regardless of the circumstances leading up to their removal from the home. Living within the foster care system can be confusing, scary, and disheartening for children. This can invariably lead to difficulties in school from academics to social interactions with teachers and peers.

Each of these three programs designed to create caring schools that are more sensitive to children who have experienced trauma has a foundation in research. Components of each have been proven to be effective. One is a policy agenda with a flexible framework schools can use to create school-wide trauma-sensitive environments; the second tool is an approach based on a three-tiered prevention model, targeted and intensive intervention model connecting schools, families, and mental health services; and the third is a model to create change within the culture of an entire organization. Full implementation of some of these tools requires new staff, monetary resources, and the support of an entire school community. However, some components of these tools provide information and ideas that can be implemented by individual educators.

Each of these tools can be considered a very strong emerging practice. Since the tools are in the first years of implementation, there is limited evidence available about implementation results. Regardless, all of the tools are in the process of being implemented and evaluated, and initial results are positive.

## (1) HELPING TRAUMATIZED CHILDREN LEARN

[http://www.massadvocates.org/uploads/95/135/Help\\_Tram\\_Child-Med.pdf](http://www.massadvocates.org/uploads/95/135/Help_Tram_Child-Med.pdf)

Massachusetts Advocates for Children ([www.massadvocates.org](http://www.massadvocates.org))

### Brief Overview

*Helping Traumatized Children Learn* is a report and policy agenda created by the Trauma and Learning Policy Initiative, a partnership between Massachusetts Advocates for Children and [Harvard Law School's Hale and Dorr Legal Services Center](#). The report discusses how trauma impacts a child's academic performance, behavior, and relationships and provides policy recommendations for legislators and community members.

The report provides a "Flexible Framework" that schools can use to weave trauma-sensitive approaches throughout the school day while allowing the school to implement specific and creative programming within its individual resource strengths and constraints.

The six key components of the Flexible Framework are:

1. **Schoolwide Infrastructure and Culture.** With "buy in" from staff, principals, and other administrators, the report provides a structure for supporting staff to address the needs of traumatized children through strategic planning; assessment of staff training and support needs; a structure for confidential conferencing of individual cases; reviewing of policies with an understanding of trauma; a community liaison team; an ongoing method for identifying and addressing barriers to success; and an evaluation process.
2. **Staff Training.** Provides insights on staff training that enable staff to partner with parents, and develop teaching strategies for students who have been traumatized.
3. **Linking with Mental Health Professionals is Critical.** Building clinical support for school staff and accessibility to mental health resources for families
4. **Academic Instruction for Traumatized Children.** This consists of basic teaching approaches, language-based teaching approaches, and appropriate evaluations for students affected by trauma.
5. **Nonacademic Strategies.** These assist in building relationships and providing extracurricular activities for children affected by trauma.
6. **School Policies, Procedures, and Protocols.** Develop policies around discipline, communication with parents, the handling of restraining orders, filing of abuse complaints and building safety plans for children.

Massachusetts has passed a law (MGLc 69 Sec 1N(b) establishing safe and supportive learning environments (also known as "Trauma Sensitive Schools") grant program. Its goal is "to address within the regular education school program the ...needs of children whose behavior interferes with learning, particularly those who are suffering from the

traumatic effects of exposure to violence." Many school districts are using the *Flexible Framework* as the centerpiece for grant requests and grant implementation.

### **Implementation Essentials**

The essential element of the *Helping Traumatized Children Learn* report is enlisting support of key leaders in the school and use the resources of a trauma expert. Schools and educators are encouraged to brainstorm specific programming for each category based on availability of resources in a particular school or classroom.

### **Program Evaluation and Available Evidence**

This program is yet to be formally evaluated but some results may be available by late 2007. The *Framework* is based on available research cited in the report. Massachusetts Advocates for Children recently began collecting evaluation data (summer 2006). The Massachusetts Department of Education provides oversight to the school districts receiving this grant and is in the process of beginning a comprehensive evaluation of the grant recipients in the 2006-07 school year.

### **References and Background Reading**

- *Helping Traumatized Children Learn: A Report and Policy Agenda*, Massachusetts Advocates for Children (2005),  
[http://www.massadvocates.org/uploads/95/135/Help\\_Tram\\_Child-Med.pdf](http://www.massadvocates.org/uploads/95/135/Help_Tram_Child-Med.pdf)
- The Massachusetts Department of Education Trauma-Sensitive School initiative,  
<http://www.doe.mass.edu/tss/>
- *Troubled in School*. (10-24-05) Boston Globe editorial.  
<http://www.massadvocates.org/uploads/77/144/GlobeEditorial.pdf>

~ ~ ~ ~ ~

## **(2) TURNAROUND FOR CHILDREN: A School and Community Systems Approach**

[www.turnaroundforchildren.org](http://www.turnaroundforchildren.org)

### **Brief Overview**

The *Turnaround Approach* is an integrated program in a school to train school employees to create an environment that fosters growth and learning. There are four key components:

1. **Education Coach.** An education coach is assigned to each school to assist the faculty and staff in responding to student difficulties and provide support to the administration and professional development to the staff. The education coach facilitates the three teams: Core Team; Instructional Support Team and; Student Intervention Team.



2. **Student Support Social Worker.** Each school must have a licensed certified social worker on campus who works with the entire staff to ensure timely interventions are made on behalf of students.
3. **Family/Community Engagement Coordinator.** The coordinator works with the education coach, social worker, and school staff to engage families in the school. This person also provides training and information about community resources to families and collaborates with other community programs.
4. **Mental Health Service Model.** Mental Health services are provided to the school either through a school-based program, a mobile professional team, or a Triage and Consultation Unit that offers emergency mental health services. This model provides case management, school interventions, and medical assistance when needed.

### Implementation Essentials

The three-tiered prevention-intervention model noted in the Introduction (to this Tool) to support the conditions for learning and behavior is the essential foundation of the *Turnaround for Children* program.

The program uses a team problem solving approach that examines:

- school-wide strategies and policies and procedures that support the conditions for learning using an administrator-led, stakeholder-rich *Core Team*;
- training and supports for enhancing staff skills in identifying, addressing, and monitoring academic and behavioral needs and progress for students found at-risk through the *Instructional Support Team* and;
- access and integration of intensive school and agency interventions for students and families with serious social-emotional and mental health needs are managed by the school and agency staff *Student Intervention Team*.

The three teams have interlocking membership (i.e. social worker, administrator, school psychologist, or counselor) and communicate regularly to ensure the alignment of interventions so that progress can be sustained and services efficiently utilized. Data are monitored by all teams to ensure that the program's elements are producing positive results.

This program requires each school to hire additional staff (student support social worker or similar school mental health staff) and partner with existing mental health services providers in the community as well as the education coach and family/community engagement coordinator described above. It also requires needs-driven training and support for existing school staff. Additional implementation information is available from <http://www.turnaroundforchildren.org>.

### Program Evaluation and Available Evidence

The *Turnaround Approach* is being fully implemented in over 15 middle and elementary schools with high poverty populations in New York City. Results have been reported in two pilot schools—PS 132 and 115 in Manhattan's Washington Heights neighborhood. These schools have implemented key components of the program, including: an

education coach, structured teams, staff training, and school-wide prevention programs as well as a partnership with Morgan Stanley Children's Hospital and community programs. Reports show increased mainstreaming and reduced discipline referrals. Preliminary results (2005) for PS 132 include: test scores that show academic improvements; a decrease in inappropriate special education referrals from 4% to 2.4%; and greater movement of students from full-time special education classrooms to more inclusive part-time special education services (19.3% of special education populations partially mainstreamed as compared to 11.4% in New York City public schools). There also has been increased attendance, reduction in student conflict/disruptive behavior, and enhanced language skills. *Turnaround* has partnered with the American Institutes for Research ([www.air.org](http://www.air.org)) as the primary evaluator for the program and is in the process of collecting data from 12 sites that should be available in 2007.

Additional information about evidentiary support for the program is available on the *Turnaround* website, which will be updated as more evidence becomes available.

[http://www.turnaroundforchildren.org/what\\_research\\_txt.htm](http://www.turnaroundforchildren.org/what_research_txt.htm)

## References

- Dwyer, K., Osher, D., and Warger, C. (1998). *Early Warning, Timely Response: A guide to Safe Schools*. Washington, DC; U.S. Dept. of Education.  
<http://www.ed.gov/about/offices/list/osers/osep/gtss.html>
- Sugai, G., Horner, R.H. (2002). *The Evolution of Discipline Practices: School-Wide Positive Behavior Supports*. *Child and Family Behavior Therapy*, 24, 23-50.  
<http://www.haworthpress.com/store/ArticleAbstract.asp?sid=FJ4KFE30VBR98GEU9WC6E45H57RV6MB1&ID=21342>

## (3) SANCTUARY MODEL OF ORGANIZATIONAL CHANGE FOR CHILDREN'S RESIDENTIAL TREATMENT

<http://www.sanctuaryweb.com/main/sanctuary%20articles.htm>

### Brief Overview

This model is described as "a trauma-informed whole system approach designed to facilitate the development of structures, processes, and behaviors on the part of staff, children, and the community-as-a-whole that can counteract the biological, affective, cognitive, social, and existential wounds suffered by children in care." The model focuses on putting "democracy in action" by requiring continual reflection and feedback from all levels of an organization.

This model is designed to help an organization develop a culture that incorporates these seven characteristics:

- non-violence;
- emotional intelligence;
- inquiry and social learning;
- shared governance;
- open communication;
- social responsibility; and
- growth and change.

The model uses a concept called S.E.L.F. It is a therapeutic model for use with clients as well as staff in dealing with issues that come up within the community. S.E.L.F. stands for:

- **S**afety
- **E**motional Management
- **L**oss
- **F**uture

Other key components of this model include community meetings, safety plans, curriculum development, psycho-education, staff training, client participation, and evaluation.

### **Implementation Essentials**

This model focuses on an entire shift in organization thinking. A *core team* is initially required that includes a representative from every level of the organization. This team is ultimately responsible for developing and implementing a curriculum that includes the entire organization. The core team works with the entire community to develop organizational values and beliefs which ultimately lead to the creation of a Constitution for the community.

To use the *Sanctuary* name, a certified training program must be completed as well as an agreement to on-going review for the certification process.

### **Program Evaluation**

Rated as an "acceptable/emerging" practice by the California Evidence-Based Clearinghouse, <http://www.cachildwelfareclearinghouse.org/program/16>

### **Available Evidence**

The evaluative research concerning the Sanctuary Model has been focused on residential treatment facilities. There is a paper, *Preliminary Results of a Study Examining the Implementation and Effects of a Trauma Recovery Framework for Youths in Residential Treatment* that provides evaluative data. The Sanctuary Leadership

Development Institute at Andrus Children's Center in Yonkers, NY has training and information concerning the Sanctuary Model.

### **Resources and Background Reading**

- Bloom, S.L., *Creating Sanctuary: Toward the Evolution of Sane Societies*. 1997, New York: Routledge.  
<http://www.sanctuaryweb.com/Documents/Downloads/Sanctuary%20for%20Children%20TC%20Journal/Bloom%20Sanctuary%20Model%20Organization%20D%20with%20Citation.pdf>
- Rivard, J.C., et al., *Implementing a Trauma Recovery Framework for Youths in Residential Treatment*. *Child and Adolescent Social Work Journal*, 2004. 21(5).  
<http://www.ingentaconnect.com/content/klu/casw/2004/00000021/00000005/00494103>

### **GENERAL BACKGROUND READING**

#### **Childhood Trauma**

- National Child Traumatic Stress Network, [www.nctsnet.org](http://www.nctsnet.org)
- Cook, A., Blaustein, M., Spinazzola, J., van der Kolk, B. (Eds.) (2003). *Complex Trauma in children and adolescents*. White paper from the National Child Traumatic Stress Network.  
[http://www.nctsn.org/nctsn\\_assets/pdfs/edu\\_materials/ComplexTrauma\\_All.pdf](http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/ComplexTrauma_All.pdf)
- Craig, S. (1992). "The Educational Needs of Children Living with Violence." *Phi Delta Kappan*. 74:67-71
- Herman, J (1997) *Trauma and Recovery*. New York: Basic Books.  
[http://www.jimhopper.com/trauma\\_and\\_recovery/](http://www.jimhopper.com/trauma_and_recovery/)
- O'Brien, J.P. G. (2000). "Impacts of Violence in the School Environment: Links Between Trauma and Delinquency." *New England Law Review*, 34(3), pp 593-600.  
<http://direct.bl.uk/bld/PlaceOrder.do?UIN=080327330&ETOC=RN&from=searchengine>
- Ritter, J., Stewart, M., Bernet, C., and Coe, M. (2002). "Effects of Childhood Exposure to Familial Alcoholism and Family Violence on Adolescent Substance Use, Conduct Problems, and Self- Esteem." *Journal of Traumatic Stress*, 15(2).  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=12013062&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12013062&dopt=Abstract)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **Endless Dreams Building Educational Support for Youth in Foster Care (an emerging practice)**

#### **BRIEF OVERVIEW**

Increasing school staff and other service providers' awareness of the positive impact they can have on children and youth in foster care is a critical first step in improving educational outcomes for these children and youth. The educational needs of youth in foster care—half a million at any given time—remain largely unrecognized. Yet the foster care experience has an enormous impact on educational outcomes at every level. Casey Family Programs developed the ***Endless Dreams*** video and training curriculum to assist in this effort. These practice-oriented tools are designed to support education advocates, specialists, liaisons, CASA volunteers, child welfare professionals, and their agencies to work together to assist youth in care with their educational needs.

In 2000, while working with a high school in Seattle to provide tutoring to youth in out-of-home care, staff realized they needed to do a better job educating the educators about the unique educational needs of youth in out-of-home care. Consequently, the ***Endless Dreams*** video was developed as a tool to do just that. With the release of the video, educators became more interested in the needs of youth in foster care and about the foster care system in general. In January 2005, after being piloted in Texas, the ***Endless Dreams*** curriculum was developed and published.

The ***Endless Dreams video*** showcases the great potential of schools to support and enrich the lives of youth in care. The video features a young woman in care and describes how life in foster care affects her educational successes and challenges. Social workers, teachers, education specialists, and foster parents share their recommendations for how to support the educational needs of youth in out-of-home care. After watching the video, participants are asked about their thoughts and perceptions regarding it.

Points made in the video include:

- the impact of a chaotic early childhood and how this creates a barrier to educational success for children who are in out-of-home care;
- the guilt that children and youth feel about being removed from their home and how this influences their behavior in school and reinforces their misperception that removal from their home was their fault;
- the detrimental effects that numerous school moves can have on a child's academic achievement;
- the emotional manifestations of living in out-of-home care, including issues with sleep, worries and concerns about birth parents or elderly grandparents who may be raising them, and stress of having to do school projects that focus on such topics as family trees or autobiographies; and
- the importance of having at least one connected adult in the educational life of a child or youth in-out-of-home care and how this person can be the change agent in a child's outlook and engagement in their education.

The ***Endless Dreams*** training curriculum is a comprehensive, peer-reviewed curriculum, composed of ten one-hour sessions. Each session includes a facilitator's guide which provides training outcomes; materials needed; details on the facilitator's role before, during, and after the presentation; a step-by-step agenda for the session (including a script or outline for the facilitator); and overheads and handouts.

The curriculum illustrates how child welfare practice and regulatory environment affect the educational needs of youth in out-of-home care. It provides solid, practical advice for educators on implementing policies and procedures to improve outcomes. Optimally, each school that completes the training takes steps to address the particular needs of youth in out-of-home care in its annual school building plan.

The ten modules of the *Endless Dreams* Training curriculum are:

- Session 1: Introduction to the Educational Needs of Youth in Foster Care and Out-of-Home Care;
- Session 2: Understanding the Foster Care System – Part I;
- Session 3: Understanding the Foster Care System – Part II;
- Session 4: Understanding the Impacts on Youth who are Part of the "System;"
- Session 5: Roles and Responsibilities: Working with Youth in Foster Care;
- Session 6: Improving Educational Outcomes for Youth in Foster Care and Out-of-Home Care;
- Session 7: Indicators of Systems Change;
- Session 8: Educational Support for Youth in Transition;
- Session 9: Class-wide Strategies for Increasing Knowledge Around the Issue of Out-of-Home Care Students for All Participants; and
- Session 10: Beyond the School Day: Building a Supportive Community.

## IMPLEMENTATION ESSENTIALS

Certification to deliver the *Endless Dreams* training curriculum requires a six-hour “train the trainer” learning session. Upon successful completion of the learning session, trainees are certified by Casey Family Programs to train others in the *Endless Dreams* curriculum. Newly certified trainers receive a complimentary copy of the *Endless Dreams* video and training curriculum. Copies of the *Endless Dreams* video are available for free by contacting the Casey Family Programs website: [www.casey.org](http://www.casey.org).

Those eligible to participate in than-the-trainer learning session are individuals who are familiar (either professionally or personally) with the foster care system. Additionally, they should have access to schools and other programs that they can bring the training to. To inquire about the train-the-trainer learning sessions, contact to [contactus@casey.org](mailto:contactus@casey.org).

## PROGRAM EVALUATION

As of August 2006, over 150 participants have been certified as *Endless Dreams* trainers. Evaluations from the trainer-the-trainers learning sessions have indicated a high degree of satisfaction with the training. Over 1,500 evaluations of *Endless Dreams* sessions, conducted by certified trainers reveal that audience members (largely consisting of educators, foster parents, CASA volunteers, and child welfare workers) felt they knew more about the educational needs of youth in out-of-home care and they would be more likely to advocate on behalf of that population’s educational needs as a result of their participation in training.

## AVAILABLE EVIDENCE

The *Endless Dreams* video and curriculum were developed to fill a void—the fact that educators know little about the unique educational needs of youth in out-of-home care. For youth in foster care, educational success is potentially a positive counterweight to abuse, neglect, separation, and impermanence. Positive school experiences enhance students’ well-being, help them make more successful transitions to adulthood, and increase their chances for personal fulfillment and economic self-sufficiency. Unfortunately, the educational outcomes for youth in foster care are dismal. A number of recent studies revealed that only about 56% of foster youth graduate from high school while in care as older adolescents (Pecora, et al., 2005). Studies show that only about 13% of former foster youth go on to college compared to about 60% of all high school seniors (*Connected By 25: A Plan for Investing in Successful Futures for Foster Youth*, 2003) and only 3% will eventually graduate from college (Pecora, et al., 2005) as compared to about 27% of the general adult population (The Chronicle of Higher Education, 2004).

Research over the past three decades shows that, compared to the general school population, the half-million children in foster care in the United States have lower grade point averages, change schools more frequently, earn fewer credits toward graduation, have lower scores on state testing and are more likely to be exempted from state testing; and, are more likely to be in special education programs with disproportionate representation in special education classes that are segregated. Recent research conducted by Chapin Hall found that children's' experiences prior to placement in foster care contribute substantially to their educational delays (Smithgall, et al., 2004). However, placement in foster care seldom serves as an alleviating factor in academic failure and often contributes to it by frequent home placement moves, resulting in many school placement changes.

Recommendations for improving educational outcomes for children and youth in foster care fall into four key categories: school placement and transfer issues, collaboration and training, supports and services, and preparation for adulthood (Casey Family Programs, 2004). These categories are not mutually exclusive and will have the greatest impact when the issue of educational success for youth in care is addressed in a multi-faceted, multi-systemic manner. *Endless Dreams* includes those components that research suggests must be addressed for youth in foster care to have successful school and post-school outcomes.

- **School Placement and Transfer Issues**

The longer youth are in foster care, the greater the number of home placements they experience (Yu, Day & Williams, 2002a). A change in home placements often is accompanied by a change in schools. By the sixth grade, students who had changed schools four or more times had lost approximately one year of educational growth (Kerbow, 1996). School placement stability is paramount to educational success for all students, but particularly for those who are most vulnerable to other disruptions in their lives. Of course, no one advocates that youth remain in schools that are unsafe, or that provide an inferior education. However, education and child welfare systems must work to eliminate enrollment barriers and other delays that create unnecessary disruptions to a youth's schooling.

- **Collaboration and Training**

There is a critical need for increased collaboration and cross-training among the three major systems involved with these young people – child welfare, education, and judiciary – at the local, state and national levels (Yu, et al., 2002a). A fourth group that needs to be trained and collaboratively involved are caregivers. Effective collaboration means working together to maintain school placement stability, sharing a youth's pertinent information and records, and ensuring a youth's timely enrollment in school. Interagency protocols, preferably supported by appropriate level regulation, are essential to creating a comprehensive, effective collaborative system.



- **Supports and Services**

When health and safety concerns are present in foster care, education takes a back seat. To make up for this deficit, youth often need considerable supplemental education services. Supplemental services include: mental health services, counseling and advisory support, tutoring, mentoring, career assessment and counseling, and access to remedial and enrichment offerings, including extracurricular activities. Toddlers and preschoolers should attend research-based early educational intervention programs as soon as they enter the child welfare system. Youth identified as needing special education services are a particularly vulnerable subgroup of youth in out-of-home care. It is estimated that between 30 and 50 percent of students in foster care may qualify for special education services because of a disability (Geenen & Powers, 2003).

- **Postsecondary Preparation Issues**

Postsecondary education or training is important for a successful adulthood is clear. In addition to personal benefits, there are clear economic advantages – annual median earnings of college graduates exceed high school graduates by over \$10,000 (U.S. Census Bureau, 2004). However, youth in foster care are considerably less likely to adequately prepare for college enrollment while in high school. While over 70% of youth in foster care desire to go to college, only 15% of youth in foster care are likely to be enrolled in college preparatory classes during high school compared to 32% of all students. Preparing for postsecondary education or training must begin in middle school and be the focus of high school. Actively supporting youth to progress through the critical steps in preparing for and succeeding at the postsecondary level must involve foster parents, caseworkers, teachers, counselors, mentors and advocates. See *It's My Life: Postsecondary Education and Training Guide* for more information on this recommendation.

## RESOURCES

- For additional information on the *Endless Dreams* Train-of-the-Trainers learning session, contact Casey Family Programs at [contactus@casey.org](mailto:contactus@casey.org) or visit [www.casey.org/ToolsAndResources](http://www.casey.org/ToolsAndResources)
- For a free copy of the *Endless Dreams* video, contact Casey Family Programs at [contactus@casey.org](mailto:contactus@casey.org) with your request for a free DVD or VHS copy. Be sure to include a mailing address with your request.
- *A Road Map for Learning: A Framework for Education Practice from Casey Family Programs* (Casey Family Programs, 2004), <http://www.casey.org/Resources/Publications/ARoadmapforLearning.htm>
- *In School, The Right School, Finish School: A Guide to Improving Educational Opportunities for Court-Involved Youth* (National Children's Law Network 2005) <http://www.illinoisprobono.org/UPLOADS/004400In%20School,%20The%20Right%20School,%20Finish%20School%20->

[%20A%20Guide%20to%20Improving%20Educational%20Opportunities%20for%20Court-Involved%20Youth.pdf](#)

- *It's My Life: Postsecondary Education and Training* (Casey Family Programs 2006), [www.casey.org/Resources/Publications/IMLPostsecondaryEd.htm](http://www.casey.org/Resources/Publications/IMLPostsecondaryEd.htm)

## BACKGROUND READING

- Burley, M., & Halpern, M. (2001). *Educational attainment of foster youth: Achievement and graduation outcomes for children in state care*. Olympia, WA: Washington State Institute for Public Policy.
- Conger, D., & Rebeck, A. (2001). *How children's foster care experiences affect their education*. New York: Vera Institute for Justice.
- *Connected By 25: A Plan for Investing in Successful Futures for Foster Youth* (2003). Basehor, KS: The Youth Transition Funders Group, Foster Care Work Group with the Finance Project.
- Geenen, S., & Powers, L.E. (2003). *Are we ignoring foster youth with disabilities? The school performance of youth in foster care and special education*. Eugene, OR: University of Oregon.
- McCarthy, J., Marshall, A., Collins, J., Arganza, G., Deserly, K., and Milon, J. (2005). *A Family's Guide to the Child Welfare System, Second Edition*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University. Available at: [http://gucchd.georgetown.edu/programs/ta\\_center/object\\_view.html?objectID=2590](http://gucchd.georgetown.edu/programs/ta_center/object_view.html?objectID=2590)
- Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, A. C., English, D., White, J., Hiripi, E., White, C. R., Wiggins, T., and Holmes, K. (2005). *Improving family foster care: Findings from the northwest foster care alumni study*. Seattle, WA: Available at Casey Family Programs website: <http://www.casey.org/Resources/Publications/NationalAlumniStudy.htm>
- Smithgall, C., Gladden, R.M., Howard, E., George, R., & Courtney, M. (2004). *Educational experiences of children in out-of-home care*. Chicago, IL: University of Chicago.
- *The Chronicle of Higher Education* (2004). Almanac Issue 2004-5, August 27, p.16.
- U.S. Census Bureau (2004), Table 8. Income in 2003 by Educational Attainment of the Population 18 Years and Over, by Age, Sex, Race Alone, And Hispanic Origin: 2004. <http://www.census.gov/population/socdemo/education/cps2004/tab08-1.xls>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **Fresno County Model (a promising model for interagency collaboration)**

#### **BRIEF OVERVIEW**

*The Fresno County Model* is an interagency collaborative, data-driven, team model that is designed to serve children in foster care by reducing barriers to learning and to improve academic outcomes. Developing and formalizing collaborative working relationships between school and child welfare personnel and other community agencies to address foster care student educational gaps and poor school performance is a model well founded in theory and has begun to show measured success in California's Fresno County.

Since March 2003, a group of child welfare, education, mental health, probation, children's advocates and other interested stakeholders of the Fresno County community has met regularly to discuss ways to improve educational outcomes for youth involved with the county's child welfare system.<sup>2</sup> The goals of the "Fresno Model" collaborative effort are to: identify and address the needs of foster youth with a Grade Point Average (GPA) of 2.0 and below; provide stability for these children in their educational experiences; increase the number of foster youth graduating from high school; establish partnerships between local school districts and the child welfare agency; and improve access to college for foster youth in Fresno County.

A Strategic Plan was developed and a mission statement adopted: "*To improve or establish processes that reduce or eliminate the barriers to school success faced by Fresno County children and families when the children are in out-of-home placement in Fresno County.*"

---

<sup>2</sup>This group was convened at the request of the Youth Law Center and agreed to serve as the first site for community-based work in *Expanding Opportunities for At Risk Youth*, a project funded by the Charles Stewart Mott Foundation and the Walter S. Johnson Foundation to address educational opportunities for foster care youth. The group is also focusing on education issues impacting youth in Fresno's juvenile justice system.

Goals and objective measures of outcomes have been identified and preliminary successful results are being reported.

### **Guiding Principles**

- 1) Children in state care should have the same educational opportunities and supports afforded their peers.
- 2) Every child should have identified educational goals and individuals in his or her life who can help the child meet those goals.
- 3) Changes in living arrangements and educational placements should be kept at a minimum and children should be allowed to remain in their home school whenever possible.
- 4) Decisions concerning placement must take into consideration the educational needs of the child and should be made in consultation with individuals involved with the child's education.
- 5) Decisions concerning educational issues should take into consideration the child's living situation (placement) and should be made in consultation with individuals involved with the child.
- 6) Records transfer and school enrollment policies and procedures should be streamlined to allow the prompt, appropriate school placement of every student.
- 7) Care providers and professionals should help ensure the child has an appropriate school placement and support the child's educational activities.
- 8) Data analysis should be used to evaluate interventions and to inform policies and practices.

### **Key components of the "Fresno Model" collaborative effort**

- **Interagency Committee on Education.** An interagency committee meets regularly to discuss ways to improve educational outcomes for foster youth and to oversee the implementation of the Strategic Plan. The committee consists of representatives from: Fresno County's Department of Children and Family Services (DCFS), the Fresno Unified School District (FUSD), the Fresno County Office of Education (FCOE), the Youth Law Center (YLC), and other interested individuals from mental health, probation, other school districts, local advocacy organizations, and other education professionals.
- **Information Sharing.** A Memorandum of Understanding (MOU) was entered into between DCFS and FUSD for the purpose of sharing relevant data and information (see <http://ylc.org/fresnoagreement.pdf>). Later, a standing order was issued by the local court authorizing data sharing (see <http://ylc.org/fresnostandingorder.pdf>).
- **Decision making.** The committee agreed a multidisciplinary team approach, which is familial and culturally relevant, should address the needs of the child and the child's parents in the following areas: social/emotional, health, mental health, placement, and education.

## IMPLEMENTATION ESSENTIALS

Core component strategies of the Fresno Model are:

- *Improve decision making to increase information sharing and collaboration and improve school success.*
  - 1) Using an interagency student focused team decision-making process, plans were developed to make each child's educational goals and needs a part of key child welfare decisions at critical points, including entry into care and changes in placement.
  - 2) Develop ways to include child welfare participation in key educational decisions.
  - 3) Include family systems in all decision making.
  - 4) Ensure each local education agency (LEA) has appointed a Foster Care Educational Liaison (AB 490, Calif. EDUC. CODE §48853.5(b)-(e), <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=15001-16000&file=16000-16014>).
  - 5) Identify and appoint an Educational Liaison for DCFS and Probation (see <http://www.ylc.org/ImprovingEducationalOpportunitiesforYouthinthecwAndJJSysItems.pdf>). Foster Care Educational Liaisons have been appointed in five Fresno school districts. DCFS also appointed an Educational Liaison. The Educational Liaisons from DCFS, FUSD and FCOE have developed a close working relationship to resolve potential problems in individual cases in a mutual effort between students, care providers, school districts, child welfare, probation, and other agencies.
  
- *Use data to inform decisions.*
  - 1) Use an MOU between FUSD and DCFS to obtain data to analyze education progress and problems for youth in placement.
    - a. DCFS is required to maintain data concerning placement and services in California's Child Welfare Services Case Management System (CWS/CMS). CWS/CMS data provides information, such as number of placement moves, which is useful in tracking progress. By using address information, the CWS/CMS data allow for mapping, such as identifying the school districts in which children are placed and the distance children are placed from home.
    - b. FUSD maintains data on school mobility, discipline, enrollment, attendance, credits, reading and math scores, GPA, and special education placement. The FUSD data system allows sorting by gender, grade level, and race/ethnicity. Detailed information allows for targeted inquiries.
  - 2) Initially follow and analyze a discrete number of students rather than all ages and grades.
    - a. Initial focus on students in foster care in grades 7 through 9.
  - 3) Pay particular attention to children with emotional, behavioral, or physical limitations that affect their ability to succeed in regular school settings.

- 4) Implement information-sharing strategies in other school districts.
- *Improve Record Keeping and Information Sharing.*
    - 1) Increase the completion of educational passports (*see* Calif. Welf. & Inst. Code § 16010.)
    - 2) Increase the use of Foster Youth Services Placement form (*see* <http://www.fosteryouthservices.fcoe.net/pdf/NOP%20NOD%20Procedures%20Final.pdf>).
    - 3) Implement information sharing strategies piloted by the FUSD in other school districts in the county.
  - *Develop a plan to provide training.*
    - 1) Child welfare and probation staff: about the education system and their responsibilities with respect to education for children under their supervision;
    - 2) education staff: about the child welfare and probation systems;
    - 3) care givers: about the importance of education and their role in supporting a child's school success;
    - 4) youth: about educational opportunities and their rights; and
    - 5) everyone: about available services and resources.

Youth Law Center (YLC) has assisted local partners in providing training on AB 490 and other education requirements, on education issues for juvenile court officers, and to placement workers and foster youth members of the local California Youth Connection chapter and Independent Living Program staff. YLC staff also provides on-going technical assistance on a wide array of educational legal issues to DCFS, FCOE and FUSD Educational Liaisons.
  - *Develop a monitoring system.* A monitoring system is needed to oversee the process and coordination of services; specifically, to identify problem areas, evaluate what is going well and what is not, and make recommended changes.
  - *Evaluation.*  
The results of these coordinated interventions are being measured by their effects on the academic and behavioral goals established by the teams.

Beginning in September 2004, DCFS, in partnership with the FUSD, FCOE, and YLC, implemented a pilot study focused on 21 foster youth in relative care who were enrolled in a regular program in 7<sup>th</sup> - 9<sup>th</sup> grade within FUSD and who had an average GPA of 2.0 or below. Its purpose is to demonstrate that academic improvement will occur as a result of increased support, resources, and targeted case management that an "educational team" provides. Evaluation steps include:

- Educational Staffing Assessment (ESA) Data: FUSD and DCFS personnel complete the ESA Form that includes pertinent information about each student. Quarterly statistics received from FUSD are analyzed by the DCFS

- Educational Liaison. As of August 2006, DCFS staff is in the process of drafting a report to summarize their findings (*see Available Evidence, below*).
- MSW Interns: All students in the pilot were matched with an MSW Intern from California State University, Fresno. The interns meet with each student once a month to discuss academic and other concerns. Issues are also discussed with care providers and others. The interns also offer case management services.

## **PROGRAM EVALUATION**

To verify that children in placement have educational problems beyond those experienced by their peers, DCFS selected 50 children each from family foster care, group care, and kinship care who were enrolled in FUSD, regardless of their grade level or age. FUSD then ran data on these students to identify school mobility, days enrolled and days attended, days suspended and days expelled, GPA, and reading and math scores. A significant percentage of these students were at risk for academic failure. Most children had a "solid D" GPA; the median GPA was 1.79 for children in group homes, 1.89 for children in relative placements, and 2.0 for children in foster homes. Data for children in out-of-home care were compared to children living at home who qualify for the school lunch program.

A comparison of reading, math, and language scores showed that children in out-of-home care fall in the bottom third of the overall FUSD student body. Average GPA was 1.74, and these scores decline considerably for youth as they move from middle school to high school. Children in out-of-home care attended school slightly less often than the comparison group, with variations according to the type of placement. The number of times a student changed schools was higher among children in out-of-home care. Students in out-of-home care attempted an average of 31 credits in a school year but completed only an average of 22. Suspensions were greater among students in out-of-home care, but expulsions were not significantly higher. Baseline data was developed that includes: absences; average GPA; credits attempted and earned; days enrolled and attended; school, address moves; suspensions; and California Standards Test (CTS) averages in math and English language arts. These data are gathered and grouped by student foster-care placement.

## **AVAILABLE EVIDENCE**

The Middle School Pilot study of 21 students in placement included the following information: absences; GPA; number of credits; promotion and retention; special education; suspensions; behavior; difficulties experienced; and successes or improvements. Initial data from the pilot study reveals that 71% of the youth improved their GPA. Thirty-three percent of the students are averaging a GPA of 2.0 or above. Twenty of the students were promoted and 71% had attendance of 90% or above during the school year.

## REFERENCES

- Bussiere, A. (2004) *Improving Educational Opportunities for Youth in the Child Welfare and Juvenile Justice Systems: The Fresno First Year Report and Strategic Plan*. Youth Law Center, <http://ylc.org/ImprovingEducationalOpportunitiesforYouthintheCWandJJSystems.pdf>.
- *Foster Youth Services*, Fresno County Office of Education, <http://www.fosteryouthservices.fcoe.net/>
- Fresno County Department of Children and Family Services, <http://www.fresnohumanservices.org/ChildrenandFamilyServices/default.htm>
- *Project Access*, Fresno Unified School District, <http://www.fresno.k12.ca.us/divdept/stafed/projectaccess/>

## BACKGROUND READING

- Burrell, S. (2003). Getting out of the red zone. Youth Law Center. <http://www.ylc.org/GettingOutofth%20RedZone-October2003.pdf>
- Children's Institute, California State Fresno (2005). *CHILDREN COUNT! 2002-2003 Report Card: The Well-Being of Children in Fresno County*. Developed by: Fresno County Interagency Council for Children and Families. <http://www.co.fresno.ca.us/0122/assets/documents/reports/ChildrenCount02-03.pdf>



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **It's My Life: Postsecondary Education and Training (A Guide Series for Transition Services) (an emerging practice)**

#### **BRIEF OVERVIEW**

The importance of postsecondary education or training to a successful adulthood is clear. In addition to personal benefits such as improved self-worth and confidence, there are economic advantages. An August 2006 Department of Labor report, *America's Dynamic Workforce*, <http://www.dol.gov/asp/media/reports/workforce2006/>, highlights the current make-up and trends in the labor force. It provides key evidence of the importance of post-secondary education in decreasing the unemployment rate and increasing wages for employees. In 2005, individuals with a college degree working full-time earned a median of \$430 more a week (\$22,360 a year) than those with a H.S. diploma and no college experience. An even greater disparity exists -- \$640 a week -- between those with a college degree and those without a H.S. diploma. Individuals with at least some college or an Associates' degree earned a median of \$87 more a week (\$4,454 a year) than those with only a H.S. diploma, and a median of \$261 a week (\$13,572 a year) than individuals without a H.S. diploma.

Youth who enroll in higher education typically follow a series of steps: they develop aspirations for more education, engage in academic preparation, research and assess postsecondary options, take entrance exams, apply for admission and financial aid, and enroll. Students who start preparing for postsecondary education late in their high school careers, as is the case with many youth in foster care, are at a disadvantage but should not be discouraged from pursuing postsecondary education. In fact, the average age of college students continues to increase, and strategies and resources are also available for these students.

In 2001 Casey Family Programs—working with young people in foster care, alumni of care, families, and other stakeholders—published *It's My Life*, a framework to develop services for young people preparing to make the transition from foster care to successful adulthood. Based on the belief that the domains of our lives are interconnected, this framework promotes a holistic approach to transition services. The

*It's My Life* series of guides build on that framework, offering specific strategies, tactics, and resources for youth and the adults who guide and support them. ***It's My Life: Postsecondary Education and Training*** (2006) is a valuable resource for educators, counselors, and child welfare professionals who work with youth of transition age. It follows ***It's My Life: Housing***, published in 2005 and ***It's My Life: Employment***, published in 2004. Published volumes are available online (see *Resources* below).

***It's My Life: Postsecondary Education and Training*** is a 176-page guide recommending practical strategies and resources for working with young people to help them prepare for postsecondary education/training and to promote successful completion. The guide provides:

- a wealth of links to online resources on preparation, study skills, financial aid, and student housing;
- a comprehensive guide to standardized tests;
- a step-by-step plan for applying for financial aid;
- resources for students with special needs;
- checklists for students in each secondary grade level; and
- retention strategies focusing on underrepresented students.

Based on research, the guide offers eight recommendations for helping young people begin and succeed in postsecondary programs. Numerous strategies and resources are provided for each of the eight recommendations:

- Foster high postsecondary aspirations.
- Encourage long-term educational and career planning.
- Stress rigorous academic preparation.
- Support students in taking standardized tests.
- Support students in choosing, applying for, and enrolling in postsecondary education.
- Help students obtain adequate financial aid.
- Engage young adults who have missed out on postsecondary preparation.
- Help students adjust to and complete their college program.

Data show that students who begin planning for postsecondary education as early as 8th grade are much more likely to enroll in higher education. To prepare adequately, students must follow certain prescribed time sequences and deadlines. For example, they must complete the first year of algebra in time to take three more years of high school math; ACT and SAT tests must be taken on given dates; and college and career and technical program applications all have deadlines for submission. Even if it is not possible to start this process in middle school, it is important to focus on the same elements: academic preparation; test preparedness; information about postsecondary options; and guidance and coaching towards enrollment. With this in mind, the guide provides a general timeline and yearly checklists, beginning in 7<sup>th</sup> grade, for preparing students for postsecondary education. Each activity in the checklists is keyed by page

number to the strategies in the guide giving the information needed to accomplish the activities. The checklists include specific activities for students with disabilities.

## IMPLEMENTATION ESSENTIALS

*It's My Life: Postsecondary Education and Training* can be downloaded for free from the Casey Family Programs website:

[www.casey.org/Resources/Publications/IMLPostsecondaryEd.htm](http://www.casey.org/Resources/Publications/IMLPostsecondaryEd.htm).

Many resources in this Guide can be found on the Internet. However, the Guide stresses the importance of ensuring that young people are Internet savvy before suggesting that they use such sites. They need to be aware that suggestions to visit sites for free information are not endorsements for products and services sold there and to use caution in divulging personal information and adequate safeguards when making personal contacts through the Internet. The Guide cautions about the importance of keeping an eye out for scholarship and financial aid scams, noting that companies that guarantee free money for tuition or require payment for scholarships are probably not credible (see "Be aware of scholarship scams!" on page 113). The Guide lists some resources for teaching young people about Internet safety and security including:

- Safe Teens, [www.safeteens.com](http://www.safeteens.com)
- Get Net Wise, [www.getnetwise.com](http://www.getnetwise.com)
- Internet Safety 101, [www.about.com](http://www.about.com) [Click *Parenting & Family*, then click *Family Internet*. Under *Essentials*, click *Online Safety Tips*.]

For those primarily interested in helping young people find funding sources for college or vocational training, a 30-page *It's My Life: Financial Aid Excerpt* can be downloaded from the Casey site, <http://www.casey.org/NR/rdonlyres/92960D67-DDA4-4E50-9E4F-D52315D55D45/848/IMLFinancialAid.pdf>. This excerpt includes a financial aid checklist of activities to complete every year, starting in 9<sup>th</sup> grade. It also provides information about the John H. Chafee Foster Care Independence Program (Chafee IL Program) and the Chafee Education and Training Voucher (ETV) Program—two important federal resources for supporting the education needs of youth in foster care and youth formerly in foster care.

## PROGRAM EVALUATION

An evaluation of the *Postsecondary Education and Training* guide has not been conducted to date.

## AVAILABLE EVIDENCE

The eight recommendations in this Guide are based on research on access to postsecondary education for under-represented youth in general and on research and practice with youth in foster care.

Youth in foster care face many educational challenges during their K–12 schooling. Their placements change, and home support for education may be unavailable. They move from school to school, their attendance at school may be inconsistent, and they often experience interference from emotional and mental health issues. These difficulties are reflected in the lower grades and standardized test scores that they, on average, earn. Numerous studies show higher dropout rates as well, with a recent study finding that only 56.3 percent of students in foster care in the study earned a high school diploma (Pecora, Kessler, Williams, et al, 2005). These outcomes, and the academic challenges that underlie them, call for focused, long-term educational support beginning in middle school.

Statistics on postsecondary educational outcomes for youth formerly in foster care are also cause for concern. In general, only about 55 percent of all students entering college receive a degree, but these figures are even lower for students of color, first-generation college students, and students without parental support (Venezia et al, 2003). By way of contrast, in a recent study of youth who had been in public and private care in Washington and Oregon, by the age of 25 only 1.8 percent had completed a bachelor's degree (Pecora et al, 2005). These young adults are coping with the combined stresses of living on their own and adjusting to higher education without the support systems of home and family. Many are coping with financial worries, childcare needs, mental health issues, and even such specific concerns as where they are going to stay during school vacations. On top of these concerns, many students from foster care enter college with barely adequate academic or study skills and with a negative sense of their own abilities—the sense that “college is not for foster kids.

## RESOURCES

- *Gaining early awareness and readiness for undergraduate programs (GEAR UP)* [Discretionary grant program designed to increase the number of low-income students prepared to enter and succeed in postsecondary education.]  
<http://www.ed.gov/programs/gearup/index.html>
- *It's My Life: Employment* (Casey Family Programs 2004),  
<http://www.casey.org/Resources/Publications/ItsMyLifeEmployment.htm>
- *It's My Life: Financial Aid Excerpt* (Postsecondary Education and Training),  
<http://www.casey.org/NR/rdonlyres/92960D67-DDA4-4E50-9E4F-D52315D55D45/848/IMLFinancialAid.pdf>
- *It's My Life: Housing* (Casey Family Programs 2005),  
<http://www.casey.org/Resources/Publications/ItsMyLifeHousing.htm>

- *It's My Life: Postsecondary Education and Training* (Casey Family Programs 2006), [www.casey.org/Resources/Publications/IMLPostsecondaryEd.htm](http://www.casey.org/Resources/Publications/IMLPostsecondaryEd.htm)
- *Transition to Higher Education Initiative* (focusing on connecting out-of-school youth ages 16-24 to higher education) <http://nyec.modernsignal.net/page.cfm?pageID=142>
- *TRIO Programs* [Educational opportunity outreach programs designed to motivate and support students from disadvantaged backgrounds.] <http://www.ed.gov/about/offices/list/ope/trio/index.html>

## BACKGROUND READING

- Alssid, J., Gruber, D., & Mazzeo, C. (2000). *Opportunities for expanding college bridge programs for out of school youth*. Brooklyn, NY and San Francisco, CA: Workforce Strategy Center.
- Horn, L. (1998). *Confronting the odds: Students at risk and the pipeline to higher education*. Washington, DC: National Center for Education Studies.
- Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A., English, D., White, J., Hiripi, E., White, C., Wiggins, T., & Holmes, K. (2005). *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs.
- Venezia, A., Kirst, M., & Antonio, A. (2003). *Betraying the college dream: How disconnected K-12 and postsecondary education systems undermine student aspirations* (Final report from Stanford University's Bridge Project). Palo Alto, CA: Stanford University.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **Legislative Approaches for Promoting Educational Success of Foster Children (emerging practices)**

#### **BRIEF OVERVIEW**

Recognizing that foster care placement often results in educational disruption many states have adopted legislation that provides protections and agency mandates to ensure effective educational opportunities for these children. Numerous studies have confirmed that children in foster care experience higher rates of grade retention, lower scores on standardized tests, and higher drop-out rates than children in general<sup>3</sup>. California's "AB 490" (described elsewhere in this *Step*) is one successful state effort to address these issues. This Tool assesses several states' laws against key elements in the McKinney-Vento Homeless Assistance Act.

#### **IMPLEMENTATION ESSENTIALS**

The McKinney-Vento Homeless Assistance Act (<http://www.naehcy.org/mvact.doc>) lists the following elements as critical to improving educational access and school stability for homeless children and youth population, including, but not limited to, the following:

- the right to remain in the school of origin;
- transportation provisions to the school of origin;
- immediate enrollment when a change in placement precipitates a school transfer;
- expedited record transfer between the sending and receiving school; and
- the designation of a foster care liaison.

---

<sup>3</sup> Cheryl Smithgall, et al. Educational Experiences of Children in Out-Of-Home Care. Chicago, IL: Chapin Hall Center for Children at the University of Chicago, 2004.

*See also*, Foster, Michael E. and Elizabeth J. Gifford. "The Transition to Adulthood for Youth Leaving Public Systems," On the Frontier of Adulthood, eds. Richard A. Settersten, Jr., Frank F. Furstenberg, Jr., and Ruben G. Rumbaut. Chicago, IL: The University of Chicago Press, 2005.

This federal law requires states to ensure that each homeless child or child of a homeless individual has access to the same free public education as other children and youths. It also intends to allow homeless children or a child of a homeless individual to have an equal opportunity to meet the same state student academic standards to which all students are held.

## PROGRAM EVALUATION

This Tool takes reviews several states' laws to assess whether they address the five key McKinney-Vento elements. There are no specific data or studies available documenting the impact of the following statutory schemes.

### Arizona (enacted 2001)

Amending Title 15: Education, Chapter 8: School Attendance

(<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=15>)

- **Right to Remain in School of Origin.** The statute does not mention the right to remain in school of origin. However, a recent publication entitled *What Arizona Schools Need to Know about Children in Care* references the McKinney-Vento Act stating that eligible children in foster care have a right to remain in their school of origin.
- **Transportation.** As determined in McKinney-Vento, local education agencies must provide children experiencing homelessness with transportation to and from their school of origin.
- **Immediate Enrollment.** Schools should make every effort to immediately enroll foster children, even if the foster child is unable to produce records, including immunization, normally required for school attendance.
- **Expedited Record Transfer.** School records for foster children must be requested from the previous school within five school days of enrollment. The previous school must forward the records of foster children within 10 school days of the request.
- **Foster Care Liaison.** All school districts must designate a staff person as the homeless youth education liaison. This liaison also has specific duties that must be completed for every incoming foster child in the district.

### Arkansas (enacted 2005)

Arkansas Code Title 9, Chapter 27, Subchapter 1,

(<http://www.arkleg.state.ar.us/ftproot/bills/2005/public/HB1710.pdf>) amended to include *An Act to Ensure the Continuity of Educational Services to Foster Children*

- **Right to Remain in School of Origin.** Foster children should remain in their school of current enrollment unless the court finds it is not in the child's best interest or it conflicts with other provisions of current laws excluding residency requirements.

- **Transportation.** School districts, to the extent reasonable and practical, are encouraged to work out a plan for transportation to enable foster children to remain in their current school.
- **Immediate Enrollment.** The new school must immediately enroll the foster child even if the foster child is unable to provide required records including, but not limited to, academic records, medical records, or proof of residency.
- **Expedited Record Transfer.** The previous school shall provide all relevant school records to the new school within 10 days of receipt of request.
- **Foster Care Liaison.** Every school district shall identify a foster care liaison who shall: ensure and facilitate the timely enrollment of foster children; ensure the transfer of credits, grades, and other relevant records; and expedite the transfer of records when a foster child changes school placement.

### Delaware (enacted 2005)

Title 14, §202(c) amended: *An Act to Amend Title 14 of the Delaware Code Relating to Public School Attendance of Foster Children.*

(<http://www.legis.state.de.us/LIS/LIS143.NSF/vwLegislation/HB+279?Opendocument>)

This law provides that all foster children “shall attend school in accordance with the McKinney-Vento Homeless Education Assistance Act” and explicitly defines the McKinney Vento words “awaiting foster care placement” to include all children in foster care.

- **Right to Remain in School of Origin.** Mc-Kinney-Vento gives the child to right to remain in his school of origin.
- **Transportation.** McKinney Vento requires the state and its local educational agency to provide transportation to and from the school of origin.
- **Immediate Enrollment.** McKinney-Vento requires a school to immediately enroll a foster child, even if the child is unable to produce records normally required for enrollment, including but not limited to, academic records, medical records, or proof of residency.
- **Expedited Record Transfer.** There is no provision for expedited record transfer. The new school must call the previous school and request the records; the previous school must comply with the request.
- **Foster Care Liaison.** There is no provision for a foster care liaison.

### Florida (enacted 2004)

Amending §20.19, F.S., *An Act relating to foster care services and creating §39.0016 entitled Education of abused, neglected and abandoned children,*

([http://election.dos.state.fl.us/laws/04laws/ch\\_2004-356.pdf](http://election.dos.state.fl.us/laws/04laws/ch_2004-356.pdf))

This legislation requires interagency agreements between school systems and child welfare agencies designed to provide educational access for foster children and facilitate information sharing. The agreements shall include, but are not limited to, the following:



- **Right to Remain in School of Origin.** The law provides for continuing the enrollment of the foster child in the school of origin, if possible, with the goal of avoiding disruption to education.
- **Transportation.** The law requires determining whether transportation is available when it is needed to avoid a school change and assess the availability of federal, charitable, or grant funding for such transportation.
- **Immediate Enrollment.** No provision for immediate enrollment is included.
- **Expedited Record Transfer.** No provision for expedited record transfer is included but the law does call for the agreements to establish a protocol for information sharing between the school district and the child welfare agency.
- **Foster care liaison.** No provision for a foster care liaison is included.

**Maine (enacted 2005)** Amended *policies* of the Maine Department of Health and Human Services [DHHS]

([http://www.maine.gov/education/speced/kmcc/transfer\\_policy.rtf](http://www.maine.gov/education/speced/kmcc/transfer_policy.rtf))

- **Right to Remain in School of Origin.** When children come into custody, every effort will be made to place them within their own school district. If a placement is not available, every effort will be made to place them near their school district and, under a superintendent's agreement, allow them to continue to attend his school of origin for the remainder of the current school year.
- **Transportation.** School district staff and the child's surrogate parent will work together to arrange transportation for the child to attend his school of origin through the end of the current school year.
- **Immediate Enrollment.** No provision for immediate enrollment. Policies state that "children should not be enrolled in school without at least one day's notice to the school."
- **Expedited Record Transfer.** The DHHS caseworker will "contact the prior school as soon as the caseworker knows that the child will be leaving that school to request that the child's records be immediately sent to the new school that the child will be attending."
- **Foster Care Liaison.** Each school district has a liaison referred to as the KMCC Liaison (Keeping Maine's Children Connected Liaison). The KMCC liaison will either work with the DHHS caseworker directly or identify a person who can work with the caseworker to ensure that the transition for the child to the new school is made as smoothly as possible.

**Maryland (enacted 2005)**

Amending the following statutes: 2-206, 8-501-506: *Education - Children in State-Supervised Care – Transfer of Educational Records*

(<http://mlis.state.md.us/2005rs/billfile/sb0426.htm>)

“It is the intent of the General Assembly that the State promote the education and well-being of children in state-supervised care by facilitating: (1) the prompt enrollment of children in state-supervised care in an appropriate public school...; and (2) the prompt transfer of the educational records of children in state sponsored care...”

- **Right to Remain in School of Origin.** No provision for is made to remain in school of origin.
- **Transportation.** No provision for transportation is included.
- **Immediate Enrollment.** Not explicitly mentioned except in purpose clause (see above). It does specify that the child welfare agency shall provide notice to the receiving school regarding the enrollment or imminent enrollment of a child in state-supervised care. Within two days after receiving said notice, the receiving school must request in writing the records from the sending school.
- **Expedited Record Transfer.** After receiving notice of the imminent enrollment from the receiving school, the sending school shall immediately inform the receiving school orally of the grade level in which the child was enrolled and the status of the child under the Federal Rehabilitation Act or under the Individuals with Disabilities Education Act. Within 3 school days of receipt of notice from the receiving school, the sending school shall send by mail or transmit electronically the academic and immunization records of the child, if applicable, the Individualized Education Program or Section 504 Plan, and the most recent assessment of the child.
- **Foster Care Liaison.** No provision for foster care liaison is included.

### **New Hampshire (enacted 1998/2001)**

Amending Chapter 193:28 Right of Attendance

<http://www.gencourt.state.nh.us/rsa/html/XV/193/193-27.htm>

<http://www.gencourt.state.nh.us/rsa/html/XV/193/193-28.htm>

<http://www.gencourt.state.nh.us/rsa/html/XV/193/193-29.htm>

<http://www.gencourt.state.nh.us/rsa/html/XV/193/193-30.htm>

- **Right to Remain in School of Origin.** “Whenever any child is placed is placed by the department of health and human services, that child shall be entitled to attend the school district that the child attended prior to placement, if continuing in the same school district is in the best interests of the child as determined by the court [and] if the home is within a reasonable distance of the school attended.”
- **Transportation.** A child can remain in school of origin as outlined above if suitable transportation can be arranged without imposing additional transportation costs on a school district or the department of health and human services.
- **Immediate Enrollment.** No provision for immediate enrollment is included.
- **Expedited Record Transfer.** No provision for expedited record transfer is included.
- **Foster Care Liaison.** No provision for foster care liaison is included.

### **Oregon (enacted 2005)**

ORS 326.575, 339.133 and 419B.192 amended: *An Act relating to education of children living in substitute care programs.*

(<http://www.leg.state.or.us/05reg/measpdf/hb3000.dir/hb3075.en.pdf>)

- **Right to Remain in School of Origin.** The child may remain in the school of origin if the juvenile court determines that it is in the child's best interest.
- **Transportation.** The public agency that has placed the child shall be responsible for providing the child with transportation; however, this obligation is limited to the availability of designated funds.
- **Immediate Enrollment.** No provision for immediate enrollment.
- **Expedited Record Transfer.** When children in foster care change schools, the new school has five days to request records and the previous district has five days to send records. This modifies a previous law that allowed the sending and receiving school 10 days each.
- **Foster Care Liaison.** No provision for foster care liaison.

### **Pennsylvania (proposed 2004)**

Amending Chapter 11 relating to pupil attendance, (<http://www.elc-pa.org/pubs/downloads/english/dis-statebd-ofedu-proposedrulemaking-pupilattendance-chapt-11.pdf#search=%2222%20PA%20Code%20Ch.11%22>)

The intent is to "establish consistent student enrollment procedures across the Commonwealth" and "to limit delays in student enrollment" for those in foster care and others who relocate frequently throughout the school year.

- **Right to Remain in School of Origin.** No provision for right to remain in school of origin.
- **Transportation.** No provision for transportation.
- **Immediate Enrollment.** A school district shall normally enroll a child the next business day, but no later than five business days from application. The school district has no obligation to enroll a child until the person having control or charge of the student applying has supplied proof of the child's age, residency, and immunizations as required by law.
- **Expedited Record Transfer.** School districts receiving requests for educational records shall forward the records within five business days of receipt of the request.
- **Foster Care Liaison.** No provision for foster care liaison.

### **Texas (enacted 2003)**

Subchapter B, Chapter 264, Family Code, is amended by adding Section 264.113

(<http://www.capitol.state.tx.us/cgi-bin/tlo/textframe.cmd?LEG=78&SESS=R&CHAMBER=H&BILLTYPE=B&BILLSUFFIX=01050&VERSION=5&TYPE=B>)

- **Right to Remain in School of Origin.** “If the department takes possession of a child under Chapter 262 during the school year, the department shall ensure the child returns to school not later than the third school day after the date an order is rendered....”;
- **Transportation.** No provision for transportation.
- **Immediate Enrollment.** A school district shall accept a child for enrollment in a public school without documentation normally required if the child is in the custody of the department.
- **Expedited Record Transfer.** No provision for expedited record transfer.
- **Foster Care Liaison.** No provision for foster care liaison.

### Virginia (enacted 2005)

*An Act to amend and reenact §§22.1-289 and 63.2-900 of the Code of Virginia and to add a section 22.1-3.4 relating to school enrollment of children placed in foster care.*  
<http://leg1.state.va.us/cgi-bin/legp504.exe?051+ful+SB1006ER>

- **Right to Remain in School of Origin.** Sending and receiving schools may agree to allow the child to continue to attend the school in which he was enrolled prior to placement, upon the agreement of the social services agency that such attendance is in the best interests of the child.
- **Transportation.** No provision for transportation.
- **Immediate Enrollment.** The child shall be immediately enrolled even if unable to produce the required documents. The person enrolling the child shall provide a written statement setting forth the child’s age and, to the best of his knowledge, that the child is in good health and in compliance with other state requirements for enrollment. The placing social services agency shall obtain and produce or otherwise ensure compliance with standard requirements for enrollment within 30 days of the child’s enrollment.
- **Expedited Record Transfer.** Upon receiving notice of a foster care placement of a student across jurisdictional lines, the sending school and the receiving school shall expedite the transfer of the student’s scholastic record.
- **Foster Care Liaison.** No provision for a foster care liaison.

### Washington (enacted 2002/2003)

Adding new sections to chapter 74.13 RCW: *An Act relating to coordinated service and education planning for children in out-of-home care*  
<http://www.leg.wa.gov/pub/billinfo/2003-04/Pdf/Bills/House%20Bills/1058-S.pdf>

- **Right to Remain in School of Origin.** It is the policy of the state of Washington that, whenever practical and in the best interest of the child, children placed into foster care shall remain enrolled in the schools they were attending at the time they entered foster care.
- **Transportation.** No provision for transportation.

- **Immediate Enrollment.** No provision for immediate enrollment.
- **Expedited Record Transfer.** No provision for expedited record transfer.
- **Foster Care Liaison.** No provision for foster care liaison.

## AVAILABLE EVIDENCE

There is considerable evidence that addressing all five of these elements is critical for improving the educational success of children in foster care.

The **Northwest Foster Care Alumni Study** collected data from case records and interviews with alumni of foster care programs in Washington and Oregon to explore the link between foster care services and later mental health status, educational achievement, employment, and financial stability. The findings revealed that more than half of the alumni had mental health problems, including post-traumatic stress disorder, major depression, and social phobia. Although most of the former foster youth completed their high school education, fewer than 2% held a bachelor's degree. Approximately one-fourth of the study participants reported being homeless for at least one day and one-third had incomes at or below the poverty level. These rates are higher than the general population. Recommendations for improving outcomes focus on increasing access to mental health assessment and treatment while in care, encouraging post-secondary education, reducing school transfers during foster care, enhancing life skills development, and helping youth to build supportive relationships. A summary of the study is available online: *Improving family foster care: findings from the Northwest Foster Care Alumni Study*. Casey Family Programs. (2005).

[http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/301/nw\\_alumni\\_study\\_sum\\_apr2005.pdf](http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/301/nw_alumni_study_sum_apr2005.pdf)

***The Educational Status of Foster Children***, (Courtney, M.E., et al (2004))

[http://www.chapinhall.org/article\\_abstract.aspx?ar=1377&L2=61&L3=130](http://www.chapinhall.org/article_abstract.aspx?ar=1377&L2=61&L3=130),

is an issue brief based on two recent Chapin Hall studies: one of youth aging out of the child welfare system in Illinois, Wisconsin, and Iowa; and the other of Chicago Public School (CPS) students in out-of home care. It describes findings from the studies on the educational status of children and youth in out-of home care and examines some of the challenges confronting child welfare and educational systems in their attempts to develop strategies to work together more productively to improve educational outcomes for these children.

## RESOURCES AND BACKGROUND READING

- Bay Area Social Services Consortium (April 2001). *Education for Foster Children: Removing Barriers to Academic Success*. Center for Social Services Research School of Social Welfare, University of California, Berkeley.  
<http://cssr.berkeley.edu/bassc/pdfs/EDUfc.pdf>
- Christian, S. (2006). *Educating Children in Foster Care*. National Conference of

- State Legislatures. <http://www.ncsl.org/programs/cyf/CPleducate.htm>
- Finkelstein, M., Miranda, D., & Wamsley, Mark. (July 2002). *What Keeps Children in Foster Care from Succeeding in School?* Vera Institute of Justice. [http://www.vera.org/publication\\_pdf/169\\_280.pdf](http://www.vera.org/publication_pdf/169_280.pdf)
  - Burrell, S. (2003). *Getting Out of the Red Zone*. Youth Law Center. <http://www.ylc.org/GettingOutofth%20RedZone-October2003.pdf>
  - Shea, N., Weinberg, L. & Zetlin, A. (May 2006). *Helping Your Child Succeed in School: An Education Handbook for Parents and Caregivers of Children and Youth in the Foster care System*. Mental Health Advocacy Services, Inc. [http://www.acoe.k12.ca.us/acoe\\_docs\\_spas/Parent\\_Ed\\_Handbook\\_May\\_2006.pdf](http://www.acoe.k12.ca.us/acoe_docs_spas/Parent_Ed_Handbook_May_2006.pdf)
  - The Child and Family Service Review (CFSR), a federal oversight process in effect since March 2000 (<http://www.childwelfare.gov/systemwide/service/cfsr/overview.cfm>), has designated meeting foster children's educational needs a critical "well-bring" outcome on which state systems will be evaluated. The CFSR serves as means by which to hold states accountable for achieving outcomes in several areas of child welfare, including educational needs. Once states are given their assessments, it is their responsibility to enact any changes necessary in order to comply with the CFSR recommendations to improve child welfare systems statewide.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 6. Children in the Child Welfare System***

### **Linking the Interests of Families and Teachers (LIFT) (a promising practice)**

#### **BRIEF OVERVIEW**

Linking the Interests of Families and Teachers (LIFT) is a research-based intervention program (for all children) designed to prevent the development of aggressive and antisocial behaviors in children within the elementary school setting (particularly first and fifth graders). The program seeks to reach at-risk children as early as possible to prevent antisocial behavior such as conduct problems and alcohol/drug use.

LIFT has components for working with the students as well as helping parents develop positive parenting practices. The overall goal of the program is to decrease antisocial behavior while increasing pro-social behavior.

#### **IMPLEMENTATION ESSENTIALS**

LIFT is a 10-week intervention consisting of three components:

- a classroom-based social and problem-solving skills training for children;
- a playground-based behavior-modification program; and
- a parent education (group-delivered training described below) and communication program (including a weekly newsletter and classroom phone/answering machines for parents to receive a daily message about class activities and homework, and leave short messages for the teacher).

Targeted skills include opposition, deviance, and social ineptitude.

The **classroom component** consists of 20 one-hour sessions designed to be taught over a 10-week period. Each session is taught using the same format: lecture and role play, structured group skills practice, unstructured free play, and skills review and daily rewards. Older students have an additional study skills component.

The **playground component** incorporates reinforcement of positive problem-solving skills and encourages students to suppress negative behaviors by rewarding students when they exhibit desirable behavior on the playground.

**Parental component.** LIFT works with parents to develop positive parenting practices, which include disciplining and monitoring. It teaches parents how to create a home environment that fosters ongoing practice of good discipline and supervision. The parental component is presented, either after school or in the evenings, through a series of two-hour sessions over a six-week period at the child's school. Parents meet in groups of 10 to 15 families. Each session incorporates a review of the results from home practice exercises, a lecture, discussion and role plays of issues for the current week, and a presentation of home practice exercises for the following week. To encourage attendance, free child care is provided and prize drawings are held. When a parent is unable to attend a meeting, LIFT staff makes contact by either meeting with the parent at home or providing packets containing information from the missed session.

Curricula, instructions to trainers, videotapes, and handouts are available for classroom and parent components.

## PROGRAM EVALUATION

- Blueprints for Violence Prevention (promising practice).  
<http://www.colorado.edu/cspv/blueprints/promising/programs/BPP09.html>
- Safe, Disciplined, and Drug-Free Schools (promising practice).  
[http://www.ed.gov/admins/lead/safety/exemplary01/report\\_pg3.html](http://www.ed.gov/admins/lead/safety/exemplary01/report_pg3.html)
- SAMHSA Model Programs (promising practice).  
[http://www.modelprograms.samhsa.gov/template\\_cf.cfm?page=promising&pkProgramID=126](http://www.modelprograms.samhsa.gov/template_cf.cfm?page=promising&pkProgramID=126)
- Youth Violence: A Report of the Surgeon General (Promising Level 2 - risk prevention).  
<http://www.surgeongeneral.gov/library/youthviolence/chapter5/appendix5b.html#LIFT>
- *See also:* <http://www.personal.psu.edu/dept/prevention/LIFT.htm>

In short-term evaluations, LIFT decreased children's physical aggression on the playground (particularly children rated by their teachers as most aggressive at the start of the study), increased children's social skills, and decreased aversive behavior in mothers rated most aversive at baseline, relative to controls. Three years after participation in the program, 1st-grade participants had fewer increases in attention-deficit disorder-related behaviors (inattentiveness, impulsivity, and hyperactivity) than controls. At follow-up, 5th-grade participants had fewer associations with delinquent peers, were less likely to initiate patterned alcohol use, and were significantly less likely than controls to have been arrested.



## AVAILABLE EVIDENCE

An evaluation of the program's influence on delinquent behavior of the 600 first and fifth graders showed that families who participated in LIFT demonstrated greater improvements in problem-solving and conflict resolution skills than families who did not participate. Additionally, the students who involved in the LIFT program had lower levels of adolescent aggression during peer interaction and were seen as being less aggressive towards peers by teachers. In the three years following participation in the program, LIFT students were less likely to show an increase in severity in teacher-reported problem behaviors.

An experimental study found socially withdrawn youth who participated in LIFT showed lower levels of social avoidance than similar youth who did not participate in the program. A second study also showed that youth who participated in LIFT were more likely to initiate social interactions with peers.

**Program Outcomes:** Immediate post-test results of LIFT indicate significant changes in each targeted area of child and parent behaviors. There was a decrease in physical aggression on the playground for children who were participants in LIFT, with a dramatic decrease for the children who had been deemed most aggressive at pre-test. The mothers who displayed the highest pre-intervention levels of aversive behaviors showed the largest reductions when compared to non-participating mothers. Teachers indicated increases in positive social skills and classroom behaviors for the students who had participated in LIFT. Overall, LIFT participation enabled students and parents to make significant changes in individual behavior and home environment.

## RESOURCES

- **Contact for more information:**

J. Mark Eddy  
Linking the Interests of Families and Teachers  
Oregon Social Learning Center  
160 East 4th Ave., Eugene, OR 97401  
Phone: 541-485-2711  
E-mail: [marke@oslc.org](mailto:marke@oslc.org)  
Web site: <http://www.oslc.org/>

## BACKGROUND READING

- *Disability Awareness: A Guidebook for Families and Educators* (2<sup>nd</sup> Edition). PACER Center. (2001). Available for purchase for \$15 from PACER.  
<http://www.pacer.org/publications/cmi.htm>

- Eddy, J.M., & Reid, J.B., & Fetrow, R.A. (2000, Fall). An Elementary School-Based Prevention Program Targeting Modifiable Antecedents of Youth Delinquency and Violence: Linking the Interests of Families and Teachers (LIFT). *Journal of Emotional and Behavioral Disorders*, 8(3), 165-176.
- Hair, E.C., Jager, J., & Garrett, S.B. (2001). *Background for Community-level Work on Social Competency in Adolescence: Reviewing the Literature on Contributing Factors*. Washington, DC: Child Trends. Available at <http://www.childtrends.org/files/KSocialES.pdf>
- Hair, E.C., Jager, J. & Garrett, S.B. (2002) *Helping Teens Develop Healthy Social Skills and Relationships: What the Research Shows about Navigating Adolescence*. Washington, DC: Child Trends. Available at <http://www.childtrends.org/Files/K3Brief.pdf>
- Ralph, A., Hogan, S.J., Hill, M., Perkins, E., Ryan, J., & Strong, L. (1998). Improving Adolescent Social Competence in Peer Interactions using Correspondence Training. *Education & Treatment of Children*, 21(2), 171-194. Available at: [http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=EJ573521&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectId=0900000b80012239](http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=EJ573521&ERICExtSearch_SearchType_0=eric_accno&objectId=0900000b80012239)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~~~~~

## ***Step 6. Children in the Child Welfare System***

### **MYTHBUSTING**

#### **Breaking Down Confidentiality and Decision-Making Barriers to Meet the Education Needs of Children in Foster Care (emerging practices)**

##### **BRIEF OVERVIEW**

Debunking the myth that rules, laws, and policies governing confidentiality prevent beneficial collaborative information sharing is the goal of ***Mythbusting: Breaking Down Confidentiality and Decision-Making Barriers to Meet the Education Needs of Children in Foster Care***. While child welfare personnel and educators are anxious to engage in collaborative efforts to bolster educational outcomes for foster youth, misinformation relating to issues of confidentiality and their respective professional roles often hampers these good intentions. This confusion is manifested in a variety of ways. Each group of professionals often hides behind a cloak of confidentiality, claiming not to be able to share information about a particular child in foster care. Teachers become confused about whether an agency social worker, foster parent, or child's attorney has authority to represent the child at educational meetings, or receive his grades, sign releases, etc. School personnel are often reluctant to share information with their peers about a foster child due to a misguided fear that they might be violating the privacy rights of the child or his family. Child welfare professionals also become inhibited in sharing details of a child's past out of fear emanating from an erroneous belief that they may be illegally divulging "confidential" information.

Ironically, at times the reverse scenario occurs. Educators and child welfare professionals indiscriminately exchange too much information about a foster youth, or his traumatic family background, failing to safeguard any privacy rights of the child or his family. Psychological evaluations performed solely for court purposes can find their way into school files.

These scenarios underscore the need for professionals to gain a clearer understanding of the laws and the legal parameters around information sharing. ***Mythbusting: Breaking Down Confidentiality and Decision-Making Barriers to Meet the Education Needs of Children in Foster Care***, written by Kathleen McNaught, an attorney with the American Bar Association, Center on Children and the Law (February 2006), is an excellent tool that can be used to demystify the barriers that interfere with such collaboration. Its purpose is to: outline specific myths under which child welfare, education professionals, foster parents, parents and youth operate; clarify the law in this area and then showcase particular statutes or promising programs which have been developed to address these hurdles.

***Mythbusting*** outlines rights under the five pertinent federal statutes:

- the Family Educational Rights and Privacy Act (FERPA);
- the Child Abuse Prevention and Treatment Act (CAPTA);
- the Adoption Assistance and Child Welfare Act (AACWA);
- the McKinney-Vento Act; and
- the Individuals with Disabilities Education Act (IDEA).

Available on line

(<http://www.abanet.org/child/rcjji/education/caseyeducationproject.pdf>), ***Mythbusting*** is an invaluable tool to decipher the confusing maze of rules that govern appropriate information sharing. It is important to add a cautionary note, however, that its usefulness will be enhanced by reference to supplemental state-specific materials. In many instances, ***Mythbusting*** provides that state roadmap with easy-to-use links to state references.

## IMPLEMENTATION ESSENTIALS

### • State Statutes

While the book outlines rights under the five related federal statutes listed above, it must be read in conjunction with unique statutes and regulations in a particular state. A complete overview of state confidentiality provisions, including a list of states that allow release of information to education professionals, can be found at:

<http://nccanch.acf.hhs.gov/general/legal/statutes/confide.pdf>. See also, Foster Care/Education State Legislation Chart,

[http://www.abanet.org/child/rcjji/education/fostercareeducation\\_legislation\\_draft1.doc](http://www.abanet.org/child/rcjji/education/fostercareeducation_legislation_draft1.doc).

Each state has crafted a different response to address poor educational outcomes for foster youth. The most encompassing piece of legislation is California Assembly Bill 490. Examples have been noted previously in other sections of these *Tools*. Also see:

- <http://www.abanet.org/child/rcjji/education/ab490overview.pdf> and Oregon House Bill 3075 (2005), available at <http://www.leg.state.or.us/05reg/measpdf/hb3000.dir/hb3075.en.pdf>. Florida

- enacted House Bill 723 in 2004 (codified in §39.0016 of the Florida Statutes) to require interagency agreements between education, child welfare, and other key stakeholders and promote timely information sharing and appropriate training; available at <http://www.abanet.org/child/documents/hb723er.pdf>.
- Washington State established a law that requires child welfare agencies to access education records when requested: RCW 28A.150.510, available at <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.150.510>.

- **State Memoranda of Agreement**

Some states have formalized their collaborative efforts, including roles and responsibilities of each partner, in the form of Memoranda of Understanding or Interagency Agreements. For example:

- San Luis Obispo County (California) Interagency and Community Agreement (2005), relating to foster care in that county. (<http://www.abanet.org/child/rclji/education/sloagreement.doc>).
- Interagency Agreement Between The School Board Of Broward County (Florida) and the Department Of Children and Families (2003). [http://www.floridaschildrenfirst.org/04\\_reports/proj/Education/National/F\\_6\\_20EXEC\\_3Aagree.pdf](http://www.floridaschildrenfirst.org/04_reports/proj/Education/National/F_6_20EXEC_3Aagree.pdf).
- *See also* Evaluation Report for the 2002-2003, Interagency Agreement, <http://www.broward.k12.fl.us/dropoutprevention/DCFInteragencyEval.pdf>.

- **State Guides**

Some states and organizations have produced guides tailored for either school or child welfare audiences to clarify both the confidentiality restrictions and respective duties of each professional.

**(1) School personnel**

- Lichtenberg, L., Lee, A., Helgren, P., & Bradley, S. (Oct. 2004). *Helping Foster Children Achieve Educational Stability and Success: A Field Guide for Information Sharing*. Washington School Counselor Association. [http://www.wa-schoolcounselor.org/documents/Field\\_Guide\\_DRAFT\\_rev%5B1%5D..pdf](http://www.wa-schoolcounselor.org/documents/Field_Guide_DRAFT_rev%5B1%5D..pdf).
- Vesecky, S., Woodward, S., & Levine, A. (2005). *Foster Care Education Fact Sheets*. California Foster Youth Education Task Force. [http://humanservices.ucdavis.edu/academy/pdf/California%20FYETF%20fact\\_sheets-082205.pdf](http://humanservices.ucdavis.edu/academy/pdf/California%20FYETF%20fact_sheets-082205.pdf).

## (2) Child welfare professionals

- *Fostering student success: child welfare agency caseworker's procedures manual, 2003-2004*. Broward County, Florida. School Board. Florida. Dept. of Children and Families. ChildNet. 2003. Available at: <http://www.abanet.org/child/rcjji/education/#flo>  
Kintisch, B. & Stotland, J. (March 2004).
- *Educating Children "At Risk" : A Handbook for Caseworkers, Probation Officers and Family*. Education Law Center (Phil., PA). Available at: <http://www.elc-pa.org/pubs/downloads/english/man-children-in-placement.pdf>
- A good pamphlet for Pennsylvania residents which has synthesized both federal and state law to debunk the myths is appropriately entitled, *Common Myths About the Education of Children in Foster Care*, published by the Education Law Center (Sept. 2005). Available at: <http://www.elc-pa.org/pubs/downloads/english/fsc-foster-care-myths.pdf>.

### • State Training Materials

Recognizing that written material alone is insufficient, some jurisdictions have created training materials to ensure laws, books and pamphlets are placed by the stakeholders in an appropriate context.

- See Assembly Bill 490 Training Materials: *Ensuring Educational Rights and Stability for Foster Youth*: Assembly Bill 490. California Youth Connection, et al. <http://www.abanet.org/child/rcjji/education/ab490.html>.
- *Foster Children and Education: How You Can Create a Positive Educational Experience for the Foster Child*. Vera Institute of Justice (July 2004). [http://www.vera.org/publication\\_pdf/241\\_452.pdf](http://www.vera.org/publication_pdf/241_452.pdf).
- *Make A Difference in a Child's Life: A Manual for Helping Children and Youth Get What They Need in School*. TeamChild and Casey Family Programs (2000). <http://www.teamchild.org/manual/manual.pdf>.
- *Endless Dreams*. A video (2000) and curriculum (2005) to educate teachers about foster care. Casey Family Programs. <http://www.casey.org/Resources/Publications/EndlessDreams.htm>.
- Lichtenberg, L., Lee, A., Helgren, P., & Bradley, S. (Oct. 2004). *Helping Foster Children Achieve Educational Stability and Success: A Field Guide for Information Sharing*. Washington School Counselor Association. [http://www.wa-schoolcounselor.org/documents/Field\\_Guide\\_DRAFT\\_rev%5B1%5D\\_.pdf](http://www.wa-schoolcounselor.org/documents/Field_Guide_DRAFT_rev%5B1%5D_.pdf).

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

There has been no formal review of *Mythbusting* or any formal evaluation of its use by any particular jurisdiction. However, it has been touted as a useful resource by the National Child Welfare Resource Center on Legal and Judicial Issues, [www.abanet.org/child/rcjji/education/home.html](http://www.abanet.org/child/rcjji/education/home.html) and National Resource Center for Family-Centered Practice and Permanency Planning, [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/educaiton-and-foster-care.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/educaiton-and-foster-care.html). Studies have demonstrated that information sharing and role clarification improve outcomes for foster children. See e.g. 2003-2004 Evaluation Report for the Broward County, Florida, Interagency Agreement listed above, [http://www.broward.k12.fl.us/research\\_evaluation/Evaluations/DCFFinal5-5-04.pdf](http://www.broward.k12.fl.us/research_evaluation/Evaluations/DCFFinal5-5-04.pdf).

In 2004, JustChildren conducted an assessment of a one-day training program aimed at educating social service professionals regarding the legal rights of children under their care. Based on pre- and post-testing, the results indicate significant increases in participant knowledge; 68% of survey participants believe the program directly contributed to their efforts to improve the educational opportunities of children under their care, and these efforts led to improved academic opportunities for over 528 children and 41% said the program has helped them improve children's placement stability. See [http://www.abanet.org/child/rcjji/education/JChildren\\_Assessment\\_September\\_04.doc](http://www.abanet.org/child/rcjji/education/JChildren_Assessment_September_04.doc).

One of the key elements of *Project Achieve: A Model Project Providing Education Advocacy for Children in the Child Welfare System* (March 2005) showed that the trainings and technical assistance of educational and child welfare staff contribute to more positive educational outcomes for foster youth; see <http://www.advocatesforchildren.org/pubs/2005/projectachieve.pdf>.

## RESOURCES AND BACKGROUND READING

- Educational Stability for Children and Youth in Foster Care, 2001-Present (compiled in 2006). National Clearinghouse on Child Abuse and Neglect Information and National Adoption Information Clearinghouse. [http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/educational\\_stability.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/educational_stability.pdf).
- Education and Foster Care: Resources. National Resource Center for Family-Centered Practice and Permanency Planning. [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/education-and-foster-care.html](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/education-and-foster-care.html).
- *Education Issues*. National Child Welfare Resource Center on Legal and Judicial Issues, [www.abanet.org/child/rcjji/education/home.html](http://www.abanet.org/child/rcjji/education/home.html).
- McNaught, K.M. (2004). *Learning curves: education advocacy for children in foster care*. Washington, DC: ABA Center on Children and the Law. Available at: <http://www.abanet.org/abastore/index.cfm?section=main&fm=Product.AddToCart&pid=5490441>.

***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**STEP 7.**

**Court-Involved Youth**

- **Introduction**
- **CASASTART<sup>sm</sup>** *(a best practice)*
- **Dawn Project** *(a best practice)*
- **Educational Advocacy Program** *(a promising practice)*
- **LifeSkills<sup>TM</sup> Training (LST)** *(a best practice)*
- **Pen Or Pencil** *(an emerging practice)*
- **Strengthening Families Program (SFP)** *(a best practice)*
- **Truancy Intervention Project Georgia (TIP Georgia)** *(a promising practice)*



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 7. Court-Involved Youth***

### **Introduction\***

National data estimate that between 30% and 50% of youth in the corrections system have a special education disability. Estimates for court-involved youth with disabilities in some states range as high as 70%. There has long been speculation that youth with disabilities have a propensity towards criminal behavior. The U.S. Department of Justice (DOJ) recently expressed concern over the connection between students having disabilities and their subsequent involvement with juvenile justice settings, and has issued a call for more scholarly research to be conducted in relation to this phenomenon.

Youth with disabilities are often disproportionately represented in youth detention centers across the nation. Conservative estimates of percentages of incarcerated youth with disabilities lie somewhere in the area of 33%, but this number is still 27% higher than the national average of students with disabilities in the general population and quite likely, a severe understatement of the actual number of students with disabilities who are currently in the juvenile justice system. Students with the disability classification of emotional disturbance and behavior disorder (E/BD) appear most frequently among the ranks of incarcerated youth. In some states, this number is as high as 60% of the population. Incarcerated youth with learning disabilities account for nearly 50% of the population in other states. A majority of these students come from economically depressed backgrounds, are predominantly Black, Latino, Native American and poor, and have significant behavioral and learning problems. Additionally, these students will often have histories of neglect and physical or sexual abuse. Due to the specific and individualized needs of students with disabilities in the juvenile justice system, efforts to more effectively meet their needs should be undertaken.

---

\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

Many researchers have argued that frequent and consistent anti-social and delinquent behavior may be an indicator of an undiagnosed disabling condition. The task for juvenile courts, educators, parents, advocates, and attorneys becomes not just determining the best way to meet the needs of those students with identified disabilities, but also, how to serve the numerous other young people within the juvenile justice system with unidentified disabilities. Each of the tools presented in the following section is a method of addressing the problem of school failure and subsequent court involvement of youth with disabilities and other educational concerns.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 7. Court-Involved Youth***

### **CASASTART<sup>sm</sup>**

#### **Center on Addiction and Substance Abuse**

#### **Striving Together to Achieve Rewarding Tomorrows<sup>1</sup>**

**(a best practice)**

#### **BRIEF OVERVIEW**

**CASASTART<sup>sm</sup>** is a community-based, school-centered substance abuse and violence prevention program. Designed to keep 8-13 year-olds away from a life of crime and drugs, the program focuses on decreasing risky choice-making behavior for pre-adolescents from backgrounds that include a lack of positive social supports. The program seeks to build childhood resiliency, strengthen families, and improve school performance and attendance through coordinated efforts of schools, law enforcement, communities, social service agencies, and health agencies. This program is ideally implemented by school social workers in a public school setting.

This program is designed for children who display at least four risk factors from three broad categories:

- school risk (e.g., poor academic performance; truancy);
- family risk (e.g., extreme poverty; family violence); and
- personal risk (e.g., a serious emotional disturbance; victim of child maltreatment).

Employing a positive youth development framework, the program uses intensive case managers to provide services, directly or through referral, and also to coordinate a comprehensive menu of services. Each case manager serves 15 children and their families.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University, [www.casac.org](http://www.casac.org), began the program in 1992 (then known as *Children at Risk*). The model was tested at six sites from 1992-1995. In 1996, the model was replicated in five new sites with CASA providing training, technical assistance and oversight. In 1998, it expanded to 17

---

<sup>1</sup> **CASASTART** was developed by the National Center on Addiction and Substance Abuse (CASA) at Columbia University. CASA is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations, or any other organization with the name of "CASA."

additional sites. As of September 2006, CASA has conducted demonstration projects focused on children, families, and schools at 155 sites in 63 cities and counties in 26 states plus Washington, D.C. and a Native American tribal reservation.

*CASASTART*<sup>sm</sup> does not have a set curriculum. Each site is managed locally, and develops its own approach to designing and delivering services consistent with its needs, local culture, and setting. The core components of the program are:

- case management;
- family services;
- education services (e.g., tutoring and homework assistance);
- mentoring;
- after-school and summer activities (e.g., sports, arts programming, and life skills workshops);
- community-enhanced policy/enhanced enforcement;
- incentives (e.g., monetary and non-monetary awards); and
- juvenile justice intervention for youth involved in the court system.

Each child receives a range of wrap-around services designed to address the child's needs from a multi-systemic perspective.

## IMPLEMENTATION ESSENTIALS

**Staffing.** This program needs a part-time project manager, case managers trained or experienced in social service delivery, part-time clerical support, the cooperation of area police departments, and the active participation of designated community agencies.

**Materials.** The *CASASTART*<sup>sm</sup> 80-page field guide is needed. It can be purchased for \$50 on the CASA website. <http://www.casacolumbia.org/supportcasa/item.asp?cID=12&PID=125>.

**Training.** CASA provides training and technical assistance for new *CASASTART*<sup>sm</sup> sites. It works with new sites for a minimum of 12 days during the first year of implementation at a cost of approximately \$3,000/day.

Essential steps to creating a successful *CASASTART*<sup>sm</sup> program in a new site:

### Phase I – Setting Up

- Conduct an assessment of community needs.
- Identify a lead agency in the community (a school is ideal).
- Identify community partners.
- Identify Advisory Council members.
- Set realistic goals.

## Phase II – Implementation

- Develop a memorandum of understanding between community agencies.
- Engage additional partners as needed.
- Establish and honor confidentiality agreements.
- Begin service delivery.
- Begin CASASTART meetings.

## PROGRAM EVALUATION

*CASASTART*<sup>sm</sup> has been recognized by various agencies.

- Recognized as a “program that works” in 2005 by the Promising Practices Network.  
<http://www.promisingpractices.net/program.asp?programid=107>
- Designated a “model” program in 2002 by SAMHSA  
<http://www.modelprograms.samhsa.gov/pdfs/FactSheets/CASA.pdf#search=%22CASASTART%22> and in May 2003 by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.
- Designated an “exemplary” program in January 2001 by the U.S. Department of Education’s Expert Panel on Safe, Disciplined and Drug-Free Schools.  
<http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf#search=%22CASASTART%20%22Safe%20and%20Drug%20Free%20Schools%20Program%22%22>
- Designated a “promising” program in 2001 in the U.S. Surgeon General’s Report on Youth Violence. <http://www.surgeongeneral.gov/library/youthviolence/>
- Recognized as a “promising” violence prevention program in 2000 (updated 2006) by the Blueprints Project, Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder  
<http://www.colorado.edu/cspv/publications/factsheets/blueprints/pdf/FS-BPP04.pdf#search=%22CASASTART%20-%20S%22>, and

## AVAILABLE EVIDENCE

This program underwent an evaluation in five cities between 1992 and 1994. There was a random assignment of students to the experimental group of 338 students or a control group of 333 students. Data from a nearby neighborhood based on similar population demographics also was used as a control group.

Students who participated in the program showed increases in attachments to positive peers and adults and decreased bonds to negative peers or adults. The children also exhibited lower levels of violent offenses.

Children who have participated in this program are more likely to:

- be promoted to the next grade in school;
- have improved attachment to positive individuals and institutions; and
- have increased opportunities to achieve positive goals.

They are less likely to:

- use either 'gateway' (e.g., alcohol; tobacco) or strong drugs;
- be involved in drug trafficking;
- commit violent offenses, and
- be negatively influenced by peers or to associate with delinquent peers.

## RESOURCES

- Contact for more information:

Lawrence F. Murray, CSW  
National Center on Addiction and Substance Abuse (CASA)  
Columbia University  
633 Third Avenue, 19th Floor, New York, NY 10017  
Phone: 212-841-5200  
E-mail: [lmurray@casacolumbia.org](mailto:lmurray@casacolumbia.org)

- CASASTART<sup>sm</sup> web page  
<http://www.casacolumbia.org/absolutenm/templates/AboutCASA.aspx?articleid=203&zoneid=26>
- CASASTART<sup>sm</sup> *Field Guide: A Proven Youth Development Model that Prevents Substance Abuse and Builds Communities*. (June 2001).
  - Free downloadable copy available online.  
[http://www.casacolumbia.org/absolutenm/articlefiles/203-casastart\\_field\\_guide\\_2003.pdf](http://www.casacolumbia.org/absolutenm/articlefiles/203-casastart_field_guide_2003.pdf)
  - Hardcopy available for \$50 from the National Center on Addiction and Substance Abuse at Columbia University.  
<http://www.casacolumbia.org/supportcasa/item.asp?cID=12&PID=125>
- CASA Annual Reports  
<http://www.casacolumbia.org/absolutenm/templates/AnnualReports.aspx?zoneid=15>
- CASA Newsletters  
<http://www.casacolumbia.org/absolutenm/templates/Newsletters.aspx?zoneid=14>
- Center on Addiction and Substance Abuse (CASA) website. [www.casac.org](http://www.casac.org)

## BACKGROUND READING

### Websites

- Leadership to Keep Children Alcohol Free. <http://www.alcoholfreechildren.org>
- National Clearinghouse for Alcohol and Drug Education <http://ncadi.samhsa.gov/>
- Perspectives on Youth (POY). <http://www.perspectivesonyouth.org/> Created as a forum for those that work with youth to exchange viewpoints, research, and experiences with others that strive toward a common goal: promoting the well-being of youth.
- Safe and Drug Free Schools. <http://www.ed.gov/about/offices/list/osdfs/index.html>

## Articles

- Mathias, R. (1997). *Specialized High School Prevention Programs Target At-Risk Adolescents*. NIDA Notes. [http://www.nida.nih.gov/NIDA\\_notes/NNVol12N3/Specialized.html](http://www.nida.nih.gov/NIDA_notes/NNVol12N3/Specialized.html)
- National Center on Addiction and Substance Abuse. (Sept. 2001). *Malignant Neglect: Substance Abuse and America's Schools*. New York, NY: Columbia University. [http://www.casacolumbia.org/absolutenm/articlefiles/379-malignant\\_neglect.pdf](http://www.casacolumbia.org/absolutenm/articlefiles/379-malignant_neglect.pdf)
- Office of National Drug Control Policy. (n.d.). *Keeping Your Kids Drug-Free. A How-to Guide for Parents and Caregivers*. <http://www.theantidrug.com/pdfs/version3General.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 7. Court-Involved Youth***

### **Dawn Project (a best practice)**

#### **BRIEF OVERVIEW**

*The Dawn Project* is an innovative interagency system of behavioral health care for children and adolescents with serious emotional or behavioral disorders and their families in Marion County, Indiana. Since 1997, it has been using flexible funding to provide a coordinated system of services that is cost-effective, family-focused, strength-driven, culturally competent, and community-based.

*Dawn* was created to integrate care for children involved in multiple systems and their families. Several state and county agencies finance the project, including the state mental-health agency, the state special education agency, the county child welfare agency, and the juvenile court. It is administered by Choices, Inc., a non-profit organization created to manage the program, using braided and blended funding from various state and local child-serving systems. The goal is to coordinate services, put the family at the center of decision-making, develop and strengthen natural supports, and improve outcomes for children at home, in school, and in the community. It serves about 150 children on any given day. Since its creation, it has provided services to over 800 children and their families by developing integrated care plans designed to improve each family's unique situation.

The program serves children and adolescents who are already in, or at risk of being placed in, a residential placement. Referrals are made from case managers of child service agencies. If the child meets eligibility criteria and is accepted, a service coordinator is assigned to organize and facilitate a Child and Family Team (CFT) that includes natural supports in the community. The team develops and implements an individualized service plan using a wrap-around approach focused on the needs of the child and building on the strengths of the family. At the service-delivery level, the team works across agencies to integrate school plans, court orders, probation requirements, and mental health plans into one coordinated plan that is manageable for families. Utilizing the full array of community resources, the service plan is specific to the child and is flexible, evolving with the child's progress. The Dawn Project's philosophy is that "families don't fail, plans do."

A long-term foundation for recovery is established because family and community are active participants in the child's treatment.



## IMPLEMENTATION ESSENTIALS

Core elements essential for *Dawn's* success include:

- interagency collaboration to provide flexible funding for care management;
- a non-profit entity to serve as the lead agency, providing service coordination and care management of children enrolled in the program;
- interagency governance of the lead entity and partnerships with families;
- a clinical practice that provides a strength based, family center, culturally competent approach to care;
- strong partnerships an extensive network of providers in the community;
- a broad array of flexible services and supports such as using case-rate financing, including: behavioral health services (e.g., individual and family therapy); psychiatric services (e.g., assessment, medication management); mentor services (educational mentors); placement services (e.g., residential treatment); respite services; supervision services; discretionary (e.g., child care, clothing, groceries); care management and service coordination; and other services;
- service coordinators employed by the lead entity who have small case loads; are able to authorize funds for agreed-upon services; and receive on-going training;
- clinical tools for outcome measurement and monitoring (e.g., the Child and Adolescent Functional Assessment Scale [CAFAS]; the Child and Adolescent Needs and Strengths [CANS]) and an emphasis on quality data for program management and evaluation; and
- a strong presence of information technology, including computers for all staff and software that integrates clinical care and fiscal data.

Choices has a Technical Assistance (TA) Center created to support systems-of-care development in Indiana communities. Its TA Center currently supports about 30 grant sites in the approximately 40 counties that have received funding from the Indiana Family & Social Services Administration's Division of Mental Health and Addiction to build community systems-of-care.

Staff from Choices is available to consult with communities outside of Indiana to replicate the *Dawn Project*. It has been replicated since 2002 in Cincinnati, Ohio through Hamilton Choices, a subsidiary of Choices, Inc. that was created to administer the Mosaic Project, a system-of-care in Hamilton County, Ohio. In 2005, Maryland Choices was created in Rockville (Montgomery County) for replication, and more recently Choices began replication efforts in Baltimore, Maryland.

## PROGRAM EVALUATION

The *Dawn Project* integrates the principles of systems-of-care and wraparound within a care management framework. It has received recognition for its positive outcomes.

- Designated a "promising" practice by the National Mental Health Association in 2004. <http://www.nmha.org/children/JJCompendiumofBestPractices.pdf>
- Recognized by the Child Welfare League of America (CWLA) for the effective use of data and technology.
- Recognized as a "promising" approach to managed-care design and reform by the Health Care Reform Tracking Project (HCRTP), Research & Training Center for Children's Mental

Health, University of Southern California. (2002).

[http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising\\_approaches/toc\\_01.html](http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising_approaches/toc_01.html)

- Recipient of Indiana Achievement Award (IAA) in 2002 for efficiency in a large-budget operation. [http://www.findarticles.com/p/articles/mi\\_go1582/is\\_200206/ai\\_n7059030](http://www.findarticles.com/p/articles/mi_go1582/is_200206/ai_n7059030)
- In 2003, designated a “promising” approach for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems. [http://gucchd.georgetown.edu/files/products\\_publications/cw3.pdf](http://gucchd.georgetown.edu/files/products_publications/cw3.pdf)

In 1999 a grant was awarded to Marion County by the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMSHA). It provided six years of funding to enhance the *Dawn Project* and to conduct a comprehensive evaluation of the model. The grant supported the development and implementation of the Dawn Project Evaluation Study (DPES) to provide outside, independent evaluation designed in collaboration with parents and representations from child-serving agencies and academics from a wide range of disciplines. A DPES evaluation advisory board (known as the Evaluation Team, or E-Team) was established to include representation from many stakeholders including Families Reaching for Rainbows, a family advocacy and support group founded by *Dawn*.

## AVAILABLE EVIDENCE

A six-year longitudinal study of *Dawn* is being conducted by Sociology Professor (Indiana University-Purdue University Indianapolis) Eric R. Wright, PhD., and Education Professor (Indiana University School of Education at IUPIU) Jeffrey A. Anderson, Ph.D. In September 2005 the Indiana Consortium for Mental Health Services Research issued the Sixth Annual Evaluation Briefing of the *Dawn Project Evaluation Study*. Available online, [http://www.choicesteam.org/content/choices/documents/RE/Complete%20Briefing%20Report\\_Final.pdf](http://www.choicesteam.org/content/choices/documents/RE/Complete%20Briefing%20Report_Final.pdf), it found ample evidence of the Project’s effectiveness.

- The *Dawn Project* was able to maintain the majority of its participants in community-based care settings throughout the 24-month evaluation period.
- Ratings of participants’ functional impairments improved significantly over time as rated by the Child and Adolescent Functional Assessment Scale (CAFAS).
- Ratings of participants’ problem behaviors improved significantly over time as rated by the Child Behavior Check List.
- Ratings of participants’ strengths increased significantly over time as rated by the Behavioral and Emotional Rating Scale.
- Very few youth engaged in substance use behaviors at any point during their enrollment.
- Overall, the number of offenses committed by young people in the *Project* declined over time.
- *Project* participants were rated as showing significant improvement over time in their rates of school attendance, their level of discipline problems, and their academic performance.
- Sixty-five percent of participants leave the program by meeting the goals established by their Child and Family Team (age at enrollment, substance abuse, and impulsive behavior directed towards others predict discharge from the *Dawn Project* for reasons other than meeting Child and Family Team goals).

- Young people who are discharged from the Dawn Project after meeting their Child and Family Team goals are 78% less likely to return to a child-serving agency than are young people discharged for other reasons.

Caregiver ratings of satisfaction with services and the impact of the services were positive. Youth respondents also rated the project positively. Most youth were satisfied with the project, found it helpful, and were satisfied with the progress they made.

## RESOURCES

- Contact information is available from the non-profit that administers the *Dawn Project*.

Knute Rotto, CEO  
 Choices, Inc.  
 4701 N. Keystone Ave., Suite 150  
 Indianapolis, IN 46205  
 Phone: 317-205-8202; 888-KID-WRAP (toll free)  
 Email: [krotto@kidwrap.org](mailto:krotto@kidwrap.org)

- *Choices, Inc.* website. [www.ChoicesTeam.org](http://www.ChoicesTeam.org)
- *Dawn Project* webpage.  
<https://www.choicesteam.org/page/program/alias/dawn&article=311&prog=311>
- *Sixth Annual Evaluation Briefing of the Dawn Project Evaluation Study*. (2006). Indiana Consortium for Mental Health Services Research. Available online.  
[http://www.choicesteam.org/content/choices/documents/RE/Complete%20Briefing%20Report\\_Final.pdf](http://www.choicesteam.org/content/choices/documents/RE/Complete%20Briefing%20Report_Final.pdf)
- *Team Learning Center*.  
<https://www.choicesteam.org/content/choices/Documents/Programs/HostLearningInfo.pdf>
- *The Clinical Manager* software used by Choices.  
<https://www.choicesteam.org/content/choices/documents/programs/TCMSlides.pdf>

## BACKGROUND READING

### Systems of Care

- Armstrong, M. I. (March 2004). *Consumer-directed health care: Challenges and opportunities for families with youth with serious emotional disturbance*. Mental National Health Information Center. SAMHSA.  
<http://mentalhealth.samhsa.gov/publications/allpubs/NMH05-0191/>
- Hornberger, S., Martin, T., & Collins, J. (2006). *Integrating Systems of Care: Improving the Quality of Care for the Most Vulnerable Children and Families*. Wash., DC: CWLA Press.  
<http://www.cwla.org/programs/bhd/1integrating.pdf>
- Jefferson County [Colorado] Division of Human Services. (2004). *Systems of care literature review: Connecting communities to kids*. Colorado Institute of Public Policy.  
[http://www.cipp.colostate.edu/pdf/SOC\\_%20lit\\_review.pdf](http://www.cipp.colostate.edu/pdf/SOC_%20lit_review.pdf)
- Kamradt, B. (Dec. 2002). *Funding mental health services for youth in the juvenile justice system: Challenges and opportunities*. National Center for Mental Health and Juvenile Justice (NCMHJJ).  
[http://www.ncmhjj.com/pdfs/publications/Funding\\_Mental\\_Health\\_Services.pdf](http://www.ncmhjj.com/pdfs/publications/Funding_Mental_Health_Services.pdf)

- National Mental Health Information Center. (n.d.). *Systems of care: A promising solution for children with serious emotional disturbances and their families*. SAMHSA. <http://nmhicstore.samhsa.gov/publications/allpubs/Ca-0030/default.asp>
- O'Day, J. (2004). *Systems of care goes to school*. NASP Health Care Initiative [http://www.nasponline.org/advocacy/SPAN/span\\_sep04\\_systems.html](http://www.nasponline.org/advocacy/SPAN/span_sep04_systems.html)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 7. Court-Involved Youth***

### **Educational Advocacy Program (a best practice)**

#### **BRIEF OVERVIEW**

The ***Educational Advocacy Initiative (EA)*** is an interagency collaboration based out of the Fulton County [Georgia] Juvenile Court since 2002. It is designed to address the educational needs of court-involved youth who have disabilities and other educational concerns, and to keep them from entering the juvenile justice system or from recidivating.

This program has three primary components.

1. Juvenile court advocacy. An educational advocate provides the court with relevant information regarding a youth's educational status and needs.
2. Family, school, and community. The educational advocate provides technical assistance to schools and support to families by attending student support team (SST) and individualized education program (IEP) team meetings.
3. Education Advocacy Coordinating Committee. This is a multi-disciplinary group that meets monthly and serves in an advisory capacity to the educational advocate. It works on issues related to systems and policy change at the local, state, and national level.

Additional information about this program is contained in an electronic presentation prepared by Kimberly R. Mills, M.Ed., *Courts, Educators, and Attorneys Working Together to Support Students With Disabilities: A Look at The Educational Advocacy Initiative of the Fulton County Juvenile Court*. (July 2006). It is available online at [http://ww2.co.fulton.ga.us/index.php?option=com\\_content&task=view&id=414&Itemid=140](http://ww2.co.fulton.ga.us/index.php?option=com_content&task=view&id=414&Itemid=140).

#### **IMPLEMENTATION ESSENTIALS**

The *EA Initiative* provides advocacy to children and youth, and their families, who have been suspended or expelled from school and youth with juvenile justice involvement.

Resources need for this program include:

- a full time educational advocate with knowledge of court special education law, best educational practices and issues related to the court involvement of youth with disabilities;

- multidisciplinary team that includes school special-education personnel, attorneys, parents, researchers, and social service providers;
- support staff to facilitate the procurement of records and the scheduling of meetings;
- juvenile court support to address the educational needs and rights of youth with disabilities, both diagnosed and undiagnosed; and
- local school district (LEA) support of efforts to advocate on the youth's behalf.

An export manual will become available in January 2007, providing step by step instructions for jurisdictions and localities who wish to replicate this initiative. Technical assistance also is available.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

The *EA Initiative* has a comprehensive evaluation component. An evaluation tool is used that measures performance against predetermined outcomes and objectives (a logic model) to evaluate performance outcomes including: school success of students with disabilities; levels of parent involvement; quality and frequency of communication between families and the school system, and families and the juvenile court system; the number of assessments conducted; and the number of volunteer advocates enlisted. In addition, families are asked to complete a parent/guardian satisfaction survey. Survey data indicate that parents and primary caregivers feel extremely satisfied with the advocacy program and feel increased confidence in their abilities to advocate for their children's educational needs.

The *EA Initiative* was successful in meeting 25 of 26 program outcomes as defined by a logic model that measures performance against predetermined outcomes in relation to children, families, and system outcomes.

A quasi-experimental research study in 2006 analyzed the effects of the *EA Initiative* on recidivism and the IDEA Child Find obligation of states (i.e., the earliest possible identification of children who might benefit from early intervention or education services). The experimental group was comprised of 363 students who had received advocacy services. The control group for the Child Find variable was taken from archival school system data related to rates of special identification for 2003, the year prior to the innovation of the EA program. The control group for the recidivism outcome came from the Georgia State Department of Juvenile Justice database for the four years prior to the *EA Initiative*. This study found the program to have a statistically significant impact on rates of Child Find, the identification of students with previously undiagnosed disabilities. Rates of recidivism for students in the experimental group were nearly 5% lower compared with youth in the recidivism control group.

## **RESOURCES**

- Contact for further information about the *Education Advocacy Initiative*.

**Kimberly R. Mills**, Educational Advocate  
 Phone: 404-224-4431  
 E-mail: [kimberly.mills@fultoncountyGA.gov](mailto:kimberly.mills@fultoncountyGA.gov)

- Educational Advocate Initiative.  
[http://www.myfultoncountyga.us/index.php?option=com\\_content&task=view&id=414&Itemid=126](http://www.myfultoncountyga.us/index.php?option=com_content&task=view&id=414&Itemid=126)
- Educational Advocacy Program, National Center for School Engagement (NCSE).  
<http://www.schoolengagement.org/truancy-prevention-registry/index.cfm?fuseaction=programinfo&displayprogramid=181>
- Official Code of Georgia Annotated (OCGA) 15-11-149. [http://www.legis.state.ga.us/cgi-bin/gl\\_codes\\_detail.pl?code=15-11-149](http://www.legis.state.ga.us/cgi-bin/gl_codes_detail.pl?code=15-11-149)

## BACKGROUND READING

- Christle, C.A., Jolivette, K. & Nelson, M.C. (2005). *Breaking the school to prison pipeline identifying risk and protective factors for youth delinquency. Exceptionality, 13*(2) 69-88.  
[http://www.leaonline.com/doi/abs/10.1207/s15327035ex1302\\_2;jsessionid=nlfj6L4nq-rdF71wKX?journalCode=ex](http://www.leaonline.com/doi/abs/10.1207/s15327035ex1302_2;jsessionid=nlfj6L4nq-rdF71wKX?journalCode=ex)
- National Council on Disabilities. (2003). *Addressing the Needs of Youth with Disabilities in the Juvenile Justice System: The Current Status of Evidence Based Research.*  
<http://www.ncd.gov/newsroom/publications/2003/juvenile.htm>
- Quinn, M.M., Rutherford, R.B., Leone, P.E., & Poirier, J.M. (2004). *Youth with disabilities in juvenile corrections: A national survey. Students in Juvenile Corrections, 1-17*  
<http://www.neglected-delinquent.org/nd/docs/mquinn0305.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 7. Court-Involved Youth***

### **LifeSkills™ Training (LST) (a best practice)**

Teaching general personal and social skills in combination with skills to resist social pressures is a proven approach to preventing alcohol, tobacco and drug use by students who have not yet initiated substance use. Because these are considered the “gateway” drugs to other substance use, they are the target of prevention programs seeking to reduce risk and increase protective factors in students.

#### **BRIEF OVERVIEW**

*LifeSkills Training (LST)* is a universal, classroom-based tobacco, alcohol and drug abuse prevention program proven to reduce the risk of substance use. **LST** targets the major social and psychological factors associated with the initiation of substance use and other risky behaviors. It is designed to prevent the early-stages of substance use, based on an understanding of its causes, by influencing risk factors associated with occasional or experimental use.

**LST** has individual curricula for elementary school (grades 3-6), middle school (grades 6-9) and high school (9 or 10) students. Each curriculum is delivered as a series of 45-minute classroom sessions over three years. The first year for middle school is more intensive with 15 class meetings, followed by 10 refresher and review sessions during the second year, and five evaluation sessions in the third year. The elementary school program offers 24 classes that are taught during either third, fourth, fifth or sixth grade. The high school version consists of 10 sessions. Sessions can be delivered once a week or as an intensive mini-course. A program for parents of children ages 11-14 also is available.

Program activities are based on cognitive-behavioral principles, including role playing, modeling, immediate feedback, and positive reinforcement. In addition, students are encouraged to practice the lessons of the day through homework assignments.

The program consists of three major content areas.

- **Drug resistance skills.** Provides information dealing directly with social factors that promote drug use. This content area increases the awareness of social influences toward drug use, corrects common misperceptions about drug use, and provides prevention information and drug resistance skills.



- **Self-management skills.** Teaches skills for increasing self-control and self-esteem; general problem-solving and decision-making ability; critical thinking skills to resist peer and media pressures; and coping strategies for relieving stress and anxiety.
- **General Social Skills.** Enhances a students' social competence through a variety of general skills including learning communication skills, overcoming shyness, learning to meeting new people, and developing healthy friendships.

The program uses developmentally-appropriate and collaborative learning strategies to enhance a student's self-esteem, self-confidence, ability to make decisions, and ability to resist peer and media pressure. It is taught through lecture, discussion, tutorial, and practice.

## IMPLEMENTATION ESSENTIALS

*LST* is taught by teachers specially trained to deliver the program. One- or two-day training workshops for teachers are available from the National Health Promotion Associates (NHPA). Training costs per person for the two-day version is \$200 plus the cost of materials.

Curriculum materials consist of a Teacher's Manual and Student's Guide for each year of the program. Audiocassette tapes with relaxation exercises, a *Smoking & Biofeedback* video, and a CD-ROM also are available through NHPA to supplement the curriculum.

For optimal program implementation, *LST* should be delivered in a classroom setting conducive to learning. The setting can be part of a summer school or after-school program or in a community or faith-based location. In schools, it can be implemented in any subject area or taught across multiple subjects. The curriculum can be delivered by teachers, peer leaders, or health professionals.

There is an evaluation tool that can be used when implementing this program. *LST* provides a free evaluation service for those using the *LST* Questionnaire to evaluate the middle-school program.

## PROGRAM EVALUATION

LifeSkills Training has been designated:

- a "Level 1" program (scientifically based using a high quality research design) by Helping America's Youth (HAY). <http://guide.helpingamericasyouth.gov/programdetail.cfm?id=353>
- a "model" program by SAMHSA. [http://www.modelprograms.samhsa.gov/textonly\\_cf.cfm?page=model&pkProgramID=9](http://www.modelprograms.samhsa.gov/textonly_cf.cfm?page=model&pkProgramID=9)
- an "exemplary" program by the U.S. Department of Education's Expert Panel on Safe, Disciplined and Drug-Free Schools. <http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>
- a "promising" program by the Blueprints Project, Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder. <http://www.colorado.edu/cspv/blueprints/model/programs/LST.html>

- a “model” program by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). U.S. Department of Justice.  
[http://www.dsgonline.com/mpg2.5/TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?ID=353](http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=353)
- a “model” program in the U.S. Surgeon General's Report on Youth Violence.  
<http://www.surgeongeneral.gov/library/youthviolence/chapter5/appendix5b.html#LST> and  
[http://mentalhealth.samhsa.gov/youthviolence/surgeongeneral/SG\\_Site/chapter5/appendix5b.asp](http://mentalhealth.samhsa.gov/youthviolence/surgeongeneral/SG_Site/chapter5/appendix5b.asp)
- a “program that works” by the Promising Practices Network.  
<http://www.promisingpractices.net/program.asp?programid=48>
- a “model” program by the White House Office of National Drug Control Policy.
- a “model” program by the Center for Substance Abuse Prevention.  
<http://casat.unr.edu/bestpractices/view.php?program=55>

## AVAILABLE EVIDENCE

The **LST** program has been extensively evaluated since 1980. Information about evaluation studies is available on the LifeSkills website: <http://www.lifeskillstraining.com/evaluation.php>. It has been tested in urban and suburban schools with African-American, Asian-American, Caucasian and Hispanic and students in grades 7-12 (ages 11 to 18).

*LifeSkills Training* has been associated with a number of positive outcomes. Research has shown that this approach has resulted in a reduction in:

- tobacco use by up to 87%;
- alcohol use by up to 60%;
- marijuana use by up to 75%;
- polydrug use by up to 66%.
- pack-a-day smoking by 25%;
- use of inhalants, narcotics and hallucinogens;
- risky driving behavior; and
- HIV risk behavior.

In a study to determine the long-term effectiveness of LST for junior high school students, follow-up data from a randomized field trial involving nearly 6,000 students from 56 schools found significantly lower smoking, alcohol, and marijuana use six years after the initial baseline assessment. The program has been found to be effective with various scheduling formats; different levels of project-staff involvement; and different agents of delivery (by adults or peer leaders). Significant prophylactic effects have been found when the program has been delivered with a sustained commitment (i.e., 60 percent or more of the 30 lessons over a three-year period).

## RESOURCES

- Contact for more information:

### **National Health Promotion Associates, Inc.**

711 Westchester Avenue

White Plains, NY 10604

Phone: 800-293-4969

E-mail: [lstinfo@nhpanet.com](mailto:lstinfo@nhpanet.com)

Internet: [www.lifeskillstraining.com](http://www.lifeskillstraining.com)

- LifeSkills website. [www.lifeskillstraining.com](http://www.lifeskillstraining.com)
- LifeSkills Fidelity Checklist. [http://www.lifeskillstraining.com/lst\\_process\\_tools.php](http://www.lifeskillstraining.com/lst_process_tools.php)
- LifeSkills Training Overview [http://www.lifeskillstraining.com/training\\_overview.php](http://www.lifeskillstraining.com/training_overview.php)
- Answers to many common questions about *Lifeskills Training* are found on the FAQ page of its website. <http://www.lifeskillstraining.com/faq.php>

## BACKGROUND READING

### Websites

- American Council for Drug Education (ACDE). [www.acde.org](http://www.acde.org)
- Blueprints for Violence Prevention. <http://www.colorado.edu/cspv/index.html>
- Center for the Study and Prevention of Violence, University of Colorado at Boulder. [www.colorado.edu/cspv/](http://www.colorado.edu/cspv/)
- Free To Grow (FTG). [www.freetogrow.org](http://www.freetogrow.org)
- Mothers Against Drunk Driving (MADD). [www.madd.org](http://www.madd.org)
- Prevention Online (PrevLine). [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)
- Substance Abuse and Mental Health Services Administration (SAMHSA). [www.samhsa.org](http://www.samhsa.org)
- Substance Abuse Treatment Facility Locator, SAMHSA. [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

### Articles and reports

- Top 50 publications available for reading and downloading online. <http://ncadistore.samhsa.gov/catalog/top.aspx>

### Videos

- Videos you can watch online. <https://ncadistore.samhsa.gov/catalog/results.aspx?h=publications&topic=128>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 7. Court-Involved Youth***

### **PEN OR PENCIL (an emerging practice)**

#### **BRIEF OVERVIEW**

The ***PEN OR PENCIL*** initiative of the National Alliance of Faith and Justice (NAFJ)<sup>2</sup> is designed to influence the lives of youth at greatest risk of academic failure and potential incarceration. "Pen" stands for penitentiary and "Pencil" refers to education. This initiative is geared to helping young people make the choice for education over a life of crime by cultivating resilience through a variety of exercises and approaches.

The ***PEN AND PENCIL*** curriculum series targets youth in grades five and higher using eight of 10 thematic strands of the National Standards for the Social Studies. It uses history as a template to promote responsibility for changing behavior, improve decision-making, and as applicable, reduce disproportionate minority contact. Program lessons are derived from the life experiences and examples set by families and community leaders during both the Underground Railroad and civil rights movements in the United States. The creative integration of media vignettes and other technology tools help participants to envision their own lives against a backdrop of history to understand how what happened long ago has relevance to the present. The lessons help participants to more clearly analyze the components of "choice," the responsibilities and entitlements of rights, and to hold themselves accountable for their outcomes. Youth who apply the lessons learned can increase their chances in life and reject unnecessary risks to themselves, their family, and the public safety of their communities.

The series includes a service-learning component to apply principles learned through the program, make more responsible choices and display more responsible behavior, promote the value of education, and understand and apply citizenship. Service-learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

---

<sup>2</sup> NAFJ promotes the inclusion of faith in addressing consequences and resolutions of crime, with an emphasis on its impact on African Americans and other people of color. NAFJ's parent body is the National Association of Blacks in Criminal Justice (NABCJ), [www.nabcj.org](http://www.nabcj.org), a multiethnic, nonpartisan, nonprofit association of criminal justice professionals and community leaders dedicated to improving the administration of justice. NABCJ was founded as a vehicle for criminal justice practitioners to initiate positive change. Membership and participation in its activities are open to all, irrespective of race, creed, or country of national origin.

The *PEN OR PENCIL* curriculum helps shape complex cognitive skills, knowledge acquisition, intrapersonal development, civic responsibility, media literacy, and academic achievement. The philosophy behind *PEN OR PENCIL* involves several key points: life and any journey involves choices and multiple routes; freedom costs; education empowers; crime doesn't pay; while a school bus, a prison bus, and a transit bus each furnish transportation, only two out of these ultimately travel the road to independence.

## IMPLEMENTATION ESSENTIALS

NAFJ is the sole-source provider of the six-hour training course required for *PEN OR PENCIL* facilitators. Specific educational credentials, masters level or above, in social work, education, or divinity is preferred, or comparable levels of related experience.

*PEN OR PENCIL* can be implemented in a classroom environment, as part of a community or faith-based program, as an extended learning alternative to suspension, alternative to detention for court-referred youth, or as an institutional program for incarcerated youth or adults. Host locations should meet one or more of the following criteria:

- serving a high crime city or community (e.g., where high numbers of juvenile homicide and drug infestation occurs);
- a high percentage of the student population is eligible for free or reduced lunch;
- the targeted school(s) serves communities/children subjected to disproportionate minority contact (DMC) with the criminal justice system;<sup>3</sup>
- youth targeted are already in the juvenile justice system; and
- students served are enrolled in alternative education or alternative-to-suspension programs.

The *PEN OR PENCIL Series* uses two themes: *PEN OR PENCIL: Freedom of Choice*, adapted from civil rights history, and *PEN OR PENCIL: The Road That Led to Somewhere*, adapted from Underground Railroad history. The curriculum consists of four components that can be used separately or combined.

- **Two-hour classroom or special event presentation**

To increase media literacy, students view segments from the film, *PEN OR PENCIL: Let Me Read You Your Rights*, an adaptation of "The Intolerable Burden." Used to introduce both *Freedom of Choice* and *The Road That Led to Somewhere*, the film brings to life the personal accounts and images of history's risks, challenges, and personal victories with images and film clips which convey the visual realities of youth and their families in today's society. Students gain a new appreciation for history and a more healthy perspective for their own lives through a variety of interactive exercises by trained adults and peers.

---

<sup>3</sup> Information about DMC is available on the Disproportionate Minority Contact website, <http://ojjdp.ncjrs.org/dmc/>.

- **An extended 10-week course series**

Used as an alternative to detention or suspension from school or as part of a court-ordered placement, *Freedom of Choice* and *The Road That Led to Somewhere* can be offered as a 10-week character education and life skills building program. It can also be adopted as an after-school, summer school, or community-based program. It consists of 10 two-hour lessons and exercises conducted by trained facilitators.

Each explores differing aspects of how TRAGEDY can impact youth today: **T**ruancy; **R**ace and retaliation; **A**ttitudes; **G**uns; **E**xpectations; **D**MC; **Y**esterday. Students learn that making choices involves more than options. Applying what they learn, participants are able to establish a sense of competence by doing something well, gain a sense of usefulness by having something to contribute, establish a relationship with caring adults, and gain a sense of power in learning how to control their own destiny.

The program includes interactive workshops, media presentations, and is supplemented with an Activity Book, also used for other components, which offer exercises to enhance the learning experience. The *PEN OR PENCIL Activity Booklet* includes: service-learning exercises; group or individual exercises to connect challenges of their lives with historic parallels; exercises aligned with the National Social Studies Standards; information to help youth understand DMC.; character education; leadership and life skills exercises; and team building, reading, and retention exercises. Recommended with the series is an array of sanctions that respond to non-compliance as well as incentives or rewards for successful participation.

- **One-to-Another Academic Mentoring (52-Weeks)**

The consequences of low achievement in reading can be a contributing factor to incarceration. The *PEN OR PENCIL* mentoring component uses carefully screened and caring adults who commit a minimum of one hour a week for one year or more to work with middle and high school youth who are most at risk of entering or who have entered the juvenile justice system.

Mentors must be at least 18 years of age, possess a valid driver's license and auto insurance, complete an application and agree to undergo background screening, and be willing to commit to one year of service as a mentor of a youth aged 5-17. They also must participate in a one-day (eight hours) NAFJ training program for mentors.

While the mentor and mentee may choose to supplement the structured curriculum with recreational or enrichment activities, they must commit to reading assignments each week from one of two *PEN OR PENCIL* source publications: *Silver Rights* by Constance Curry, or *The Road That Led To Somewhere* by Dr. Bryan Walls. Carefully designed lessons help the mentoring team to dissect and comprehend the messages conveyed in each chronological assignment. This purpose-driven mentoring builds reading comprehension and life skills, forms a basis for dialogue and to increase communication flow and sharing, and forges a bond between the mentor and mentee. Youth who might struggle to read in a classroom setting can benefit from this private and nurturing approach.

- **The B.U.S. Boycott**

Entering the criminal justice system often begins an endless journey to self-destruction. With this in mind, *PEN OR PENCIL* offers a service-learning activity to stimulate civic responsibility. Students use the history of the Montgomery Bus Boycott as a template for educational growth and civic participation to implement strategies to reduce contact with law enforcement and the threat of suspension from school. Stated in context with variables faced by today's youth, the Montgomery Bus Boycott proved that strong leadership, selfless service, individual and collective commitment, and hard work and determination can make an immeasurable difference.

Students build self-discipline and teamwork skills by replicating the principles of the Montgomery Bus Boycott. They gain a clearer understanding of human and civil rights to stage a campaign to refrain from (boycott) adverse behavior that might lead to the B.U.S.: **Building of Unbalanced Systems** of jails and prisons. By organizing a B.U.S. boycott, students agree to choose the **PENCIL** rather than the **PEN [itentiary]** by refusing to give up their seat in the classroom (their education). Students participating in the campaign work together to identify the length of their "boycott," select leadership from among peers who most closely exemplify the historic figures associated with the original movement, and elicit support from community partners. They not only learn about democracy, citizenship, and public policy, they participate in exercises which allow them to become contributing citizens and community members committed to reduce disproportionate minority contact with law enforcement and increase public safety.<sup>4</sup>

## **PROGRAM EVALUATION**

*PEN OR PENCIL: Freedom of Choice* has received recognition from various organizations.

- Endorsed by the American Friends Service Committee, March 17, 2006 via electronic memorandum issued by Joyce D. Miller, Assistant General Secretary for Justice and Human Rights.
- Endorsed by the National Council for the Social Studies. July 7, 2006. Susan Griffin, Executive Director.
- Designated a national service learning model in connection with the Martin Luther King, Jr. National Day of Service by the Corporation for National and Community Service (2006). [http://www.nationalservice.org/about/newsroom/releases\\_detail.asp?tbl\\_pr\\_id=240](http://www.nationalservice.org/about/newsroom/releases_detail.asp?tbl_pr_id=240)
- Resolved in mayoral proclamations to be a quality and needful program for local implementation in 41 major metropolitan and other cities including Chicago, Milwaukee, Memphis, and Denver (see NAFJ website, [www.nafj.org](http://www.nafj.org)).

## **AVAILABLE EVIDENCE**

---

<sup>4</sup> In connection with Martin Luther King National Day of Service, resources are available through sub-grants of \$1,500 to activate this service-learning program in conjunction with any of the other *PEN OR PENCIL* components described above. Applications are available in early fall. More details are available under "Programs" on the NAFJ website, <http://www.nafj.org/programs.php>.

Research has shown that prevention/intervention programs are the most effective methods of addressing youth violence and creating a productive work environment. Youth diversion programs such as *PEN OR PENCIL* provide an alternative to suspension or channeling youth into the juvenile justice system.

The developers of *PEN OR PENCIL* conducted qualitative data analysis on the nearly 50 youth who participated in the intervention. The subjects had school-related offenses such as weapons offenses and/or incidences of violence and assault. The developers obtained outcome data by conducting exit interviews with youth participants and their parents. Ten youth who were previously gang affiliated had ceased gang involvement and enrolled in college programs. Parents reported decreases in youth recidivism and increases in cultural awareness and increased positive statements regarding to choice making and goal setting.

*PEN OR PENCIL* has been highly recommended by public school educators and principals whose students have participated in one or more of the program series. *PEN OR PENCIL* data collection in the next phase will include an empirical program evaluation. The *PEN OR PENCIL Series* evaluation will involve a quasi-experimental group research design with a pretest-posttest analysis. A private educational consultant will conduct a program evaluation beginning in January 2007. Outcomes associated with the research study will be available for dissemination in the fall of 2007.

The consultant uses the following instruments in the second phase of data collection:

1. Exploitive Manipulative Amoral Dishonesty Scale (EMAD);
2. Rody Reading Attitude Assessment;
3. attitudes toward gangs;
4. attitude toward interpersonal violence;
5. Birmingham Institute of Civil Rights Content Knowledge Assessment;
6. The Delinquency and Delinquent Behavior- SAGE Baseline Survey;
7. Youth Mentoring Survey;
8. Brigance Diagnostic Assessments related to reading;
9. qualitative commentary and feedback from mentors and mentees; and
10. longitudinal data collected at six months and 12 months in relation to recidivism at the conclusion of the intervention.

## RESOURCES

- Contact information for training and technical assistance to implement the *PEN OR PENCIL* program, and to receive continuing updates and program enhancements:

National Alliance of Faith and Justice (NAFJ)  
P.O. Box 77075  
Washington, DC 20013  
Phone: 703-765-4459  
E-mail: [office@nafj.org](mailto:office@nafj.org)  
Website: [www.nafj.org](http://www.nafj.org)



### **PEN OR PENCIL Series materials**

- PEN OR PENCIL Curriculum Guide (2007 edition available in January)  
<http://al.odu.edu/al/pdfs/intolerable.pdf>
- PEN OR PENCIL: Let Me Read You Your Rights DVD. Joyas Media (available January 2007)
- PEN OR PENCIL: Student Activities Booklet
- PEN OR PENCIL: One-to-Another Academic Mentoring Policies and Guide
- PEN OR PENCIL: B.U.S. Boycotts, power point presentation  
<http://www.nafj.org/programs/Bus%20Boycott.ppt>
- *PEN OR PENCIL: Freedom of Choice*, power point presentation  
<http://www.nafj.org/programs/Pen%20or%20Pencil%20Slides.ppt>

### **Related materials**

- *CHOICES*; 22- minute video produced by the Indiana Department of Education in partnership with Indiana Project Safe Neighborhoods and the Office of the U.S. Attorney for Southern District of Indiana. <http://www.doe.state.in.us/media/video/choices.html>
- *Silver Rights*, written by Constance Curry (1995). Algonquin Books.  
<http://www.shs.starkville.k12.ms.us/mswm/MSWritersAndMusicians/writers/Curry.html>
- *The Intolerable Burden*, film directed by Chea Prince, produced by Constance Curry, and sold by First Run Icarus Films. <http://www.frif.com/new2003/into.html>
- *The Road That Led To Somewhere: A Documentary Novel about the Underground Railroad*, written by Dr. Bryan E. Walls (1980). Olive Pub Co Ltd.  
<http://www.undergroundrailroadmuseum.com/genealogy.html>
- *To Serve This Present Age: Reentering Through Faith Segments* (2005). Videos for clergy and lay people about re-entry from prison issues.  
[http://www.reentrymediaoutreach.org/mediagallery\\_toserve.htm](http://www.reentrymediaoutreach.org/mediagallery_toserve.htm)
- Youth for Human Rights Campaign PSAs (1, 2, 4, 5, 7, 8, 9, 10, 20, 21, 25, 28).  
[www.youthforhumanrights.org](http://www.youthforhumanrights.org)
- UNITED. A human rights music video. [www.unitedmusicvideo.org](http://www.unitedmusicvideo.org)

## **BACKGROUND READING**

### **Service learning**

- Giving Back: Introducing Community Service Learning. Constitutional Rights Foundation. (2006). An Action Guide for Youth Court Programs and the Juvenile-Justice System.  
[http://www.crf-usa.org/YouthCourt/Giving\\_Back\\_2006.pdf](http://www.crf-usa.org/YouthCourt/Giving_Back_2006.pdf)
- The National Service Learning Partnership. <http://www.service-learningpartnership.org/site/PageServer>

### **Mentoring**

- OJJDP Model Services Guide. [http://www.dsgonline.com/mpg2.5/mentoring\\_prevention.htm](http://www.dsgonline.com/mpg2.5/mentoring_prevention.htm)

### **School to Prison Pipeline**

- Advancement Project. (March 2005). *Education on Lockdown: The Schoolhouse to Jailhouse Track*. <http://www.advancementproject.org/reports/FINALEOLrep.pdf>
- *Dismantling the School to Prison Pipeline*. (2006). NAACP Legal Defense and Education Fund.  
[http://www.naacpldf.org/content/pdf/pipeline/Dismantling\\_the\\_School\\_to\\_Prison\\_Pipeline.pdf](http://www.naacpldf.org/content/pdf/pipeline/Dismantling_the_School_to_Prison_Pipeline.pdf)
- *School to Prison Pipeline*. NAACP Legal Defense and Education Fund.  
<http://www.naacpldf.org/landing.aspx?sub=56>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 7. Court-Involved Youth***

### **Strengthening Families Program (SFP) (a best practice)**

#### **BRIEF OVERVIEW**

*The Strengthening Families Program (SFP)* is a nationally and internationally accepted parenting and family-strengthening program for high-risk families. It is an evidence-based and family skills training program found to reduce significantly problem behaviors, delinquency, and abuse of alcohol and drugs by children. The program also improves a child's social competencies and overall school performance. In addition to a curriculum for high-risk children (ages 6 - 12), there is a Youth (ages 10 - 14) version, and an early adolescent version (ages 12 - 14). It also has curricula specific to the needs of African-American, Asian, Hawaiian, Hispanic, Native American and Pacific Islander families. This program can be successfully implemented by school teachers within a classroom setting.

#### **IMPLEMENTATION ESSENTIALS**

*SFP* is a behavioral and cognitive skills training program designed to increase resilience and decrease risk factors for aggression, depression, delinquency, substance abuse, school failure, and violence in high-risk children. It is taught in 14, two-hour periods. During the first hour, parents and children participate in separate classes, each led by two co-leaders. Parents learn to increase desired behaviors in children by using consistent attentiveness, clear communication, effective discipline, problem solving, and limit-setting. Children learn effective communication skills, empathy, anger management, accepting criticism, stress management, social skills, problem-solving, resisting peer pressure, and compliance with parental rules. In the second hour, families practice the following structured activities: therapeutic child play; family meetings; communication skills; effective discipline; modeling positive behaviors; and planning family activities.

The *SFP* curriculum includes Parent Skills Training, Children's Skills Training, and Family Life Skills Training. Courses are taught using a set of six SFP manuals (English and Spanish versions): Family Skills Training, Children's Skills Training, Parent Skills Training, Children's Handbook, Parents' Handbook, and Implementation Manual. Information on trainer costs is available on the SFP website, [www.strengtheningfamilies.org](http://www.strengtheningfamilies.org).

*SFP* requires a part-time site coordinator and family recruiter and four trainers (two trainers for parents and two for youth) to deliver the program. Typically, 14 families take the course together as a group. The program costs vary depending on whether existing staff is used as

part of their regular job. If not, trainers can be hired hourly to run the groups one evening a week. Program costs include \$300 to purchase a set of six newly revised SFP manuals including a Spanish version. After purchasing a single set, the site can copy the manuals for trainers and the handbooks for families. It is recommended that funds be budgeted for child care, family meals, transportation, and incentives for homework completion and graduation. General supplies that are needed include toys and minimal paper supplies.

Complete master sets on CD of *SFP* course books for SFP3-5, SFP6-11, and SFP13-17 can be ordered from the Strengthening Families Program Office at the University of Utah (801-581-8498). The complete curriculum costs \$350.

## PROGRAM EVALUATION

Developed in 1982 with National Institute on Drug Abuse (NIDA) research funds, *SFP* is recognized by many federal agencies as an exemplary, research-based family model. Positive results from over 15 independent research replications demonstrate that *SFP* is effective in increasing assets and protective factors by improving family relationships, parenting skills, and children's social and life skills.

*SFP* has been designated:

- a "model" program by the Substance Abuse and Mental Health Administration (SAMHSA), U.S. Department of Health and Human Services.  
[http://www.modelprograms.samhsa.gov/template\\_cf.cfm?page=model&pkProgramID=179](http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=179)
- an "exemplary" program by the Safe, Disciplined, and Drug-Free Schools Expert Panel, U.S. Department of Education.  
<http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>; also available at [http://www.ed.gov/admins/lead/safety/exemplary01/report\\_pg3.html](http://www.ed.gov/admins/lead/safety/exemplary01/report_pg3.html)
- an "exemplary" program by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.  
[http://www.dsgonline.com/mpg2.5//TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?id=696](http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=696)
- an "effective" program by the NIDA, U.S. Department of Health and Human Services (see <http://www.drugabuse.gov/prevention/examples.html>).
- an "exemplary" program in *Effective Family Programs for Prevention of Delinquency* Strengthening America's Families, funded by OJJDP.  
[http://www.strengtheningfamilies.org/html/programs\\_1999/06\\_SFP.html](http://www.strengtheningfamilies.org/html/programs_1999/06_SFP.html) .
- a "model" program by the Center for Substance Abuse Prevention.  
<http://casat.unr.edu/bestpractices/view.php?program=117>

A multi-method and multi-informant assessment strategy is used for the process and outcome evaluation. To improve outcome validity, this strategy includes three primary interview instrument batteries measuring the reports of the parent, the child, and the therapist/trainer. The process evaluation includes at least two forms. The *Family Attendance Form* documents attendance, participation, and homework completion for each session by participant. The *Group Leader Session Rating Form*, filled out for each session by the trainer or therapist, documents changes the leader made in the session, family satisfaction with the session, how well families understood the material, and suggestions for programmatic improvement. Specific instruments include:

1. the standardized SFP Parent Interview Questionnaire (195 items) with client satisfaction and recommendations for SFP improvements added for the Follow-up Parent Interviews.
2. the SFP Children's Interview Questionnaire (150 items); and
3. the SFP Teacher/Trainer Interview Questionnaire (about 160 items) used in prior SFP studies modified by the local site evaluator with recommendations and a pilot validation of the instruments.

### **Cost benefits**

An analysis by researchers from the Partnerships in Prevention Science Institute found a return of \$9.60 for every dollar spent implementing SFP 10-14. <http://www.ppsi.iastate.edu/>

An analysis by the Washington State Institute for Public Policy found in two benefits: A return of \$7.82 for every dollar spent and a cost benefit of \$5,805 for each participating youth in SFP ages 10-14. <http://www.wsipp.wa.gov/intro.asp>

## **AVAILABLE EVIDENCE**

### **African American curriculum**

Program outcomes have been most successful for African-Americans compared with curricula for other ethnic groups. Of the families participating, 82% completed at least 12 of the 14 sessions. The program was effective in minimizing family conflict and maximizing family organization in participating families. One unexpected benefit of the family program was that even without being in substance abuse treatment, the alcohol and drug abusing mothers significantly reduced their substance use.

By the end of the program, the mothers reported their children had significantly reduced their depression, conduct disorders, delinquency, aggression, psycho-somatic complaints, and obsessive-compulsive behavior. SFP was equally effective in improving the parenting style and behaviors of the mothers. These results were consistent with a pattern of positive findings from the original NIDA study suggesting that the Strengthening Families Program is robust and can be disseminated and replicated with fidelity without the program developer's direct supervision.

As a result of a SFP program in Alabama, though recruitment rates were high, only about 45% completed 10 of the 12 SFP sessions and graduated in the first year. However, the average completion was 82-86% after three cohorts finished the program. The positive results were the same as the prior Alabama program including significant improvements in family relations, children's behaviors, and parental stress and depression.

## **RESOURCES**

- Contact for more information about *SFP*:

**Karol L. Kumpfer, PhD**

University of Utah

Salt Lake City, UT

Phone: 801-581-8498

E-mail: [karol.kumpfer@health.utah.edu](mailto:karol.kumpfer@health.utah.edu)

- Strengthening Families Program website. [www.strengtheningfamilies.org](http://www.strengtheningfamilies.org)
- OJJDP Fact Sheet (2002). [http://www.ncjrs.gov/html/ojjdp/2000\\_8\\_1/contents.html](http://www.ncjrs.gov/html/ojjdp/2000_8_1/contents.html)

### Publications about *SFP*

- Kumpfer, K.L. (n.d.). *Effectiveness of a Culturally Tailored, Family-Focused Substance Abuse Program: The Strengthening Families Program*. Health Education Department. University of Utah. <http://www.nida.nih.gov/MeetSum/CODA/Effectiveness.html>
- Kumpfer, K.L. (April 1999). *Strengthening America's Families: Exemplary Parenting and Family Strategies For Delinquency Prevention*. Office of Juvenile Justice and Delinquency Prevention, Office of Juvenile Programs, U.S. Department of Justice. [http://www.strengtheningfamilies.org/html/literature\\_review\\_1999.pdf](http://www.strengtheningfamilies.org/html/literature_review_1999.pdf)
- SFP Publications list. [http://www.strengtheningfamiliesprogram.org/pub\\_type.html](http://www.strengtheningfamiliesprogram.org/pub_type.html)
- The African-American Strengthening Families Program. <http://www.strengtheningfamiliesprogram.org/results.html>

## BACKGROUND READING

### Involving Families of Youth in Contact with the Juvenile Justice System

- Brock, L., Burrell, J., & Tulipano, T. (Aug. 2006). *Family Involvement*. NDTAC Issue Brief. <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200608b.asp>
- Epstein, J.L., & Salinas, K.C. (May 2004). *Partnering with families and communities*. In *Educational Leadership*. vol. 61, #8 (p. 12-18). [http://pdonline.ascd.org/pd\\_online/success\\_di/el200405\\_epstein.html](http://pdonline.ascd.org/pd_online/success_di/el200405_epstein.html)
- Garfinkel, L.F., et al. (1999). *Promoting Family Involvement*. In *Unique Challenges, Hopeful Response: A Handbook for Professionals Working with Youth with Disabilities in the Juvenile Justice System* PACER Center (2<sup>nd</sup> ed.). [www.edjj.org/publications/list/pacer-1997.pdf](http://www.edjj.org/publications/list/pacer-1997.pdf) [Note: Includes "Things Professionals can do to Involve Families," and "Ways to reach under-involved families."]
- Osher, T., & Huff, B. (Aug. 2006). *Spotlight: Strategies to engage families*. NDTAC. <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200608a.asp>
- Osher, T., & Hunt, P. (Dec. 2002). *Involving families of youth who are in contact with the juvenile justice system*. NCMHJJ Research and Program Brief. <http://www.ncmhjj.com/pdfs/publications/Family.pdf>
- Osher, T., & Huff, B. (July 2006). Webinar: Supporting Family Involvement of Students in the Juvenile Justice and Corrections System. NDTAC. Available at: [http://www.neglected-delinquent.org/nd/events/webinars.asp#family\\_involvement](http://www.neglected-delinquent.org/nd/events/webinars.asp#family_involvement)
- Walker, J., & Friedman, K. (2001). *Listening and learning from families in juvenile justice*. Columbia, MD: Maryland Coalition of Families for Children's Mental Health. Retrieved August 11, 2006, from <http://www.mdcoalition.org/jjustice.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 7. Court-Involved Youth***

### **Truancy Intervention Project Georgia (TIP Georgia) (a promising practice)**

Truancy is one of the first and best predictors of future delinquent behavior and is considered a gateway to a life of criminal activity. Truancy intervention programs provide resources to children, and their families, to reconnect them to and then succeed in school.

#### **BRIEF OVERVIEW**

The *Truancy Intervention Project Georgia ("TIP")* is a program serving children ages 5-15 declared truant in the Atlanta City and Fulton County public school systems. Founded in 1991, *TIP* provides positive intervention services to children reported as truant. It offers at-risk children a second chance at success by pairing them with trained volunteers from the community. A strength of this program is the degree to which the volunteer works with the child and family at the school level.

Because truancy usually is a symptomatic behavior of other issues, *TIP* volunteers determine the root causes of a client's truancy, and then work to resolve those problems and meet client needs so the client can return to school and be successful. The program can assist with meeting daily necessities (e.g., clothing, water, heat, transportation) as well as long-term needs (e.g. drug and psychiatric treatment, tutoring, childcare) of *TIP* project participants.

Since January 1992, over 3,100 children have been placed in the program. This includes children who have been chronically absent from school and charged with truancy or, due to their age (11 or younger), their parents have been held responsible for the child's absenteeism and are charged with educational neglect.

Initially, participants in *TIP* were first-time truants referred to the program as a result of a referral from the Fulton County Juvenile Court but now, every child who is referred to the court for truancy is paired with a *TIP* volunteer. Since 2001, *TIP* has also served children at the school level through its early intervention initiative, pairing children and families volunteers to assist in rectifying the attendance issues before a court referral becomes necessary. More than 300 trained volunteers, both attorneys and non-attorneys, give their time and skills to help these children stay in school.

## IMPLEMENTATION ESSENTIALS

The *TIP* program is available for children grades K through 12. Staffed by six probation officers, six program staff members and hundreds of volunteers, more than 518 children were referred during the 2005-2006 school year.

*TIP* exists as a result of collaboration among various entities, including the juvenile court, the school system, a volunteer base, and community partners. The juvenile court is the system empowered to hold children and families accountable for truant behavior. Decisions made by the local juvenile court judge are binding on both the child and parent, and therefore give legal weight to recommendations that all parties agree are in the child's best interests.

*TIP* recruits and trains community volunteers to advocate for the child. Volunteers work with the child and family to ascertain the root cause of the truancy and to identify and procure services to assist in remedying the problem. Community agencies are integral to the success of a *TIP* program. Agencies that provide educational services, housing resources, and medical assistance are essential resources.

### Replication of *TIP* in other communities.

In 1997, *TIP* began "exporting" the *TIP* model to other communities throughout the state and country that were interested in replicating the program in their area. *TIP* staff help implement truancy projects elsewhere by offering training and resource manuals, on-site start-up assistance and ongoing planning and implementation support. Contact information to obtain a copy of the *TIP* step-by-step start-up *Export Manual* is provided under the *Resources* section below.

The following are initial steps in establishing similar initiatives in other communities.

- Establish a steering committee made up of interested entities. The group need not be large but passionate and committed to doing initial planning and research.
- Contact the school board and inquire about existing dropout and truancy statistics and existing prevention programs.
- Begin to assess the need for a truancy prevention program through informal interviews with key stakeholders in the community, including school social workers, parents, and students. Gathering preliminary information is an opportunity to elicit the support and commitment of judges, probation officers, schools, parents, potential volunteers, prospective funding sources, and others for future involvement with the project.
- Consider whether a volunteer-based program is appropriate and, if so, whether to use an attorney model or a non-attorney model. Information about both models is available on the *TIP* website.
- Identify the entity or individual who will assume leadership responsibility for full implementation of the program, including volunteer recruitment, training and management, and programmatic oversight.

More implementation information is available on the *TIP* website, [www.truancyproject.org](http://www.truancyproject.org).

## PROGRAM EVALUATION

*TIP* has received recognition from various groups.

- Designated a “model” program by the National Dropout Prevention Center/Network (NDPC/N). <http://www.dropoutprevention.org/scripts/search/progsearch.asp?action=display&refnum=238>
- In 2002, designated an “effective approach to truancy prevention” by the Vera Institute of Justice. [http://www.vera.org/publication\\_pdf/197\\_377.pdf#search=%22Truancy%20Intervention%20Project%20\(TIP\)%20%20Vera%20Institute%22](http://www.vera.org/publication_pdf/197_377.pdf#search=%22Truancy%20Intervention%20Project%20(TIP)%20%20Vera%20Institute%22)
- In 2006, recognized as a “model” truancy program by the Juvenile Justice Committee of the American Bar Association’s Criminal Justice Section. <http://www.abanet.org/crimjust/juvjus/truancyinterventionprograms.doc>
- In 2003 and 2004, received proclamations from the City of Atlanta, the Fulton County Commission and both Houses of the Georgia General Assembly in 2006, [http://www.legis.ga.gov/legis/2005\\_06/fulltext/sr947.htm](http://www.legis.ga.gov/legis/2005_06/fulltext/sr947.htm), for *TIP*’s innovative, tenured and successful approach to truancy intervention.

## AVAILABLE EVIDENCE

Since its inception, the *TIP* in has served over 2,600 children referred by the Fulton County Juvenile Court. Of 2,664 children served, 2072 did not return to juvenile court. This represents a 77.9% cumulative success rate since inception.

Over 830 Atlanta, GA, volunteers have donated over 64,290 hours of their time to *TIP* cases.

*TIP* now reaches children at an earlier age in the pattern of absenteeism. Since 1999, when *TIP* started tracking average days absent, the number of absences a child has at the time of referral to the project has dropped from 30.8 days in 1999 to 17.1 days in 2005. Early intervention before children have developed a pattern that is difficult to break increases the likelihood of making an impact in successfully returning children to school.

A similar program was established by the Ramsey County Attorney’s Office in 1995, in collaboration with 14 school districts, the county juvenile court, the county community corrections, and private agencies. An assessment of that initiative in 2002 found that, for a small investment per child, the program achieved the following results:

- The number of 9<sup>th</sup> to 12<sup>th</sup> grade students missing at least 15 days of school decreased from 73% to 42% between 1996-97 and 2000-01.
- The four-year completion rate among students who stayed in the St. Paul School District their entire high school career increased from 52% in 1996 to 63% in 2001.
- The number of truancy petitions filed in Juvenile Court dropped by 47% between 1995-96 and 2000-01.
- Each year, between 74% and 82% of students involved in *TIP* improved their attendance.

McNeely, C. (Sept. 2002). *Ramsey County Attorney’s Office Truancy Initiative: An Assessment of a Successful Collaborative Intervention Program*. The Konopka Institute for Best Practices in Adolescent Health. University of Minnesota.

<http://64.233.161.104/search?q=cache:0xY9Yp4cPzMJ:www2.co.ramsey.mn.us/attorney/docs/TIPAssessment.pdf>



## RESOURCES

- For information to obtain a *TIP* training manual or the step-by-step start-up *Export Manual* :

**Caren Cloud Barnes**, Staff Attorney and Export Coordinator  
TIP Georgia, Inc., 95 Pryor Street, Atlanta, GA 30312  
Phone: 404-224-4741  
E-mail: [ccloud@truancyproject.org](mailto:ccloud@truancyproject.org)

- TIP Georgia website. [www.truancyproject.org](http://www.truancyproject.org)
- ABA Standing Committee on Substance Abuse. (2001). *Truancy, Literacy and the Courts: A User's Manual for Setting Up a Truancy Intervention Project*. American Bar Association. [http://www.abanet.org/subabuse/truancy\\_brochure.pdf](http://www.abanet.org/subabuse/truancy_brochure.pdf)
- ABA Youth Lawyer's Division description of *Truancy Intervention Project* (Oct. 2002). <http://www.abanet.org/yld/elibrary/cincy02pdf/TruancyIntervention.pdf>

## BACKGROUND READING

### Websites

- **Effective Dropout Prevention Strategies.**  
<http://www.dropoutprevention.org/effstrat/effstrat.htm>
- **Model Truancy Prevention Programs.** Colorado Foundation For Families And Children. <http://www.schoolengagement.org/TruancyPreventionRegistry/Admin/Resources/Resources/9.pdf>
- **National Dropout Prevention Center/Network.**  
<http://www.dropoutprevention.org/ndpcdefault.htm>
- **National Dropout Prevention Center for Students with Disabilities.**  
<http://www.ndpc-sd.org/>

### Articles and reports

- Gonzales, R. & Mullins, T.G. (May 2004). *Addressing Truancy in Youth Court Programs*. In *Selected Topics on Youth Courts*. A Monograph. OJJDP. <http://www.youthcourt.net/publications/monograph.pdf>
- National Center for School Engagement. (2005). *Innovations in Truancy Prevention Practice: An Inventory of Selected Collaborations from around the United States*. National Truancy Prevention Association. <http://www.truancyprevention.org/TruancyPreventionRegistry/Admin/Resources/Resources/53.pdf>
- National Center for School Engagement. *Truancy Fact Sheet*. Colorado Foundation for Families and Children. <http://www.schoolengagement.org/TruancyPreventionRegistry/Admin/Resources/Resources/40.pdf>
- Pennington, J. & Barnes, C. (2006). *How to Establish and Run a Truancy Program*. Criminal Justice Section Newsletter Vol.14/3 (Spring 2006). <http://www.abanet.org/crimjust/juvjus/truancyarticle.pdf>

***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**STEP 8.**

**Youth in  
Juvenile Justice Facilities**

- **Introduction**
- **Discipline with Dignity (DWD)** *(a promising practice)*
- **Guided Language Acquisition Design (GLAD)** *(an emerging practice)*
- **Pathfinder Educational Program** *(a promising practice)*
- **Promoting Family Involvement for Youths in the Juvenile Justice System** *(a promising practice)*
- **School-Wide Behavioral Management in Juvenile Justice Settings** *(a promising practice)*
- **Staff Development for Educators of Confined Youth** *(a promising practice)*
- **The Futures Channel Digital Video Resource Library (DVRL)** *(a promising practice)*

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 8. Youth in Juvenile Justice Facilities***

### **INTRODUCTION\*** **Correctional Education Tools**

Correctional educational systems are in a unique position to dramatically alter the outcomes for delinquent youth. Education is considered the foundation for programming in most juvenile institutions and should be central to the rehabilitation of troubled youth. Providing youth with educational skills is one of the most effective approaches for preventing delinquency and reducing recidivism.

Correctional education programs have the capacity to provide students with an array of experiences and to provide them with a number of academic and social skills that are essential to successful post-secondary outcomes. Correctional programs can implement strong academic programs to improve reading skills and promote knowledge in content areas among their students. Increased levels of literacy and academic performance are associated with lower rates of juvenile delinquency, re-arrest, and recidivism.

Additionally, correctional education programs can provide high quality vocational programming, opportunities to earn high school credits or a Graduate Equivalency Degree (GED), and can help students to plan for future academic and employment opportunities upon release from the facility. Providing students with these skills will help them to better navigate the post-secondary opportunities and responsibilities that often prove insurmountable to court-involved youth.

The demographic and educational characteristics of incarcerated youth place them at extreme risk for school failure and other deleterious outcomes that begin well before their confinement in correctional facilities and are significant risk factors for delinquent behavior. Unfortunately, the adequacy of education services for youth in juvenile corrections facilities is highly variable. The quality of educational services received by detained and incarcerated youth is dependent upon the agency providing those services which varies from state to state. Depending on the state, education programs are

---

\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

operated by local education agencies (LEAs), state or local juvenile justice agencies, private contractors, or by state departments of education.

The variation in the quality and types of services provided in juvenile correctional settings have resulted in a fractured understanding of the types of services juvenile corrections education programs should provide. Nonetheless, effective education, behavior management, and transition programs have been developed in correctional settings and can be successfully implemented in all juvenile corrections facilities.

The majority of youth enter correctional facilities with a range of intense educational needs that are often compounded by mental health, medical, and social concerns. Many incarcerated juveniles are marginally literate or illiterate, have experienced high rates of disciplinary removal from school, high rates of grade retention, school failure, and drop out. Detained and incarcerated youth are also disproportionately male, poor, from minority backgrounds, and have significant learning and/or behavioral problems. Many of these problems entitle them to all of the special education and related services they would be eligible for in the public school system (Burrell & Warboys, 2000). Many of these students lack the educational background to obtain high school diplomas, and most lack basic skills necessary to successfully identify and procure post-secondary employment or educational opportunities. Court-involved youth continue to be undereducated, underemployed, and more likely to have future involvement with the juvenile or adult justice systems than their peers.

Although educators face a number of challenges developing and implementing effective education and transition practices for detained and incarcerated youth, there are a number of model programs that have demonstrated successful outcomes for youth in many areas. A number of facilities have successfully implemented positive behavioral interventions and supports (PBIS), dramatically improving the level of appropriate behaviors within the facilities.

Researchers have begun to demonstrate the effectiveness of scientifically supported academic programs in correctional settings and have documented improvements in the literacy skills of students in secure care settings. Finally, researchers have worked with correctional education programs to help students to prepare for the transition out of the facility, and provide them with the skills and supports to successfully reintegrate into their community and/or school (see Step 9: Aftercare and Community Reintegration from Juvenile Justice Facilities). These programs have shown that positive changes for troubled youth are possible and that juvenile corrections educators can positively impact the academic and social lives of confined youth.

While the majority of detained and committed youth have severe to moderate skill deficits and prior school experiences marked by truancy, suspension, and expulsion, others may be performing at or above grade level. As a result, juvenile correctional education programs need to provide a comprehensive range of options for youth.

In Step 8, we provide tools that will help juvenile corrections facilities develop successful educational programs that promote academic, behavioral, and social outcomes for delinquent youth. We provide examples from successful correctional education programs. The steps described in this section include:

- A. Preparation for Reintegration: Developing programs that prepare youth for reintegration into school and society;
- B. Individual Learning Plans: Developing plans designed to meet the unique needs of students with a range of academic, behavioral, and social issues;
- C. Behavior Management/Behavior Shaping: Incorporating a comprehensive behavior management program to improve student behavior in facilities and in social programs outside the facilities;
- D. Classroom Strategies: Implementing strategies to promote acquisition of knowledge and skills in all content areas aligned with state standards mandated under the No Child Left Behind Act (NCLB);
- E. Staff Development: Programs that continually train staff to implement best practices in academics, behavior management, and secure care practices;
- F. Staff Cooperation (education, direct care, and health care): Developing systems that promote cooperation and integration across the academic, health care, and secure care domains; and
- G. Promoting Family Participation: Developing programs that promote family participation in all aspects of a student's involvement with the facility and the transition out of the facility.

The tools described in this section have been developed from programs that have demonstrated positive outcomes for delinquent youth. The tools are designed to provide educators, administrators, and policy makers with a blueprint for the development of high quality correctional education programs. The organization of the tools stress the importance of anticipating the diverse needs students, designing individually tailored education programs, and planning for the transition of students out of the facility and reintegration back into the community. Each of the tools requires, or is enhanced by, cooperation across the systems within each facility, integration of the family or caretaker at each step of the educational process, and coordination of services with the home school and community services available to the student. Implementation of the tools will help facilities improve the quality and level of service and should improve academic, social, and post-school outcomes for detained and incarcerated youth.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 8. Youth in Juvenile Justice Facilities***

### **Discipline with Dignity (a promising practice)**

#### **BRIEF OVERVIEW**

Examining the broad framework of classroom management, effective teaching, and developmentally appropriate practices, *Discipline with Dignity (DWD)* reflects a proactive approach to preventing problem behavior. This model offers a framework with ten objectives that emphasize effective classroom-change strategies. These strategies can change the classroom dynamics, thus removing or eliminating behavioral problems.

*DWD* is a flexible program for effective school and classroom management that teaches responsible thinking, cooperation, mutual respect, and shared decision making. This approach was developed by Dr. Richard Curwin and Dr. Allen Mendler, authors of the book *Discipline with Dignity*.

Essential features of this approach:

- equips educators with classroom skills, techniques, and structure that enable them to spend less time dealing with behavioral problems and more time on positive interactions with students and on instruction;
- provides a framework for educators to develop tools and skills allowing them to become effective within their own style of classroom management;
- defines a mechanism for developing self-esteem, while providing students with tools essential for responsible decision making;
- enhances and preserves students' dignity regardless of their behavior;
- provides principles that governing behavior;
- describes effective teaching strategies;
- provides interventions and classroom accommodations; and
- reduces and or minimizes socialized aggression.

#### **IMPLEMENTATION ESSENTIALS**

Discipline Associates offers various training formats, including workshops ranging from a half day to several days, as well as a Training-of-Trainers program. A multi-year program that trains school or institute personnel to become in-house trainers has proven the most effective long-term tool and Discipline Associates can build a format to meet specific needs and available resources (<http://www.disciplineassociates.com/faq.htm>).

Implementation of *DWD* includes the following:

- developing the school community of in-school factors and identifying or creating school-based methods that will address each one;
- using methods of discipline prevention other than rules and consequences;
- Creating classroom and school-wide social contracts;
- diffusing problem situations in a manner that protects the offending student's dignity, the educator's authority, and the class' integrity;
- implementing school and classroom practices that make students feel welcome and important in class;
- developing school-wide strategies for working with difficult students; and
- establishing classroom rules that promote appropriate behavior while teaching responsibility to students.

Factors that foster success of *DWD* include:

- the ability to maintain each individual's dignity in the discipline process;
- teachers and staff beginning to view discipline as an integral part of instruction;
- application of specific strategies for teaching responsibility to students;
- enhancement of self-esteem through developing responsible behavior;
- understanding the key differences between consequences and punishments and why consequences are more effective;
- using proven strategies in classrooms for effectively managing the behavior of disruptive students;
- recognition of ineffective methods and understanding why they fail;
- confidence and skills applied when defusing potentially explosive classroom situations;
- identification of the basic needs which motivate problem behavior and then matching strategies based upon the need(s) responsible for that behavior;
- discerning the connections between motivation, effective teaching practices and discipline; and
- developing an effective discipline plan which integrates components of Discipline with Dignity.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

*DWD* is a promising practice because it incorporates what research has shown works with regard to effective discipline practices. It also has been recognized as a violence prevention resource.

- Cotton, K. (1990). The research on discipline practices. In *Schoolwide and Classroom Discipline*. School Improvement Research Series (SIRS): Close-up #9. <http://www.nwrel.org/scpd/sirs/5/cu9.html>
- Evanski, Gerard. (undated). Brain-Compatible Discipline (with Dignity). An editorial available on-line on the Discipline Associates website. <http://www.disciplineassociates.com/printeditorial4.htm>

- Violence Prevention Resources (May 2006) <http://education.umkc.edu/Safe-School/documents/Violence%20Prevention%20Resources.pdf#search=%22%22discipline%20with%20dignity%22%20%22model%20program%22%22>

The DWD website reports it has been used in residential facilities with juvenile delinquents as well as with special needs, behaviorally challenged students in regular and special education programs.

The Kalamazoo RESA Juvenile Home School, <http://www.kresa.org/kcjhs/>, regards the development of social skills and emotional stability as an integral part of a student's education. Problematic and maladaptive behavior can be prevented with effective program development models. Implemented at the Kalamazoo RESA Juvenile Home School, the *Discipline with Dignity* model is regarded as preventive in nature. Much of the development in the area of preventing problematic behavior is through consultative and collaborative partnerships with Juvenile Home School staff, the Kalamazoo County Courts, and Day Treatment program.

## RESOURCES

- *Discipline with Dignity*® (DWD) is exclusively offered by Discipline Associates and those trained or licensed by Discipline Associates. Information is available on its website. <http://www.disciplineassociates.com/dwd>
- Curwin, R., & Mendler, N. (1999). *Discipline with Dignity*. Alexandria, VA: Association of Supervision and Curriculum Development. Available for purchase on the DWD website. <https://www.disciplineassociates.com/Default.ASP>.
- Other books, DVDs/videos and audiotapes on working successfully with difficult students also are available on the DWD website. <https://www.disciplineassociates.com/orderform.htm>.
- A bibliography of additional references regarding DWD is available on-line from the Internet School Library Media Center (ISLMC). <http://falcon.jmu.edu/~ramseyil/disciplinebib.htm#A>
- Course Outline: Discipline with Dignity. *A Graduate Course for Educators*. Education Institute. <http://www.teachereducation.com/dwdout.html>

## BACKGROUND READING

- The Center on Education and Lifelong Learning. (n.d.). *School Climate and Discipline*. Indiana Institute on Disability and Community. Indiana University. <http://www.iidc.indiana.edu/cell/discipline.php>
- *School Discipline & Classroom Management: A Bibliography*. Internet School Library Media Center (ISLMC). <http://falcon.jmu.edu/~ramseyil/disciplinebib.htm#A>
- Wilson, L.M. & Corpus, D.A. (Sept. 2001). *The effects of reward systems on academic performance*. *Middle School Journal*, 33/1, pgs 56-60. [http://www.nmsa.org/research/res\\_articles\\_sept2001.htm](http://www.nmsa.org/research/res_articles_sept2001.htm)



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 8. Youth in Juvenile Justice Facilities***

### **Guided Language Acquisition Design (GLAD) (an emerging practice)**

#### **BRIEF OVERVIEW**

*Guided Language Acquisition Design (GLAD)* is a model of professional development with proven replicability in more than 120 school sites. Through *Project GLAD* training, teachers are provided with research, theory, and practical, effective strategies that promote academic language, literacy, academic achievement, and cross-cultural skills. Tied to English language development standards, the model trains teachers to use local district guidelines and curriculum in providing instruction in multi-lingual classrooms. *Project GLAD's* focus is on teachers in multilingual classrooms serving students in kindergarten through 8<sup>th</sup> grade. The project has been used successfully with more than 30,000 English learners nationwide.

*GLAD* training results in teachers' renewed commitment to high expectations and high standards for all students. The results for students has been continued gains in standardized test scores as well as renewed involvement in a classroom that is, not only student-centered, but also fosters a sense of identity and voice.

#### **IMPLEMENTATION ESSENTIALS**

*Project GLAD* is a model of staff training for language acquisition. Teachers are trained to modify the delivery of instruction of students to promote academic language and literacy. *GLAD* has two components.

**The first component is the "what" of the language acquisition model.**

The "what" of the *GLAD* provides an organizational structure for an integrated, balanced literacy approach.

The integration of listening, speaking, reading, and writing among all content areas and the interrelating of science, social studies, and literature with each other, underscores research that language is acquired most effectively when the emphasis is on meaning and not on form. Any language should be acquired while studying something of interest or real life use.

Brain research reinforces that by integrating the content areas with each other and direct teaching of metacognitive strategies, learning is made more relevant and meaningful, thus

insuring more efficient and effective learning. The strategies and classroom implications foster a risk-free, cross-culturally sensitive environment within which students are able to acquire academic language and concepts. Although, as written, the *GLAD* model is intended for English Language acquisition for second language learners, it is valuable for acquisition of language for all students. The structure, strategies, and classroom implications are invaluable in a multi-lingual setting.

**The second component is the "how" of the staff training.**

### **Element 1: Theory and Research**

Training in theory and research with practical classroom implications and applications occurs over a two-day period. It covers the works of educators across the disciplines of reading, writing, brain compatible teaching, language acquisition, cross-cultural respect, primary language, and coaching. Research is directly tied to specific classroom implications, strategies, and organization.

### **Element 2: The Demonstration Lesson**

Observation of a demonstration session occurs in a classroom all morning for one week. The unit has been requested by the classroom teacher and written by the team of trainers. One of the trainers works with the children by presenting the strategies. The other trainer observes in the back of the room. This trainer is explaining what is being done, why, and generally answering questions concerning the lessons. Afternoons are spent on feedback and collaboration such as initial planning with the trainers for the trainees' upcoming units. Seeing successful strategies modeled with students is the most effective method of promoting change.

### **Element 3: Follow-up and Coaching**

This element reduces time out of class as it promotes meaningful follow-up. The trainers visit classrooms to provide encouragement and assistance if required. This model uses some of the cognitive coaching elements from Art Costa in that the coach or trainer only observes and provides feedback on things that are specifically requested by the teacher. The follow-up time is 1-2 days.

### **Element 4: Key Trainers**

If a team of trainers are to become key trainers, they must be:

- designated by their districts as staff development trainers;
- committed to working in teams of two or more; and
- committed to more training than the teachers.

For certification (in addition to Tier One training requirements for teachers), these Tier Two requirements apply:

- a minimum of six months of classroom experience as a trained teacher;
- two to four practice demonstration lessons with team partner (peer coach);
- two to four practice in-service workshops presenting theory, research, and classroom application with team partner (peer coach);

- certification/evaluation done by a *GLAD* trainer on presentation of workshop and demonstration session.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

Project GLAD has over ten years of data and personal testimony to its effectiveness recognized in grades Kindergarten to 1st grade.

- In 1991, Project GLAD was declared Exemplary by the California Department of Education. The growth of standardized test scores far exceeded the norm.
- In 1991, Project GLAD was declared a Project of Academic Excellence by the U.S. Department of Education. At a national level, the growth in scores also far exceeded the norm.
- Project GLAD was chosen as a national dissemination model of effective training for teachers in multilingual settings.
- Five GLAD-trained schools have won Title I Achieving Schools Awards.
- GLAD is a recognized Model Reform Program for the California School Reform Design.
- Project GLAD has trained in over 120 school sites nationally.
- Project GLAD has certified 24 sets of key trainers to train in their own districts.

In March 2004, the Orange County Department of Education, Alternative Community Correctional Education Schools and Services (ACCESS) Division provided a one-day overview of *Project GLAD* for all ACCESS educational staff. Following this initial overview, several teachers attended the full six-day *GLAD* training provided through the Orange County Department of Education partnership with Capistrano Unified School District. Because these sites are often short-term placements, data on student achievement over time is difficult to acquire. However, teacher practice has changed significantly where *GLAD* strategies have been implemented. Teachers that in the past had been fearful about engaging students in cooperative and large group learning opportunities (pairs or larger) are now actively engaging students in the learning process. These teachers are excited about the changes they have seen in the affect of students within their programs and have noticed a significant decrease in serious incident reports (SIRs) in those classrooms in which *GLAD* practices are being used. Because no specific data is yet available regarding its effectiveness in that context, we are designating this as an emerging practice.

GLAD was recognized by the Hispanic Dropout Project 1997 as a Title VII Academic Excellence Award Winning Program. <http://www.ncela.gwu.edu/pubs/hdp/2/>

## **RESOURCES**

- Contact for more information about Project GLAD training grades K-8:

Project GLAD National Training Center  
 c/o Marcia Brechtel  
 Orange County Department of Education  
 P.O. Box 9050  
 Costa Mesa, CA 92628-9050  
 Phone: 714-966-4156; e-mail: [projectglad@ocde.us](mailto:projectglad@ocde.us)

- Contact for more information about Project GLAD training at the high school level.

Capistrano Unified School District  
Project GLAD  
c/o Jackie Campbell, Director of English Language Development  
33122 Valle Road  
San Juan Capistrano, CA 92675  
Phone: 949-34-9257  
E-mail: [JLCampbell@capousd.org](mailto:JLCampbell@capousd.org), [fasmith@capousd.org](mailto:fasmith@capousd.org), or [mcwalker@capousd.org](mailto:mcwalker@capousd.org)

- Project GLAD website. [www.projectglad.com](http://www.projectglad.com)
- GLAD Toolkit. <http://www.psd1.org/glad/toolkit.htm>
- The Language of Learning. The California Report.  
<http://www.californiareport.org/domains/californiareport/060522-bilingual.jsp#part1>

## **BACKGROUND READING**

- Brechtel, M. (2001). *Bringing It All Together: Language and Literacy in the Multilingual Classroom*.
- Effects of the Implementation of Proposition 227 on the Education of English Learners, K-12. Findings from a Five-Year Evaluation: Final Report. By: Thomas B. Parrish, María Perez, Amy Merickel, [Robert Linqunti](#). <http://www.wested.org/cs/we/view/rs/804>
- National Association for Bilingual Education (NABE). <http://www.nabe.org/>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 8. Youth in Juvenile Justice Facilities***

### **Pathfinder Educational Program (a promising practice)**

#### **BRIEF OVERVIEW**

The *Pathfinder Education Program (Pathfinder)* in Lincoln, Nebraska, is a multi-faceted educational program for incarcerated youth. The goals of the program are to provide educational opportunities that allow students the opportunity to enhance basic academic skills, technology abilities, and career options and develop personal growth skills through comprehensive, individualized instructional programs of study.

*Pathfinder* has three key components:

- **Organization.** Education is provided through an intergovernmental agreement between Lincoln (Nebraska) Public Schools Educational Service Unit and Lancaster County. Funding is provided from the Nebraska Health and Human Services Department and Title I of the Elementary and Secondary Education Act (Title I). Teachers are selected through the public school Human Resources Department and state certified. Because the Lancaster County Detention Center is connected with the public schools, incarcerated students can earn credit toward high school completion. A centralized computer system also allows administrators to easily access Individualized Education Programs (IEPs) for students with special needs as well as mental health, behavioral, and medical records. This inter-agency organization greatly facilitates the prompt assessment of individual student needs.
- **Education Staff.** Staff are expected to be caring, compassionate, flexible, and have an understanding of the unique needs of youth as they move through the juvenile justice system. These characteristics are crucial in establishing trusting relationships that will assist youth in confidently accepting instruction and attaining skills. In addition, educators must have the ability to quickly assess gaps in educational skills and design individual educational plans to meet their needs. Low teacher-student ratios (9:1 on average) are maintained within a class day consisting of six 40-minute periods. Secure staff is also expected to assist in the education of students in and out of the classroom.
- **Curriculum.** Pathfinder leadership was instrumental in developing Nebraska Department of Education Rule 18 (<http://www.nde.state.ne.us/LEGAL/COVER18.html>). Effective December 29, 2003, Rule 18 mandates that interim placement schools must provide instruction in language arts, science, science, and mathematics. In addition, *Pathfinder* provides

instruction in reading, fine arts, and health. In addition, the needs of special education students must be met in compliance with federal law and transition services must be in place upon discharge. The Pathfinder program thus delivers a curriculum in line with the local public school system within a rich, literate environment and the staff is given professional latitude in modifying curriculum to meet the individual needs of the student.

In addition to innovative teaching strategies, the Pathfinder program utilizes Nova NET®, a computer-based, online course system for grades 6-12 (see <http://www.pearsondigital.com/novanet/>). This program employs adaptive instruction techniques which allow teachers to design individualized instruction accommodating diverse student needs.

An extensive life-skills program, described below, is provided during non-school hours. This program focuses on giving students practical skills needed to transition to life in the community.

## **IMPLEMENTATION ESSENTIALS**

*Pathfinder* operates effectively with a multi-layered system of active supports. Collaboration between agencies is seen as essential and is supported by legislative mandates (RULE 18). Nebraska Health and Human Services, Title One, federal, and local grants all provide funding. Expenses are shared between the state, county agency, and public school. Technology support to allow for Internet research and lesson development is critical to engaging student interest and meeting unique needs. Teacher resources and training are a top budget priority. The largest and most critical expenditure is payroll. Without adequate, high quality people the program cannot function.

Teachers are hired who are experts in their field and demonstrate a passion for working with incarcerated youth. Administrative staff assists educators by allowing them a wide berth of professional latitude and providing information on admitted students. Communication within the school is facilitated at weekly meetings of all education staff during which IEP goals and objectives are discussed and information is shared as to what works or does not work with individual students.

Individualized instruction is facilitated by thematic units of study. These units might include building catapults, analyzing political cartoons, journal writing, exploring literature or creating art. Teacher-created units allow for individual student participation whether they have been incarcerated for four weeks or four hours.

The use of Nova NET® is facilitated by a teacher who provides specialized instruction for all students involved in the program. Students with special needs are typically mainstreamed. Students with more urgent academic needs are accommodated through a specialized reading program or one-on-one instruction in areas of difficulty. Male and female students are not separated, but taught in co-ed classes to resemble a regular public high school. In addition to building thematic units, team teaching also is utilized.

The life skills curriculum is supported by a large and varied group of professionals. Local businesses and organizations provide education in their specific areas of expertise. Volunteers

from the community are used extensively. Professionals within the facility are also utilized. All staff members are trained to provide life skills education. Community outreach and inter-staff collaboration are crucial to the success of the program.

**Personnel.** The school is fully staffed according to public school guidelines. There is one teacher each for math, science, English, social studies, physical education, reading, fine arts, and Nova NET. There are three para-educators for academics and one to assist with Nova Net. There are three Life Skills teachers and one staff secure educator assisted by a para-professional.

## **PROGRAM EVALUATION**

- The program was recommended as a model program in an April 8, 2004 report from the Center for Research and Professional Development (CRPD) to the National Juvenile Detention Association (NJDA) authored by Cramer-Brooks, C. & Roush, D.W.
- It was deemed one of the finest correctional education programs in the United States (Memorandum dated October 28, 1994 to Dr. Susan Gourley, Superintendent/Lincoln Public Schools from Dr. Peter Leone, Ph.D., Director, National Center on Education, Disability and Juvenile Justice [EDJJ]).

## **AVAILABLE EVIDENCE**

Survey protocols were developed by *Pathfinder* staff in collaboration with Lincoln Public Schools. Questions gauged both teacher and student perceptions of the programs using a Likert scale from 1 ("strongly disagree") to 4 ("strongly agree"). Data was collected at two points and mean values scored for each question. Significant findings report:

- A significant number of students feel they are treated well (3.32; 3.38).
- A significant number of students feel they have gained knowledge and skills (3.13; 3.14).
- Teachers feel the students are provided a caring, encouraging environment (3.00; 2.89).
- The overall percentages of students who strongly agree or agree with:
  - Pathfinder staff treats them well – 92%;
  - gained knowledge and skills – 84%; and
  - felt better about learning since starting program – 71%.

## **RESOURCES**

- Contact for more information.

**Randy Farmer**

Phone: 402-441-6817

E-mail: [rfarmer@lps.org](mailto:rfarmer@lps.org)

- Cramer-Brooks, C., & Roush, D.W. (April 2004). An assessment of the Pathfinder Education Program: The School program for youth at the Lancaster County Youth Services Center operated by the Lincoln Public Schools. Center for Research and Professional Development. East Lansing, MI. (Copy available from CRPD; phone: 1-517-432-1242).

- Pathfinder Education Program home page. <http://pathfinder.lps.org/>
- Pathfinder Educational Program. Lancaster County Juvenile Detention Center. <http://www.ci.lincoln.ne.us/CNTY/atten/educate.htm>
- Zablocki, M. (2005). Pathfinder Education program: Lancaster County, Nebraska Detention Center. In *EDJJ Notes*, 4,(1). <http://www.edjj.org/edjjnotes/volume4number1.pdf>

## BACKGROUND READING

- Leone, E. & Meisel, S. (1997). Improving Education Services for Students in Detention and Confinement Facilities. *Children's Legal Rights Journal*, 1997, v. 17 (1)., (pp. 1-12). Reprinted at: [http://www.edjj.org/Publications/list/leone\\_meisel-1997.html](http://www.edjj.org/Publications/list/leone_meisel-1997.html)
- Meisel, S., Henderson, K, Cohen, M & Leone, P. (1998). Collaborate to educate: Special education in juvenile correctional facilities. In *Building Collaboration Between Education and Treatment for At-risk and Delinquent Youth* (pp. 59-72). Richmond: National Juvenile Detention Association, Eastern Kentucky University. Reprinted at: [http://www.edjj.org/Publications/list/meisel\\_henderson\\_cohen\\_leone-1998.html/](http://www.edjj.org/Publications/list/meisel_henderson_cohen_leone-1998.html/)
- National Council on Disability. (2003). Addressing the Needs of Youth with Disabilities in the Juvenile Justice System: The Current Status of Evidence-Based Research. <http://www.nicic.org/Library/018987>
- Quinn, M. M. et al. (2001). Students with Disabilities in Correctional Facilities. <http://ericec.org/digests/e621.html>.
- The National Center on Education, Disability and Juvenile Justice. (n.d.). The case for quality education in juvenile correction facilities. <http://www.edjj.org/focus/education/>.



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 8. Youth in Juvenile Justice Facilities***

### **Promoting Family Involvement for Youth in the Juvenile Justice System (a promising practice)**

Educators are well aware that parent involvement can play a significant role in increasing student achievement and decreasing behavioral problems. Additionally, they understand the obstacles that exist to achieving family involvement when students are confined in juvenile-justice (JJ) facilities. Educators in correctional facilities are knowledgeable about the rights of parents to meaningfully participate in the development and implementation of Individualized Education Programs (IEPs) for their children, and understand the barriers to exercising those rights when the student is in secure confinement.

Research on effective education practices has shown that family involvement has a positive impact on student achievement. For incarcerated youth, potential positive long-term outcomes include:

- The ability to maintain and strengthen on-going relationships between youth and their families.
- The ability to facilitate a youth's successful re-entry back to his or her community upon release from confinement.
- Families who make an investment in the educational and service planning for their incarcerated children are likely to feel some ownership and commitment to follow through.
- Families can learn better skills for responding to situations and behaviors involving their children and how to resolve conflicts.
- Families can learn how to work constructively with educators, service providers, and other professionals.
- Families can learn to reinforce youth's positive behaviors and accomplishments.
- Because family involvement can be a protective factor and increases resiliency, it can reduce recidivism.

Because family involvement can be so critical to academic achievement and student well-being, when a student's parents are unavailable despite the best efforts of educators to involve them, the school seeks out extended family members. When those efforts are unsuccessful, outreach is made to persons in the community familiar with the student who might be willing to serve as

a mentor and advocate for the student. Therefore, family involvement involves a broad and practical definition of “family.”

While family members of some incarcerated students might be viewed as a source of negative influences, anxiety, stress, and even trauma that interferes with learning, these students eventually will be released back into their home communities. For those youth who come from chaotic environments and have families who live difficult lives, providing supportive assistance to their families is extremely important. Correctional programs committed to providing a therapeutic environment for rehabilitation of youth understand that working with family members, not excluding them, is critical to reducing recidivism.

Because educators in corrections settings are eager to learn and implement strategies that promote healthy family involvement, a guidebook created for that purpose is described in this *Tool*.

## **BRIEF OVERVIEW**

***Working with Families of Children in the Juvenile Justice and Corrections Systems: A Guide for Education Program Leaders, Principals and Building Administrators*** (2006) was developed for the National Evaluation and Technical Assistance Center for the Education of Children and Youth Who are Neglected, Delinquent, or At Risk (NDTAC). It is available online on the NDTAC website: <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200611a.asp>. Development of this guide included collecting examples of effective practices from correctional education administrators and consulting with families.

This guide includes information regarding:

- who has responsibility for family involvement and what should they do;
- factors to consider when working with families to insure educational access and successful transitions;
- characteristics of good relationships between schools and families;
- what families say helps them to get involved with correctional education programs;
- what families expect and desire in a correctional education program
- supporting family involvement;
- using family visits to engage parents in school activities;
- what to do when a family visit does not go well; and
- how do you know family involvement is improving.

## **IMPLEMENTATION ESSENTIALS**

Effective programs for involving families typically have certain characteristics, including:

- Effective programs are based on research and sound theory, are implemented as designed, are adequately funded, and are evaluated with regard to what they do.
- They create a welcoming environment for all families.
- Family involvement begins early—at the time of admission when possible (for example, by providing an orientation for families).

- They ask families for information about the best way to involve them (e.g., what language to use); what medium to use (email, phone, 3<sup>rd</sup> party contact); the best time of day to call; how to leave messages; etc.
- They understand how a family is influenced by its culture and respect the family's culture.
- They are creative and persistent in establishing communication with families, using multi-strategies to reach out to families, and providing families with regular reports about all services their child is receiving.
- They establish and maintain ongoing communication with family members and consult regularly and positively about their children.
- They sponsor social activities (e.g., picnics, festivals, family nights, etc.).
- They develop school-wide and institutional policy and programs that encourage family involvement.
- They involve the families in after-care planning.
- They have leadership and commitment from the administration.
- They use technology (i.e., telephone conferencing, email, and webcams).

Other features that an effective program might have are:

- connecting families with each other (e.g., offering peer support groups on visiting days);
- offering education and skills training to families (e.g., computer skills; English language; parenting skills; job seeking skills; medication management; student education rights);
- offering incentives for family involvement (e.g., extra family visit after attending an IEP meeting);
- recruiting family members to serve on advisory groups;
- collaborating with the community; and
- encouraging families to learn about their child's disability (for example, refer them to disability and parent resource centers, <http://www.taalliance.org/centers/index.htm>).

Special efforts that might be made with families that are hardest to involve include:

- repairing relationships between the student and his/her family;
- employing family liaisons to work with families;
- tailoring individualized approaches to tap into the strengths of each family; and
- finding the best pathway to reach the family.

Funding resources for family involvement include:

- the Individuals with Disabilities Education Act (IDEA);
- Title I, Part D of Elementary and Secondary Education Act (ESEA);
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) formula grant funds;
- Mental Health and Substance Abuse Prevention and Treatment Block Grants; and
- Systems of Care grants focused on returning students to their home communities and schools.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

There are a number of family involvement programs that have been designated “exemplary” programs, “model” programs, or “promising” practices as described in various reports:

- Kumpfer, K. L., & Alvarado, R. (1998, November). Effective family strengthening interventions. *Juvenile Justice Bulletin*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. [Note: A summary of this report and the interventions it recommends is available at: <http://www.tyc.state.tx.us/prevention/effective.html>].
- Kumpfer, K.L. (1999). Strengthening America’s families: Exemplary Parenting and Family Strategies For Delinquency Prevention. OJJDP. [http://www.strengtheningfamilies.org/html/literature\\_review\\_1999.pdf](http://www.strengtheningfamilies.org/html/literature_review_1999.pdf)
- Strengthening America’s Families Project, OJJDP & CAPS, [www.strengtheningfamilies.org](http://www.strengtheningfamilies.org)

Most of these programs have not been evaluated in the context of youth confined in juvenile justice facilities, although some have been and are being used in such facilities.

For example, the **Jackson Project** is an initiative launched in October 2005 by the North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP). It is piloting a number of concepts associated with DJJDP’s move to a new model of care including: replacing large juvenile justice facilities with smaller facilities scattered throughout the state in order for youth to be placed close to their home communities; blended education-treatment programming; a focus on positive youth development; and a model of care focused on therapeutic interactions between youth and staff. The project includes an emphasis on family involvement throughout each facility that serves students, including education programs. Family involvement programming includes family communication, parents’ monitoring and supervisory strategies, and family discipline practices. A presentation about the Jackson Project is available online: *Staying Focused on Youth Putting Families First*, [http://www.neglected-delinquent.org/nd/events/webinars/webinar0806\\_steinberg\\_haley.ppt](http://www.neglected-delinquent.org/nd/events/webinars/webinar0806_steinberg_haley.ppt).

## RESOURCES

- New York State Office of Corrections. Family Advocacy Bureau, Juvenile Residential Services. <http://www.ocfs.state.ny.us/main/faqs/juvenilefaq.asp>  
[Note: Uses Family Advocates training to work with families. Provides limited assistance to family members to enable the family to visit their children in placement (i.e. pick up the family, logistical and/or financial assistance).]
- Osher, T., & Huff, B. (2006). *Working With Families of Children in the Juvenile Justice and Corrections Systems: A Guide for Education Program Leaders, Principals, and Building Administrators*. National Evaluation and Technical Assistance Center for the Education of Children and Youth Who are Neglected, Delinquent, or At Risk (NDTAC). (Available online in December 2006.)
- Osher, T., & Huff, B. (July 2006). *Webinar: Supporting Family Involvement of Students in the Juvenile Justice and Corrections System*. NDTAC. Available at: [http://www.neglected-delinquent.org/nd/events/webinars.asp#family\\_involvement](http://www.neglected-delinquent.org/nd/events/webinars.asp#family_involvement)
- Texas Youth Commission. *Ways the system is working with families*. Available at: [http://www.tyc.state.tx.us/about/annual/section3/p8\\_family.html](http://www.tyc.state.tx.us/about/annual/section3/p8_family.html)

## BACKGROUND READING

- Brock, L., Burrell, J., & Tulipano, T. (Aug. 2006). *Family Involvement*. NDTAC Issue Brief. <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200608b.asp>
- Epstein, J.L., & Salinas, K.C. (May 2004). *Partnering with families and communities*. In *Educational Leadership*. vol. 61, #8 (p. 12-18). [http://pdonline.ascd.org/pd\\_online/success\\_di/el200405\\_epstein.html](http://pdonline.ascd.org/pd_online/success_di/el200405_epstein.html)
- Garfinkel, L.F., et al. (1999). *Promoting Family Involvement*. In *Unique Challenges, Hopeful Response: A Handbook for Professionals Working with Youth with Disabilities in the Juvenile Justice System* PACER Center (2<sup>nd</sup> ed.). [www.edjj.org/publications/list/pacer-1997.pdf](http://www.edjj.org/publications/list/pacer-1997.pdf) (Includes "Things Professionals can do to Involve Families," and "Ways to reach underinvolved families.")
- Osher, T., & Huff, B. (August 2006). *Spotlight: Strategies to engage families*. NDTAC. <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200608a.asp>
- Osher, T., & Hunt, P. (Dec. 2002). *Involving families of youth who are in contact with the juvenile justice system*. NCMHJJ Research and Program Brief. <http://www.ncmhjj.com/pdfs/publications/Family.pdf>
- Walker, J., & Friedman, K. (2001). *Listening and learning from families in juvenile justice*. Columbia, MD: Maryland Coalition of Families for Children's Mental Health. Retrieved August 11, 2006, from <http://www.mdcoalition.org/jjustice.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 8. Youth in Juvenile Justice Facilities***

### **Schoolwide Behavioral Management in Juvenile Justice Settings (a promising practice)**

Educators cannot assume students have the knowledge and skills to behave appropriately in school. This is especially true of youth confined in juvenile detention and correctional facilities (referred to herein as “juvenile justice facilities”). Using school-wide systems of instruction and support, students with behavior-skills deficits can be taught appropriate behaviors.

Based on research and experience, it is now known that punishment, negative consequences, and aversive discipline approaches are not effective in teaching acceptable social behaviors to youth incarcerated in juvenile justice facilities. These methods are counterproductive and send the wrong message. They are particularly ineffective with the substantial number of incarcerated youth who have significant mental health and educational disabilities. Research has shown it is more effective to teach and reinforce pro-social behaviors and self-discipline. A promising approach for correctional educators and staff in managing behavior is school-wide behavior management.

#### **Common features of school-wide behavior support systems**

There are several variations of school-wide systems of behavioral support. Two are described below for illustrative purposes. However, they all typically have these features in common:

- clearly defined and communicated expectations and rules, with an emphasis on appropriate behavior (focused on what to do and what to avoid doing);
- an instructional component for teaching students self-control and social skill strategies;
- consequences and clearly stated procedures for correcting behavior errors;
- a support plan to address the needs of students with chronic, challenging behaviors;
- consistency in all environments: in the classroom, across classrooms, in the school building, and throughout the facility;
- total staff commitment to teaching and reinforcing desired behavior, whatever approach is taken;
- training (including cross training) and professional development of all staff; and
- long-term commitment by the school leadership for this approach to take hold.

## **EXAMPLE #1: Effective Behavioral Support (EBS)**

### **BRIEF OVERVIEW**

One of the whole-school approaches to addressing challenging forms of student behavior is the Effective Behavioral Support (EBS) Model. The EBS model is a system of training, technical assistance, and evaluation of school discipline and climate designed to prevent and decrease problem behavior and to maintain appropriate behavior. It is not a model with a prescribed set of practices. Rather, it is a team-based process designed to address the unique needs of individual schools. Teams are provided with empirically validated practices and, through the EBS process, arrive at a school-wide plan.

Essential features of EBS (see [http://www.uoregon.edu/~ivdb/doc/programs\\_links/ebs.htm](http://www.uoregon.edu/~ivdb/doc/programs_links/ebs.htm)):

- Problem behaviors are defined clearly for students and staff members.
- Appropriate, positive behaviors are defined for students and staff.
- Students are taught these alternative behaviors directly and given assistance to acquire the necessary skills to enable the desired behavior change.
- Effective incentives and motivational systems are developed and carried out to encourage students to behave differently.
- Staff commits to staying with the intervention over the long term and to monitoring, supporting, coaching, debriefing, and providing booster shots as necessary to maintain the achieved gains.
- Staff receives training and regular feedback about effective implementation of the interventions; and
- Systems for measuring and monitoring the intervention's effectiveness are established and carried out.

### **IMPLEMENTATION ESSENTIALS**

Steps in the EBS implementation process include:

- clarifying the need for effective behavioral support and establish commitment, including administrative support and participation. Priority for this should be reflected in the school improvement plan;
- developing a team focus with shared ownership;
- selecting practices that have a sound research base. Create a comprehensive system that prevents and responds to problem behavior. Tie effective behavioral support activities to the school mission;
- developing an action plan establishing staff responsibilities; and
- monitoring behavioral support activities. Continue successful procedures; change or abandon ineffective procedures.

Factors that foster success using the EBS model are:

- Faculty and staff must agree that school-wide behavioral management is one of their top priorities and will probably require 3-5 years for completion.

- Teams must start with a "doable" objective that meets their needs and provides some initial success.
- Administrators must support the process by respecting team decisions, providing time for teams to meet, securing ongoing staff training, and encouraging all staff to participate.

## **PROGRAM EVALUTATION AND AVAILABLE EVIDENCE**

The EBS model has been developed and field-tested extensively by researchers at the University of Oregon (see [http://www.uoregon.edu/~ivdb/doc/programs\\_links/ebs.htm](http://www.uoregon.edu/~ivdb/doc/programs_links/ebs.htm)).

## **EBS RESOURCES**

- Programs and Strategies for Positive Behavior: School-Wide Programs & Strategies: Effective Behavioral Supports, at <http://www.emstac.org/registered/topics/posbehavior/schoolwide/effective.htm>

## **EXAMPLE #2: Unified Discipline (UD)**

### **BRIEF OVERVIEW** (from <http://ericec.org/osep/newsbriefs/news29.html>)

Reducing disruptive behavior in classrooms remains a major challenge for schools. The *Unified Discipline* (UD) program, a preventive, school-wide approach for improving student behavior, has been shown to be effective in reducing behavioral problems and the need for specific, individualized behavior interventions in one elementary school. This program was developed by a project at the University of North Carolina, Charlotte funded by the U.S. Department of Educator's Office of Special Education Programs (OSEP).

Most behavior improvement programs focus on reducing problem behaviors individually, whereas UD establishes a school-wide discipline model implemented through four interrelated objectives:

- unified attitudes of staff demonstrated in caring but firm responses;
- unified expectations that set clear, specific, and reasonable rules that "apply across all locations and activities within the school, at all times and with all personnel";
- unified correction procedures that clearly and consistently demonstrate that consequences are procedural, not personal, and that offer encouragement to prevent future violations; and
- unified team roles that allow the administration and faculty to support to each other's authority, which alleviates the need for second guessing and allows the principal to enforce the rules flexibly and individually.

## **IMPLEMENTATION ESSENTIALS**

Four objectives drive the efforts to implement UD:

- Unified attitudes: Teachers and school personnel believe that instruction can improve behavior, behavioral instruction is part of teaching, personalizing misbehavior makes matters worse, and emotional poise underlies discipline methods that work.



- Unified expectations: Consistent and fair expectations for behavioral instruction are a key to successful discipline plans.
- Unified consequences: Using a warm yet firm voice, teachers state the behavior, the violated rule, and the unified consequence and offer encouragement.
- Unified team roles: Clear responsibilities are described for all school personnel.

## **PROGRAM EVALUATION AND AVAILABLE EVIDENCE**

Implemented in an elementary school with low academic achievement rates and a high percentage of special education students classified with emotional disturbance, the UD program helped the school develop unified attitudes, expectations, consequences, and team roles school-wide to improve discipline at all grade levels.

Observational data gathered by the project measured the amount of positive on-task behavior and negative off-task behavior in classrooms involved in the project and in comparison classrooms that did not use the project procedures. Results indicated significantly higher rates of time on task and lower rates of time off task throughout the school year in the project classrooms.

The UD program has implications for practice as well as for policy and personnel preparation, since it demonstrates the connection between school-wide behavioral management practices and improvements in learning in classrooms.

## **UNIFIED DISCIPLINE: RESOURCES AND REFERENCES**

- Algozzine, B., Audette, B., Ellis, E., Marr, M. B., & White, R. (2000). Supporting teachers, principals-and students-through unified discipline. *Teaching Exceptional Children*, 33(2), 42-47, <http://www.updc.org/ubi/swi.htm>
- Marr, Mary, Audette, Bob, White, Richard, Ellis, Edward, and Algozzine, Bob, "School-Wide Discipline and Classroom Ecology." *Special Services in the Schools* 18, nos. 1/2 (2002): 55-73.  
[http://www.haworthpress.com/store/Toc\\_views.asp?sid=XGT4MDCPMH009LX3WB2KB40V3DHFAX6F&TOCName=J008v18n01\\_TOC&desc=Volume%3A%2018%20Issue%3A%201%2F2](http://www.haworthpress.com/store/Toc_views.asp?sid=XGT4MDCPMH009LX3WB2KB40V3DHFAX6F&TOCName=J008v18n01_TOC&desc=Volume%3A%2018%20Issue%3A%201%2F2)
- Ellis, E. (2001). Unified Discipline: A School-Wide Approach for Managing Problem Behavior. *Intervention in School & Clinic*.  
[http://findarticles.com/p/articles/mi\\_hb3014/is\\_200109/ai\\_n7658611](http://findarticles.com/p/articles/mi_hb3014/is_200109/ai_n7658611)
- White, R. et al. (2001). Unified discipline: A school-wide approach for managing problem behavior. *Intervention in School and Clinic*, 37(1), 3-8. A joint publication of the Council for Learning Disabilities and PRO-ED, Inc. Accession Number: J42762.  
[http://findarticles.com/p/articles/mi\\_hb3014/is\\_200109/ai\\_n7658106](http://findarticles.com/p/articles/mi_hb3014/is_200109/ai_n7658106)

## **JUVENILE JUSTICE SETTINGS**

The success of School-Wide Positive Behavior Supports (SWPBS) in public schools is one reason for considering its adoption in juvenile justice programs. Another is the need to move beyond a focus on punishment and "get tough" policies for youthful offenders, because intervention based solely on punishment is known to be ineffective. This is especially true for youth who display significant mental health conditions and educational disabilities.

SWPBS is an application of a behaviorally-based systems approach to improving the capacity of schools to design effective environments using research-validated practices. Using proactive strategies for defining, teaching, and supporting appropriate student behaviors, SWPBS is a continuum of positive behavior support for all students implemented throughout a school, including hallways, restrooms, and other non-classroom settings. The focus is on making problem behavior less effective, efficient, and relevant for students and desired behavior more functional by creating and sustaining three-levels support: primary systems that are school-wide; secondary systems in classrooms; and tertiary systems for individual students (using individual behavior-support plans based on a functional behavior assessment).

As of August 2006, several juvenile justice facilities are known to be using positive behavior supports facility-wide or are in the process of adopting and implementing it. Two facilities have been implementing SWPBS in their education programs for over five years with great success. These facilities, with links to information about their programs, are:

### **Illinois Youth Center - Harrisburg**

#### **Contact person:**

Melva Clarida, Educational Facility Administrator  
Illinois Youth Center - Harrisburg  
Phone: 618-252-8681  
Email: [mclarida@idoc.state.il.us](mailto:mclarida@idoc.state.il.us)

#### **Informational resources**

- Clarida, M. (2006). Illinois Youth Center, Harrisburg, Illinois. NDTAC Webinars (power point presentation) <http://www.neglected-delinquent.org/nd/events/webinars.asp>
- Positive Behavioral Interventions and Supports at the Illinois Youth Center, Harrisburg, Illinois (2005)  
[http://www.ndtac.org/nd/docs/PBIS\\_Doc7\\_IYC\\_full%20article.pdf#search=%22%22Illinois%20Youth%20Center%22%20Harrisburg%20PBIS%22](http://www.ndtac.org/nd/docs/PBIS_Doc7_IYC_full%20article.pdf#search=%22%22Illinois%20Youth%20Center%22%20Harrisburg%20PBIS%22)
- Sidana, A. (2006) PBIS in Juvenile Justice Settings. National Evaluation and Technical Assistance Center, <http://www.ndtac.org/nd/resources/spotlight/spotlight200601b.asp>

### **Iowa Juvenile Home - Toledo**

#### **Contact person:**

Craig Rosen, Principal  
Iowa Juvenile Home  
Phone: 641-484-2560  
Email: [crosen@dhs.state.ia.us](mailto:crosen@dhs.state.ia.us)

#### **Informational resources**

- Brock, L., & Quinn, M.M. (2006). The Positive Behavioral Interventions and Supports (PBIS) model. <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200601a.asp>

- Rosen, C. (2006). Implementing school-wide positive behavior supports in an institutional setting. NDTAC Webinars (power point presentation), available at: <http://www.neglected-delinquent.org/nd/events/webinars.asp>
- Rosen, C. (2004). Positive behavior supports & the Iowa juvenile home: a philosophy for education and treatment, *PowerPoint Presentation*, <http://www.neglected-delinquent.org/nd/events/2004may/Presentations/ORCrosen.ppt>
- Sidana, A. (2006) PBIS in Juvenile Justice Settings. National Evaluation and Technical Assistance Center, <http://www.ndtac.org/nd/resources/spotlight/spotlight200601b.asp>

A June 2006 electronic presentation on *Positive Behavior Support in the Juvenile Justice Settings* describes these initiatives and one in North Carolina: <http://www.pbis.org/files/Nelson/PBSINJJ2006.ppt>

## **SWPBS IN JUVENILE JUSTICE SETTINGS: RESOURCES**

For several years, the National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS) has been facilitating the implementation of SWPBS in juvenile programs. A wealth of information is available on its website, [www.pbis.org](http://www.pbis.org), including:

- descriptions of school-wide positive behavior supports (SWPBS), district-wide PBS, and state-wide PBS;
- implementation guidelines and examples;
- self-assessment tools for guiding team-based action planning;
- state training resources; and
- upcoming professional development and conference events.

A staff development workshop on Positive Behavior Support for Youth Involved in Juvenile Corrections, a satellite broadcast in the fall of 2005 is available from the National Center on Education, Disability and Juvenile Justice (EDJJ) website, [www.edjj.org](http://www.edjj.org).

## **BACKGROUND READING**

### **SWPBS (in general)**

- Bambara, L. & Kern, L. (Eds.) (2004). Individualized supports for students with problem behaviors. *Designing positive behavior plans*. New York: Guilford Press. <http://www.nprinc.com/classmgt/issp.htm>
- Center on Positive Behavioral Interventions and Supports (April 2000). *Towards effective behavioral systems of support: A school-wide approach to discipline*. Office of Special Education Programs (OSEP). <http://www.usu.edu/teachall/text/behavior/osep.htm>
- Council For Children With Behavioral Disorders. (June 2002). School discipline policies for students with significantly disruptive behavior. Executive committee of the council for children with behavioral disorders. Reston, VA: Author, *A Division Of The Council For Exceptional Children*, [www.ccbd.net](http://www.ccbd.net), available at: [http://www.ccbd.net/Documents/Jun13\\_2002.Pdf#Search=%22%22approaches%20to%20preventing%20antisocial%20behavior%22%22](http://www.ccbd.net/Documents/Jun13_2002.Pdf#Search=%22%22approaches%20to%20preventing%20antisocial%20behavior%22%22)
- Lewis, T. (1997). Decision making about effective behavioral support: A guide for educators. University of Oregon, at <http://idea.uoregon.edu/~ncite/documents/techrep/tech25.html>

- Sugai, G., & Horner, R.H. (2002). The evolution of discipline practices: School-wide positive behavior supports. *Child and Family Behavior Therapy*, Vol. 24, 23-50. (9-06-2002).  
<http://www.haworthpress.com/store/ArticleAbstract.asp?sid=6FQ1RXTJF1589NE5EM3UXWTX8679F2MB&ID=21342>

### **SWPBS in Juvenile Justice Settings**

- Journal of Positive Behavior Interventions <http://kady.education.ucsb.edu/autism/jpbi.htm>
- Nelson, C. M., Sugai, G., & Smith, C. R. (2005, Summer). Positive behavior support offered in juvenile corrections. *Counterpoint*, 1, 6-7; also available at <http://www.pbis.org/files/PBSinJJS.rtf>
- Office of Special Education Programs. (2004). School-wide Positive Behavior Support Implementers' Blueprint and Self-Assessment. Washington, DC: OSEP Center on Positive Behavioral Interventions and Supports, U.S. Department of Education.  
[http://www.nichcy.org/toolkit/behvr\\_pos.htm](http://www.nichcy.org/toolkit/behvr_pos.htm)
- Positive Behavior Support for Youth with Disabilities in the Juvenile Justice System (6-28-06). EDJJ Professional Development Series (on DVD, accessible online using Windows Media Player at <http://www.edjj.org/training/pds/index.html>)
- Quinn, M.M., Rutherford, R.B., Leone, P.E., Osher, D.M., & Poirier, J.M. (2005). Students with disabilities in detention and correctional settings. *Exceptional Children*, 71(3), 339-345.
- Scott, T. M., Nelson, C. M., Liaupsin, C. J., Jolivet, K., Christle, C. A., & Riney, M. (2002). Addressing the needs of at-risk and adjudicated youth through positive behavior support: Effective prevention practices. *Education and Treatment of Children*, 25, 532-551.  
[http://www.educationandtreatmentofchildren.net/contents/25\\_4.html](http://www.educationandtreatmentofchildren.net/contents/25_4.html)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 8. Youth in Juvenile Justice Facilities***

### **STAFF DEVELOPMENT FOR EDUCATORS OF CONFINED YOUTH (a promising practice)**

If education is fundamental to the success of at-risk and delinquent youth, then learning should be the centerpiece of effective juvenile justice programming. Quality education programs add structure to the facility programming which reduces boredom and idleness and creates a framework for positive youth behaviors. In addition, quality, well-designed education programs strengthen youth self-esteem and confidence, and enables youth to build usable skills and abilities. Key to the delivery of education in confinement facilities is the understanding that duplicating the public school model in confinement facilities simply produces the same experiences of failure for youth. Confinement educators need training on how to “educate differently.”

In 1999, the National Partnership for Juvenile Services’ (NPJS) Center for Research and Professional Development (CRPD) conducted a national training needs assessment. That assessment indicated that educators in juvenile confinement facilities often feel alienated and frequently ill-prepared to provide quality education and to assume full participation in the programs and services for juvenile offenders. *See* Wolford, B.I. (May 2000). *Who is Educating Our Youth*. CEARDY.

[http://www.edjj.org/Publications/educating\\_youth.pdf#search=%22Wolford%20%22Educating%20youth%20in%20the%20juvenile%22%22](http://www.edjj.org/Publications/educating_youth.pdf#search=%22Wolford%20%22Educating%20youth%20in%20the%20juvenile%22%22)

An emergence of formal education opportunities for educators specific to the confinement population and setting validates the NPJS/CRPD findings. Teacher training programs at the University of Maryland, University of Kentucky, Arizona State University, Florida State University and California State University at San Bernardino focus on various aspects of confinement education. The components of these programs specific to confined youth include special education, teacher preparation, literacy, and transition services. They are linked to mandates for confinement education programs to meet the standards of federal legislation outlined in the Individuals with Disabilities Education Act (IDEA) as amended in 2004, the No Child Left Behind Act of 2001 (NCLB), and Title I, Part D (Neglect and Delinquent) of the Elementary and Secondary Education Act of 1965, as amended in 1994 (20 U.S.C. § 6421 *et seq.*).

## BRIEF OVERVIEW

Relatively few prospective or current teachers of youth confined to correctional facilities access formal training opportunities by choosing confinement education as a career choice. This makes pre-service training, in-service training, and access to professional journals essential for educators in confinement facilities. In 1998, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) supported the development and dissemination of a teacher pre-service training curriculum.

The *National Training Curriculum for Educators of Youth In Confinement (Educator's Curriculum)* is a teacher-tested, "how to" training curriculum for educators in juvenile detention and corrections facilities. Written by confinement educators and published in 1999, the *Educator's Curriculum* was field-tested by more than 30 experienced educators representing state agencies, local education agencies, corrections facilities and county and state-operated detention centers from five states. The 40-hour training curriculum is primarily designed for use in pre-service training of educators new to confinement education. It can also be used for in-service training of veteran educators and other institutional staff.

Each training module in the *Educator's Curriculum* is written using the Instructional Theory into Practice (ITIP) format developed by educator Madeline Hunter and adopted for use by juvenile justice training organizations (NPJS/CRPD, the National Institute of Corrections (NIC), and the Juvenile Justice Trainers Association (JJTA)). This format allows for the completion of the learning cycle through the delivery of information and practice activities to help educators apply the essential concepts.

The *Educator's Curriculum* contains the following nine modules.

- **Current trends and issues in juvenile justice and confinement education:** Provides information on the current trends and issues in the juvenile justice system, the characteristics of juvenile offenders, and best practices in confinement education.
- **Institutional culture:** Provides an overview of the institutional setting, the importance of developing relationships with the institutional staff, and knowledge of safety and security concepts.
- **Student assessment:** Explores the importance of formal and informal assessments and the identification and application of standards for assessing students.
- **Curriculum:** Engages educators in discussion regarding the implementation of a curriculum that meets the needs of the population and complies with state and national standards.
- **Teaching and learning:** Identifies how at-risk and delinquent youth learn and promotes maximum learning by matching instructional strategies with learning styles.
- **Behavior management:** Describes the role of the educator in behavior management from three perspectives: pre-behavior, during the behavior, and post-behavior. Special emphasis is placed on developing skills to manage crisis situations.
- **Social skills:** Discusses an educator's role in developing students' social skills and provides a model for teaching these skills to all students.
- **Transition:** Promotes "exit upon entry" by helping educators define their role as a member of a transition team and provides guidelines on completing a transition plan for a student leaving a confinement facility.

- **Program and classroom evaluation:** Provides checklists to offer suggestions on how to use program and classroom evaluation tools to gauge effectiveness and improve teaching.

## IMPLEMENTATION ESSENTIALS

**Curriculum.** The *Educator's Curriculum* is available from NPJS/CRPD, Michigan State University, East Lansing, MI. The curriculum can be ordered and information about training opportunities obtained by contacting NPJS/CRPD at 517-432-1242 or through its website. [www.npjs.org](http://www.npjs.org)

**Qualified trainers.** Trainers using the *Educator's Curriculum* should have content knowledge of confinement education as the curriculum requires use of examples and experiences. In addition, trainers should also possess basic-to-advanced level trainer skills.

**Audience.** The *Educator's Curriculum* was designed as a pre-service training program for educators new to confinement education. However, given the lack of confinement education specific training in the field, it has also been used effectively with veteran teachers and juvenile justice staff. Lesson plans are designed for a training group of 24-30 participants.

**Training environment.** The *Educator's Curriculum* models a learner-centered, activities-based approach to education. Therefore, the training environment should allow for large and small group discussions and activities.

**Materials and supplies.** Participant handouts are identified in the *Educator's Curriculum*. Supplies needed for each module of learning are identified on the lesson plan cover sheet. The Teaching and Learning module requires the purchase of The Learning Type Measure, a learning styles preference assessment tool available through AboutLearning.com.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

The *Educator's Curriculum* has an established evidence base in the areas of curriculum development, learning theory, and transfer of learning research. In 2001 the *Educator's Curriculum* received the Outstanding Curriculum Award from the Juvenile Justice Trainer's Association (JJTA). [http://www.jjta.org/TrainingNotes/past\\_awards.pdf](http://www.jjta.org/TrainingNotes/past_awards.pdf). Criteria for the award is described on the JJTA website, [www.jjta.org](http://www.jjta.org).

**Curriculum development.** Each module in the *Educator's Curriculum* is written using the Instructional Theory into Practice (ITIP) model developed by Madeline Hunter. Each lesson plan includes the five components of the ITIP model: Anticipatory Set, Instructional Input, Guided Practice, Independent Practice, and Closure and Evaluation. Inclusion of each component allows the participants to complete the Learning Cycle for each concept.

**Learning Theory.** The lessons in the *Educator's Curriculum* model learning theorist David Kolb's theory of learning. Learning occurs in a two-step process: perceiving and processing. Trainers must address both aspects to ensure the opportunity for learning.

**Transfer of Learning.** Each module in the *Educator's Curriculum* includes a reflective exercise requiring participants to identify application of concepts in their classroom, program, and/or

facility. Participants are also encouraged to develop an action plan to transfer the concepts of training to their own environment.

The *Educator's Curriculum* has an established evidence base in the area of training evaluation based on Kirkpatrick's levels of training evaluation.

- Training evaluations are available through the NPJS/CRPD office.
- The *Educator's Curriculum* has consistently received the highest level of participant evaluation from multiple sites over the six years of implementation. These evaluation results correspond to Kirkpatrick's level one and two evaluation.
- No current, scientifically valid effectiveness research has been conducted to determine the change in behavior and/or attitudes of educators following the completion of the training. This type of evaluation would correspond with Kirkpatrick's levels three and four evaluation.

## RESOURCES

The *National Training Curriculum for Educators of Youth in Confinement* is available from the NPJS/CRPD, Michigan State University, East Lansing, MI.

- **Contact information for information, order curriculum, and inquire about training opportunities:**

NPJS/CRPD  
Phone: 517-432-1242  
website: [www.npjs.org](http://www.npjs.org)

- **Organizations involved in correctional education**

- Correctional Education Association (CEA). <http://www.ceanational.org/>
- Juvenile Justice Trainers Association (JJTA). [www.jjta.org](http://www.jjta.org)
- Juvenile Services' Center for Research and Professional Development (CRPD). <http://njda.msu.edu/>
- National Center on Education, Disability and Juvenile Justice (EDJJ). [www.edjj.org](http://www.edjj.org)
- National Partnership for Juvenile Services (NPJS). [www.npjs.org](http://www.npjs.org)

- **Related resources**

- About Learning, Inc. (featuring Bernice McCarthy's 4MAT System, a "teaching method that works for all learners"). [www.aboutlearning.com](http://www.aboutlearning.com)
- Instructional Theory into Practice (ITIP). See *Designing Training for the National Institute of Corrections Academy: Instructional Theory into Practice*. National Institute of Corrections. <http://www.nicic.org/Library/010714>
- Journal of Correctional Education. Published by the Correctional Education Association. Ashland, Ohio: Ashland University. <http://www.ashland.edu/correctionaled/>
- Teaching Strategies: Experiential Learning and Field Work. Center for Research on Learning and Teaching. <http://www.crlt.umich.edu/tstrategies/tsel.html>



## Universities that provide education opportunities specific to confined youth

- Ashland University [www.ashland.edu](http://www.ashland.edu)
- Arizona State University [www.asu.edu](http://www.asu.edu)
- Cal State University San Bernardino [www.csusb.edu](http://www.csusb.edu)
- Florida State University [www.fsu.edu](http://www.fsu.edu)
- University of Kentucky [www.uky.edu](http://www.uky.edu)
- University of Maryland [www.umd.edu](http://www.umd.edu)

## BACKGROUND READING

### Learning theory

- Jackson, T. (1993). *Activities that teach* (Series). Cedar City, UT: Red Rock Publishing. Available on the Meet Tom Jackson website. [http://www.activelearning.org/meet\\_tom\\_jackson.htm](http://www.activelearning.org/meet_tom_jackson.htm)
- *Kirkpatrick's Training Evaluation Model: The four levels of learning evaluation*. <http://www.businessballs.com/kirkpatricklearningevaluationmodel.htm>
- Kolb, D.A. (1984). *Experiential learning: Experiences as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall. (See also Smith, M. K. (2001)
- About Learning. (1998). *Learning Type Measure*. Barrington, IL: Excel, Inc. Available for purchase online. [http://aboutlearning.com/shopsite\\_sc/store/html/learning-type-measure.html](http://aboutlearning.com/shopsite_sc/store/html/learning-type-measure.html)
- McCarthy, B. (1996). *About learning*. Barrington, IL: Excel, Inc. Available for purchase online. [http://www.aboutlearning.com/shopsite\\_sc/store/html/index.html](http://www.aboutlearning.com/shopsite_sc/store/html/index.html).

### Training educators of confined youth

- Brooks, C. C., & White, C. (March 2000). *Curriculum for training educators of youth in confinement*. Washington, D.C.: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). Fact Sheet #4. <http://www.ncjrs.gov/pdffiles1/ojjdp/fs200005.pdf#search=%22Brooks%20%22National%20training%20curriculum%20for%20educators%20of%20youth%22%22>
- Brooks, C.C., & Histed, A.T. (Dec. 2002). *The Status of Detention Education Programs*. NJDA Center for Research & Professional Development. [http://njda.msu.edu/education\\_division/ed\\_report.pdf](http://njda.msu.edu/education_division/ed_report.pdf)
- Roush, D.W., ed. (1996). *Detention Education*. In *Desktop guide to good juvenile detention practice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. <http://www.cloud.edu/dept/crimjust/aj113/desktop.pdf>
- Wolford, B.I. (May 2000). *Juvenile Justice education: who is educating the youth?* Richmond: KY. Juvenile Justice Training Center, Eastern Kentucky University. [http://www.edjj.org/Publications/educating\\_youth.pdf#search=%22Wolford%20%22Educating%20youth%20in%20the%20juvenile%22%22](http://www.edjj.org/Publications/educating_youth.pdf#search=%22Wolford%20%22Educating%20youth%20in%20the%20juvenile%22%22)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 8. Youth in Juvenile Justice Facilities***

### **The Futures Channel Digital Video Resource Library (DVRL) (a promising practice)**

Adolescents who are not served by the usual local educational institutions are commonly in need of resources that not only address specific content and process skills of academic subjects in an individualized manner, but also directly address the *relevance* of those educational topics to their own lives and futures. This latter focus is both especially critical to—and especially hard to address with—young men and women who may have little reason to imagine that their futures will be much different than their pasts.

It is probably for this reason that the resources produced and distributed by The Futures Channel described in this *Tool* have been well-received and utilized in programs such as ACCESS (Alternative, Community and Correctional Educational Schools and Services) in Orange County, California. <http://www.access.k12.ca.us/PdfFiles/Ed%20Options%20Cover%2005-06.pdf>

#### **BRIEF OVERVIEW**

The Futures Channel develops and distributes multimedia resources that teachers can use to make connections between the concepts and skills of their math and science curriculum and the real world applications of those concepts and skills.

The *Futures Channel Digital Video Resource Library (DVRL)* includes:

- DVD with 67 video “micro-documentaries” which illustrate applications of grades 4-10 mathematics and science curriculum topics in a wide range of career fields.
- CD-ROM includes over 600 hands-on lessons and real-world problems which are searchable by math or science curriculum topic so that teachers can easily discover and present real-world connections.

Benefits of Futures Channel media-based programs include:

- secure and simple implementation (computers are not required);
- support for goal-setting activities and discussions;
- encouragement of the pursuit of positive and creative futures;

- clear illustrations of the relationship of present education to future rewards; and
- contexts that support learning in specific mathematics and science topics.

## IMPLEMENTATION ESSENTIALS

The *DVRL* can be implemented at three different levels.

### Level I implementation

- **Objective:** To familiarize students with a wide range of possible future careers and increase student interest in mathematics as a subject.
- **Implementation:** Select and screen for students one Futures Channel Movie (3-5 minute micro-documentary) each week, discuss as a class and/or ask students to research the career illustrated.

### Level II implementation

- **Objective:** All objectives of Level I implementation and to increase student interest in and present a context of application for a specific mathematics topic.
- **Implementation:** Teacher has selected a specific math topic for a lesson, and uses the searchable database of math topics provided with each resource to identify an appropriate Futures Channel movie (one that illustrates applications of that mathematics topic). At the beginning of the lesson, the instructor screens that movie and holds a brief discussion which guides students to make the connections between the careers shown and the math topic of the lesson.

### Level III implementation

- **Objective:** All objectives of Level I/II implementation and to develop student understanding of key concepts and/or problem-solving and computations skills related to a specific math topic.
- **Implementation;** Instructor has selected a specific math topic for a lesson and uses the searchable database of math topics provided with each resource to identify an appropriate real-world problem or hands-on math lesson as described in the resource, as well as the Futures Channel movie to which that problem or activity is tied. The instructor presents the problem or activity as described, and introduces the movie.

The Futures Channel *Digital Video Resource Library* includes:

- 67 award-winning movies on one high capacity DVD;
- a wide range of careers featured;
- the Library is organized by curriculum topics;
- interactive CD-ROM with activities designed for immediate classroom use; and
- correlated to curriculum standards.

It is sold by The Futures Channel and costs \$299.

[http://www.thefutureschannel.com/store/digital\\_video\\_resource\\_library.php](http://www.thefutureschannel.com/store/digital_video_resource_library.php)

## PROGRAM EVALUATION

The Futures Channel *DVRL* is based on the work of the non-profit educational foundation Foundation for Advancements in Science and Education (FASE), which received financial support from 1989 through 1998 from the National Science Foundation (NSF), the U.S. Departments of Education (ED), and a variety of other sources for the development of classroom resources to support mathematics and science education. Many of the micro-documentaries and classroom activities contained in the three resources listed are drawn (licensed) directly from those FASE Productions, the remainder was created based on the model developed and evaluated at FASE.

The resources developed by FASE during this period were subject to extensive formal and independent evaluations by the terms of the NSF and ED grants that supported them. Some evidence from these evaluations is presented below. Research studies also are listed below. Copies of research reports can be obtained by contacting Dave Hendry at The Futures Channel. [dhendry@thefutureschannel.com](mailto:dhendry@thefutureschannel.com)

## AVAILABLE EVIDENCE

An independent study of more than 500 students in five cities examined the impact of "The Eddie Files," a series of classroom television programs for elementary students on attitudes toward mathematics.

Pretest interviews revealed the following:

- Student interest in mathematics and math-related jobs declined throughout the elementary grades.
- Nine of ten students described math as "boring."
- Only one in ten of the jobs in which they expressed interest involved math.
- Twice as many students expressed interest in careers in sports and entertainment as in careers that used mathematics and science.

After students viewed episodes of *The Eddie Files* and completed lessons from the teacher's guide for the series over a period of two months, the following was observed:

- Six out of ten students reported that they were more interested in learning mathematics.
- Seventy-five percent stated that mathematics was not "boring."
- The number of students who said that they would like to have a job that uses math increased by fourteen percent.
- Students were better able to define concepts covered in the episodes, more likely to give "correct" answers to content-related questions, and better able to list applications of the curriculum topics, all areas which were addressed in the lessons.

Responses from the teachers were similarly positive:

- Sixteen out of twenty rated the series as "very effective" in training students awareness of careers that require math knowledge.

- Eighteen out of twenty rated the series “very effective” in engaging student interest, with most commenting that *The Eddie Files* helped students overcome stereotyped beliefs by presenting women and minorities doing non-stereotypical jobs.
- Nineteen out of twenty expressed a desire to acquire and use additional episodes of the series.

A study of classroom use of the FUTURES series showed a long lasting effect on student attitude toward careers in math and science. African-American students' interest in a career in engineering went from 29% to 58%, and Hispanic students interest in a career in architecture went from 28% to 65% after they participated in and viewed episodes on these fields over a course of a semester.

## RESOURCES

- Contact person for additional information:

**Lisa Servedio**

The Futures Channel

Phone: 877-937-7515, ext 335 (toll free)

Email: [lservedio@thefutureschannel.com](mailto:lservedio@thefutureschannel.com)

- Professional Development. The Futures Channel offers several half-day and full day professional development institutes that address the topics listed below. Cost depends on number of participants and length of the institute. Contact The Futures Channel for details.
  - increasing students' interest in mathematics and its applications;
  - getting students actively engaged with exciting and fun, discovery-based math lessons;
  - helping students achieve a firm grasp of mathematics concepts and skills, resulting in higher level's achievement; and
  - planning and delivering lessons that are effective with students who get left behind by textbook- and lecture-based instruction.

## BACKGROUND READING

- Beckman, Shelly L. (1992). *FUTURES with Jaime Escalante: Development of a Successful, Research-Based Instructional Video Series*. Foundation for Advancements in Science and Education (FASE). Los Angeles, CA. Available at: [http://eric.ed.gov/ERICWebPortal/Home.portal?\\_nfpb=true&\\_pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=ED351199&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectid=0900000b8012a19e](http://eric.ed.gov/ERICWebPortal/Home.portal?_nfpb=true&_pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=ED351199&ERICExtSearch_SearchType_0=eric_accno&objectid=0900000b8012a19e)
- Henry, D. (May/June 2001). *Instructional Television's Changing Role in the Classroom*. The Technology Source. Reprinted at: [http://technologysource.org/article/instructional\\_televisions\\_changing\\_role\\_in\\_the\\_classroom/](http://technologysource.org/article/instructional_televisions_changing_role_in_the_classroom/)
- FASE Research Report (Fall 1997). *Classroom Television: A Useful Resource For Mathematics And Science Education*. Foundation for Advancements in Science and Education (FASE). Los Angeles, CA. Available at: [http://www.fasenet.org/TEF\\_Research\\_Rept.pdf](http://www.fasenet.org/TEF_Research_Rept.pdf)
- Video of the Week. (Dec. 2005). *The Futures Channel Digital Video Resource Library: Math and Science on Location*. School Library Journal Review. Available at: <http://www.thefutureschannel.com/news.php>

***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

**STEP 9**

**School Re-enrollment  
and Transition from  
Juvenile Justice Facilities**

- **Introduction**
- **Aftercare for Indiana through Mentoring (AIM)** *(a promising practice)*
- **Arizona Detention Transition Project (ADTP)** *(a promising practice)*
- **Juvenile Education Initiative (JEdI)** *(a promising practice)*
- **Juvenile Re-entry Action Plan (JRAP)** *(an emerging practice)*
- **Maine Reintegration Teams** *(an emerging practice)*
- **Merging Two Worlds (M2W)** *(an emerging practice)*
- **Nashua Youth Re-entry Project (NYRP)** *(an emerging practice)*
- **Project SUPPORT** *(a promising practice)*
- **Virginia Legislation: School Re-enrollment After Release from Custody** *(a promising practice)*

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Introduction\***

The reintegration, or transition, of youth from the juvenile justice system into the community is perhaps the most critical component of correctional education programming; if it is not successful, the youth will likely return to confinement. Yet, this reintegration process is frequently the most neglected (Griller-Clark, 2006). This is due, in part, to a lack of research, knowledge, and resources on what services are successful and how best to provide those services. The goal of this *Tools* section is to provide the reader with some “tools” (research, knowledge, and resources) to improve aftercare and community reintegration for youth from confinement. First, a brief overview of the research in the area is presented. Then, several programs or strategies and related resources for improving successful aftercare and reintegration are highlighted.

Research in the area of reintegration, or transition, clearly indicates that youth from the justice system need assistance in returning to school (Bullis, Yovanoff, Mueller, & Havel, 2002; Coffey & Gemignani, 1994; Griller-Clark, 2003; Griller-Clark, Rutherford & Quinn, 2004). It is also well documented that these youth have difficulty entering and succeeding in competitive work (Bullis & Cheney, 1999; Coffey & Gemignani, 1994). However, successful reintegration is more than just school and/or work. Successful reintegration into the community involves a multidimensional service delivery system that provides personnel and support from a variety of different organizations (Halpern, 1994; Sitlington, Clark, & Kolstoe, 2000). Yet in many places, this service delivery system is not coordinated to assist these youth to transition successfully. For example, a single youth could be receiving services from a correctional program, the Department of Economic Security, Social Security, or a myriad of other agencies with all of them working independently (Griller-Clark, Rutherford, & Quinn, 2004).

Research has also proven that using effective strategies for reintegrating youth can positively effect reenrollment in school, graduation rates, employment rates, and independent living conditions (Coffey & Gemignani, 1994; Stephens & Arnette, 2000). Yet again, the complexity of this reintegration process is compounded by several factors

---

\* A *Reference List* for each of the nine Steps, including this Step, can be found in Appendix E.

related to confinement. For example, youth in the justice system are often not involved in the transition planning process and therefore are not invested in the plans that have been created for them (Hosp, Griller-Clark, & Rutherford, 2001). In addition, they are not able to participate in many transition related activities, such as making site visits to schools or vocational programs. Finally, it is not always known exactly when a youth will be released or where he or she will go.

The challenge of successfully reintegrating youth from confinement into school and/or work is even further exacerbated when these youth have disabilities (Benz & Halpern, 1993; Bullis, Yovanoff, & Havel, 2004; Bullis, Yovanoff, Mueller, & Havel, 2002; Rutherford, Quinn, Poirier, & Garfinkel, 2002). In fact, the most comprehensive longitudinal study on the reintegration of youth from the juvenile justice system (Bullis et al., 2002) found that special education status was significantly associated with reincarceration and lack of engagement in school and/or work.

Although the Individuals with Disabilities Education Improvement Act of 2004 requires schools, detention centers, and correctional agencies to identify transition needs, strengths, preferences, and interests for all children with disabilities who are eligible for special education and related services, these needs are frequently not addressed during the transition planning process (Benz & Halpern, 1993; Kochhar & West, 1995; Taymans, Corbey, & Dodge, 1995). Furthermore, when transition services do exist for youth with disabilities, there is a great diversity in the type and quality of the services and the interventions delivered (Halloran & Simon, 1995; Kochhar & West, 1995; Taymans et al., 1995).

This fragmented existence and delivery of services for youth in the justice system has led to the identification of specific practices to promote the successful reintegration of youth from the justice system. The first research on effective practices for correctional education was published in 1994 by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). This publication, *Documented Effective Practices in the Education of At-risk and Delinquent Youth* (Coffey & Gemignani, 1994), presents an analytical overview of the literature and research in juvenile correctional education and outlines a number of effective practices in the education of at-risk and delinquent youth. The effective practices outlined in this report are organized into eight different sections, including transition and support services. In 2001, researchers from the National Center on Education, Disability, and Juvenile Justice (Rutherford, Mathur, & Griller-Clark, 2001) reviewed, updated, and divided these practices into two subcategories for short-term jails and detention centers and for long-term correctional facilities. These *Promising Practices* (Table 1 & 2) are intended to assist administrators, teachers, probation/parole officers, transition specialists, and others to design effective transition programs, policies, collaborative relationships, and evaluation procedures for youth with and without disabilities in the juvenile justice system. While these *Promising Practices* are essential in designing effective programs, they do not provide practical examples of effective programs.



As documented, research indicates that many youth from the juvenile justice system do not possess the skills necessary to make the appropriate connections in their community or to get the education and support they need once released (Griller-Clark et al., 2004). Therefore, both correctional and public school educators must employ promising practices that build individual transition skills and strengthen connections between the juvenile justice system and the community. In this document, these promising practices should be thought of as “tools” that increase the successful aftercare and community reintegration of youth from the justice system. For example, the first program highlighted, *Juvenile Education Initiative (JEdI)*, includes an academic diagnosis, continuity of instruction, extensive data collection, training, and interagency communication. The second program, *Juvenile Re-Entry Action Plan (JRAP)*, is a prime example of wrap-around service coordination and collaboration. The third program, *Aftercare for Indiana through Mentoring (AIM)*, includes extensive collaboration, service learning, and mentoring, as well as a strong data collection and evaluation component. The *Arizona Detention Transition Program (ADTP)*, the fourth program, employs Transition Specialists to develop individualized transition plans, a student transition portfolio, improve transfer of records, increase interagency collaboration, and provide data collection and program evaluation. The fifth program, *Merging Two Worlds (M2W)*, consists of an individualized transition curriculum, training, and data collection and evaluation. The sixth program, *Service Utilization to Promote Positive Outcomes in Rehabilitation and Transition for Adjudicated Youth with Disabilities (Project SUPPORT)*, has designated transition staff conduct transition planning, facilitate collaboration and community support, and conduct program evaluation. The Virginia legislation, while not a program in and of itself, creates a transition team and provides a specific statute for re-enrollment planning and procedures applicable to youth from confinement. The Maine Reintegration Teams initiative also sets standards and creates policies and procedures for reintegration of youth from confinement. The final program, the *Nashua Youth Re-entry Project (NYRP)*, provides an Education and Transition Specialist to provide transition planning, create a wrap-around team, and coordinate family support, legal services, education programming, and career mentoring.

As illustrated, disability, dropout, and lack of educational and social skills are strong predictors of re-arrest (Bullis et al., 2004; Bullis et al., 2002; Griller-Clark, 2003). Therefore, programs that focus on reintegration and aftercare for youth, like those highlighted, enhance the probability that these youth will become engaged in school, community, and employment while on probation or parole and reduce the likelihood that they will re-offend.

**Table 1**

**EDJJ Promising Practices in Transition for Youth in the Juvenile Justice System  
Short Term Jails and Detention Centers**

1. Staff awareness of and familiarity with all county, state, local, and private programs that receive and/or send youth to/from jail or detention center.
2. The immediate transfer of youth's educational records from public and private educational programs to jails or detention centers.
3. The existence of an extensive diagnostic system for the educational, vocational, and social, emotional, and behavioral assessment of youth.
4. Students in jails or detention centers should have access to a resource center which contains a variety of materials related to transition and support services.
5. Special funds are earmarked for transition and support services.
6. Interagency meetings, cooperative inservice training activities, and crossover correctional and community school visits are held regularly to ensure awareness of youth and agency transition needs.
7. A process exists for the immediate identification, evaluation, and placement of youth with disabilities.
8. An *individualized education program* is developed for each student with disabilities that includes a transition plan.
9. An individual transition plan is developed with **all** students which includes the student's educational and vocational interests, abilities, and preferences.
10. To the extent possible, individualized pre-placement planning prior to the transfer of youth from jails or detention centers to the community or long-term correctional facilities should exist.
11. The immediate transfer of youth's educational records from jails or detention centers to community schools, long-term correctional facilities, or other programs.
12. Coordination with probation to ensure a continuum of services and care is provided in the community.
13. Coordination with public and private educational program personnel to ensure that they advocate for these youth, cultivate family involvement, maintain communications with other agencies, and place students in classes with supportive teachers.
14. The existence of a system for periodic evaluations of the transition program and all of its components.

Rutherford, R. B., Mathur, S. R., & Griller-Clark, H. (2001). *Promising practices in transition for short term jails and detention centers and long term correctional facilities*. Retrieved August 8, 2002, from the National Center on Education, Disability, and Juvenile Justice website: <http://www.edjj.org/transitionaftercare/effectivepractice.html>

**Table 2**

**EDJJ Promising Practices in Transition for Youth in the Juvenile Justice System  
Long Term Correctional Facilities**

1. Staff awareness of and familiarity with all county, state, local, and private programs that receive and/or send youth to/from long-term correctional facilities.
2. To the extent possible, individualized pre-placement planning prior to the transfer of youth from jails, detention centers, or other programs to long-term correctional facilities should exist.
3. The immediate transfer of youth's educational records from jails, detention centers, or other programs to long-term correctional facilities.
4. A variety of specific educational programs are provided including: academics, vocational and job related skills, social skills, independent living skills, and law-related education.
5. A variety of support services are provided including: work experience and placement, alcohol and drug abuse counseling, anger management, vocational counseling, health education, and training for parenthood.
6. External resources such as speakers, tutors, mentors, vocational trainers, substance abuse counselors, employers, volunteers, and job counselors are used.
7. Students in long-term correctional facilities should have access to a resource center which contains a variety of materials related to transition and support.
8. Special funds are earmarked for transition and support services.
9. Interagency meetings, cooperative inservice training activities, and crossover correctional and community school visits are held regularly to ensure awareness of youth and agency transition needs.
10. A process exists for the immediate identification, evaluation, and placement of youth with disabilities.
11. An *individualized education program* is developed for each student with disabilities that includes a transition plan.
12. An individual transition plan is developed with all students which includes the student's educational and vocational interests, abilities, and preferences.
13. A transition planning team is formed immediately upon student entry into a long-term correctional facility to design and implement the individual transition plan.
14. The immediate transfer of youth's educational records from long-term correctional facilities to community schools or other programs.
15. Coordination with parole to ensure a continuum of services and care is provided in the community.
16. Coordination with public and private school educational program personnel to ensure that they advocate for these youth, cultivate family involvement, maintain communications with other agencies, and place students in classes with supportive teachers.
17. A community-based transition system exists for maintaining student placement and communication after release from a long-term correctional.
18. The existence of a system for periodic evaluations of the transition program and all of its components.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Aftercare for Indiana through Mentoring (AIM) (a promising practice)**

#### **BRIEF OVERVIEW**

*Aftercare for Indiana through Mentoring (AIM)* is a nonprofit youth-service organization founded in 1996 at the Indiana University School of Public and Environmental Affairs in Indianapolis by Associate Professor Roger Jarjoura. The goal of *AIM* is to reduce the rate of recidivism among Indiana youth. To accomplish this goal, *AIM* recruits, trains, and manages volunteers who serve as mentors to incarcerated youth, age 14-19, at Indiana Department of Correction (DOC) facilities. These mentors serve as links between the youth and community resources in 33 Indiana counties.

*AIM* works with youth during the pre-release phase of the youth's incarceration. *AIM* staff in the DOC facilities conduct needs assessments for each participating youth, deliver life-skills groups, and develop re-entry plans that address the individual needs of the participants. In this pre-release phase, the *AIM* staff, including the mentors, serve as brokers for services by referring youth to appropriate community organizations before their release. Mentors from the community then meet with the youth prior to release to discuss their re-entry plans and how to accomplish their individual goals.

#### **IMPLEMENTATION ESSENTIALS**

The *AIM* program is open to any incarcerated youth in DOC facilities. *AIM* staff meet with students at each facility to provide an overview of services. Youth are enrolled based on their returning to one of the service areas (currently 33 counties). Any youth not returning to one of the service areas is eligible to participate while in the facility and is given contact information for the closest *AIM* office when they are released. Youth also receive the *AIM* toll-free number to call for assistance. All youth sign a participation contract that outlines expectations for the program.

**Mentors.** University students and/or community volunteers are recruited to serve as mentors. Mentors offer advice on jobs, health, education, social skills, and money management. They help set goals and create re-entry plans.

There are three phases of the mentoring relationship:

- **Facility phase.** *AIM* believes the strongest relationships are a result of at least four hours of contact per week between the youth and AIM personnel during their pre-release period in the facility.
- **Community phase.** For one month after release, mentors and youth are required to attend community sessions.
- **Follow-up.** After the one-month community phase, mentors continue to stay in contact with participants through phone calls, planned programs, and a biweekly newsletter.

Mentors are asked to make a one-year commitment. Mentors are interviewed, background checks are conducted by the DOC, and references are checked. The *AIM* mentor's orientation is six hours conducted either on one Saturday or over two weeknights. Mentors must also attend a two-hour DOC orientation.

**Collaboration.** *AIM*'s success requires collaboration between the DOC facilities and community agencies, universities, and correctional facilities. There is a DOC staff person at each facility that assists with coordination. *AIM* also has a facility coordinator that oversees the Pendleton and Indianapolis facilities and a staff member that oversees the South Bend and Camp Summit facilities. There is a part-time staff person that oversees the Fort Wayne facility.

The *AIM* Training Institute offers a five-day Prisoner Re-entry Training course that focuses on preparing professionals to work in the field of prisoner re-entry. The six core areas of the training are: Prisoner Re-entry; Offender Accountability-The Psychology of Effective Re-entry; Repairing the Harm; The Re-entry Professional; Effective Re-entry-It's All About Relationships; and Management of Re-entry Programs.

## PROGRAM EVALUATION

As of December 2005, the *AIM* program had served over 4,000 youth who have been released to the community. Since the original expansion of *AIM* statewide in Indiana, the program has achieved the following:

- successful establishment of the program at six correctional facilities and three contract facilities;
- refined procedures to more effectively deliver the curriculum, *Life After Incarceration*, and prepare re-entry plans for larger numbers of youths;
- established and staffed support centers in Indianapolis and Gary to serve the needs of the youths after their release;
- creation of successful partnerships in the community to address the needs of the youths in the areas of employment, education, health, leisure activities, community service, and counseling services;
- streamlined the processes to obtain birth certificates and social security cards for youth prior to their release;
- further refined recruitment and training programs for mentors; and
- generated positive strategies to attract youth to the program prior to their release.

Based on an on-going evaluation of *AIM*, the founders report the following outcomes have been achieved:

- Forty-nine percent of *AIM* participants are attending school at any one time.
- While many of the youths are able to find employment after their release, at any one time 22% of the youths are currently employed.
- Sixty percent of *AIM* participants are either attending school, working, or both.

Data indicate that for every 100 youths in *AIM*, there is a potential to save \$1.3 million per year. Information about the 2004 *AIM* budget is available in a 2004 report listed under the Resources section below.

*AIM* uses the *Life After Incarceration* curriculum, a cognitive-behavioral based transition program targeting youth ages 15 and older. The instructional manual provides group facilitators with a step-by-step guide for program delivery and evaluation. Master copies of marketing materials, overheads, handouts, and evaluation instruments are provided. Topics include: (a) the power of thoughts (impulsivity and control); (b) decision making and goal setting; (c) formal and informal education, preparing for the workforce; (d) employment-finding and keeping a job; (e) financial planning; (f) returning to family and friends; and (g) understanding children (sibling and child response to incarceration and release).

## AVAILABLE EVIDENCE

For the year 1997, all youths leaving the Plainfield Juvenile Correctional Facility and returning to the Indianapolis metropolitan area were randomly assigned to one of three groups:

- (1) those who received pre-release preparation through the *AIM* Program and were assigned a mentor to work with them after their release;
- (2) those who received pre-release preparation through the *AIM* Program, but were not assigned a mentor to work with them after their release; and
- (3) those who did not participate in any way with the *AIM* Program.

Follow-up data was collected on these youth for four years after their release. Reincarceration data for each of these three groups shows positive outcomes for those in group 1.

	Percent Reincarcerated	
	after 12 months	after 48 months
In <i>AIM</i> with mentor	25%	44%
In <i>AIM</i> with no mentor	29%	50%
Not in <i>AIM</i>	39%	62%

Participation in *AIM* has been linked to a lower likelihood of reincarceration, even among those youth who have been arrested during the follow-up period. Results indicate there is a significant difference between those participating in the full *AIM* model and those not participating in **AIM**.

Those assigned to group one, pre-release preparation and assignment of a mentor after their release, had a .474 conditional probability of reincarceration given an arrest has occurred, compared to .643 for those in group two and .677 for those in group three.

Participants in *AIM* also have experienced fewer arrests and fewer convictions than those not participating in *AIM*. Additionally, youth in *AIM* were not arrested or convicted as soon after release as their counterparts who did not participate in *AIM*.

## RESOURCES

### The *AIM* Program

- **Contact for more information:**

G. Roger Jarjoura, PhD, AIM Executive Director  
School of Public and Environmental Affairs  
Indiana University - Purdue University Indianapolis  
3190 North Meridian Street  
Indianapolis, IN 46208  
Tel: 317-278-2270 Email: [rjarjour@iupui.edu](mailto:rjarjour@iupui.edu)

- AIM website: <http://aim.spea.iupui.edu/>
- AIM Training Institute. [http://aim.spea.iupui.edu/Training\\_Institute/aim1.htm](http://aim.spea.iupui.edu/Training_Institute/aim1.htm)
- AIM 2004 Annual Report. [http://aim.spea.iupui.edu/AIM\\_annual\\_report.doc](http://aim.spea.iupui.edu/AIM_annual_report.doc)
- Jarjoura, G.R. (10-01-2003). *They all come back: Reflections on a juvenile re-entry initiative*. Power Point presentation at the ACJJ Statewide Conference on Juvenile Justice and Delinquency Prevention. [http://aim.spea.iupui.edu/re-entry/aftercare\[1\].arkansas.ppt#307,1](http://aim.spea.iupui.edu/re-entry/aftercare[1].arkansas.ppt#307,1).
- Jarjoura, G.R. (11-10-2000). *The aftercare by IUPUI through mentoring (AIM) program: Mentoring juveniles as a form of aftercare*. Paper presented at *Central Indiana's Future: Understanding the Region and Identifying Choices* conference. [http://aim.spea.iupui.edu/re-entry/aim\\_program.htm](http://aim.spea.iupui.edu/re-entry/aim_program.htm).
- Rausch, A. (2003). *Life after Incarceration*. West Lafayette, IN: Purdue Extension Program, Purdue University. <https://secure.agriculture.purdue.edu/store/item.asp?itemID=11617>.
- Segal, A. (Sept. 2006). *The Aftercare for Indiana Through Mentoring Program*. NDTAC. <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200609b.asp>

### Other Mentoring Resources

- Big Brothers/Big Sisters website. <http://www.bbbs.org/site/c.diJKKYPLJvH/b.1539751/k.BDB6/Home.htm>
- Juvenile Mentoring Program (JUMP). <http://www.inpathways.net/mentoring%20an%20important%20strategy.pdf>
- National Mentoring Center website. <http://www.nwrel.org/mentoring/>.
- Public/Private Ventures: Youth website. <http://www.ppv.org/ppv/youth/youth.asp>
- Read, N. (Sept. 2006). *Mentoring youth who are delinquent or high risk*. NDTAC Issue Brief. <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200609a.asp>
- VIP Mentoring Program Tracking System (VIPMPTS). ITI Incorporated. <http://www.ITIincorporated.com>.

## BACKGROUND READING

- Altschuler, D. M., & Armstrong, T. L. (1994). *Intensive aftercare for high-risk juveniles: A community care model. Summary*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.  
<http://www.ncjrs.gov/pdffiles/juvcc.pdf>
- Novotney, L. C., Mertinko, E., Lange, J., & Baker, T. K. (2000). *Juvenile Mentoring Program: A Progress Review*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.  
[http://www.ncjrs.gov/html/ojjdp/2000\\_9\\_1/contents.html](http://www.ncjrs.gov/html/ojjdp/2000_9_1/contents.html)
- Tierney, J. P., & Branch, A. Y. (1992). *College students as mentors for at-risk youth: A study of six campus partners in learning programs*. Philadelphia, PA: Public/Private Ventures.  
[http://servicelearning.org/lib\\_svcs/lib\\_cat/index.php?library\\_id=3836&search\\_term=](http://servicelearning.org/lib_svcs/lib_cat/index.php?library_id=3836&search_term=)
- Taylor, J. S. (2003). *Training new mentees: A manual for preparing youth in mentoring programs*. Portland, OR: National Mentoring Center.  
[http://www.nwrel.org/mentoring/pdf/training\\_new\\_mentees.pdf#search=%22%22manual%20for%20preparing%20youth%20in%20mentoring%22%22](http://www.nwrel.org/mentoring/pdf/training_new_mentees.pdf#search=%22%22manual%20for%20preparing%20youth%20in%20mentoring%22%22)
- Tierney, J. P., Grossman, J. B., Resch N. L. (2000). *Making a difference: An impact study of Big Brothers Big Sisters*. Philadelphia, PA: Public/Private Ventures.  
[http://www.ppv.org/ppv/publications/assets/111\\_publication.pdf](http://www.ppv.org/ppv/publications/assets/111_publication.pdf)
- MENTOR/National Mentoring Partnership. (2003). *Elements of effective practice*.  
[http://www.mentoring.org/program\\_staff/design/elements\\_of\\_effective\\_practice.php?pid=all](http://www.mentoring.org/program_staff/design/elements_of_effective_practice.php?pid=all)
- *The Mentoring Toolkit: Resources for Developing Programs for Incarcerated Youth*. NDTAC. (Sept. 2006). <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight.asp>



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Arizona Detention Transition Project (ADTP) (a promising practice)**

#### **BRIEF OVERVIEW**

*The Arizona Detention Transition Project (ADTP)* is a four-year model demonstration grant funded by the U.S. Department of Education, Office of Special Education Programs. *ADTP* is a partnership between: Arizona State University; the Arizona Supreme Court, Administrative Office of the Courts; Maricopa County Regional School District; and Maricopa County Juvenile Probation.

*ADTP* is based on promising transition practices for short-term jails and detention centers developed by the National Center on Education, Disability, and Juvenile Justice (EDJJ). The purpose of *ADTP* is to develop a sustainable model transition program that reduces the number of students who recidivate and are sentenced to state juvenile and adult corrections and increase the number of students who are successfully and continuously engaged in school, work, and community activities through implementation of promising transition practices.

*ADTP* funds a transition specialist at each of the two Maricopa County Juvenile Detention Centers to implement the following promising transition practices: (1) development of individualized transition plans for all youth with disabilities; (2) development of transition portfolios for all youth with disabilities; (3) establishment of a seamless and immediate transfer of educational records across sending and receiving agencies; (4) increased interagency linkages and communication; and (5) establishment of a youth tracking system to monitor the engagement and recidivism of all youth with disabilities upon release from detention.

Youth in the *ADTP* treatment groups receive the five key elements of the *ADTP* transition program.

- ***Individualized Transition Plan.*** Transition specialists, in coordination with detention intake personnel, initiate comprehensive special education screening and school records retrieval procedures. After school records are obtained, they are evaluated to see if an Individualized Education Program (IEP) has been developed and its relevance. IEPs are modified or developed for each youth with disabilities. A transition interview is conducted with all youth in the treatment group. For youth with disabilities, this transition interview is used in conjunction with the transition plan in the youth's IEP. The transition interview is

the first step in the transition planning process. All subsequent transition programming is based on the youth's goals as identified in the transition interview and the youth's educational and vocational needs, abilities, interests, and preferences.

Secure Care Policies and Procedures for Special Education are available at:

<http://www.ade.az.gov/ess/SpecialProjects/securecare/SecureCarePoliciesProcedures.pdf>.

- **Transition Portfolio.** Each site creates a portfolio assessment and development process for all treatment students in their detention center. Transition Specialists collect relevant documents that make up the *Transition Portfolio* (e.g., academic and vocational assessments, vital records, special education records, credit analysis, etc.). The *Transition Portfolio* follows the student as he or she is released from the detention site and moves along the continuum of appropriate transition services to school, work, or positive community involvement. The *Transition Portfolio* is available in both hard copy and electronic format.
- **Seamless Transfer of Educational Records and Services.** Each site ensures reliable and timely exchange of relevant education records from the public schools to the detention centers to subsequent placements in the community. The seamless transfer of records and services occurs as youth move from one stage of the juvenile justice system to the next. Education and treatment services typically can best be described as fragmented when services at one stage have little relevance to services at the next stage. A student, who moves between public and alternative schools, detention education, community and employment agencies or juvenile and adult corrections systems, must receive educational programming and transition services that build upon the student's prior placement. The need for a seamless transfer of records applies, even more stringently, to youth with disabilities. Therefore, a comprehensive special education identification or Child Find system (see <http://www.ade.az.gov/ess/ChildFind/CfHome.asp>) must also be in place.
- **Interagency Linkages and Communication.** Transition specialists coordinate with public and alternative schools, the detention centers, and community and employment agencies to ensure a seamless continuum of services. The Transition Specialists develop and maintain interagency linkages and communication with public and alternative schools, community agencies, and job and employment services. While some of these linkages are made among agencies at the administrative level at the respective sites, Transition Specialists establish linkages and communication with the line staff of these schools and agencies on a student-by-student basis. Because the education transition process from the juvenile detention centers must be initiated immediately upon a youth's admission to the facility, due to the relatively short period of time that youth's are detained (e.g., 17 days on average in Arizona), the transition specialists must establish predictable and reliable contacts.
- **Youth Tracking System.** Transition Specialists use the *ADTP Youth Tracking Spreadsheet* to monitor the progress data for youth in the treatment and comparison groups that are released from detention for the length of time they are on probation. This *Spreadsheet* contains the following information: youth's name, gender, date of birth, ethnicity, special education status, detention entry date, detention exit date, and to where the youth is released (i.e., home, residential treatment center, group home, etc.); all transition portfolio components; and engagement and recidivism status for 30, 60, 90, 120 days after release.

## IMPLEMENTATION ESSENTIALS

Three core resources are needed for implementation.

### Personnel.

- This program is implemented best with a specific full-time position dedicated to transition, such as a transition specialist. The primary responsibility of implementing the program components are assigned to this position.
- A full-time special education teacher is essential to the success of the program.
- A stipend could be paid to existing teachers to perform one or more components of the project.
- Existing or new support staff to assist with records requests.

**Assessments.** Existing or new vocational and academic assessments.

**Information tracking.** An existing or new data management system for tracking student data.

## PROGRAM EVALUATION

The most comprehensive research on correctional education to date was published in 1994 by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). Entitled *Documented Effective Practices in the Education of At-risk and Delinquent Youth* (Coffey & Gemignani, 1994), it presents an analytical overview of the literature and research in juvenile correctional education, and outlines a number of effective practices in the education of at-risk and delinquent youth. The effective practices outlined in this report are organized in eight sections, including transition and support services. In 2001, researchers from the National Center on Education, Disability, and Juvenile Justice (Rutherford, Mathur, & Griller-Clark, 2001), reviewed and updated the effective practices in transition originally identified by Coffee and Gemignani (1994), and divided them into two subcategories: practices for short-term jails and detention centers, and those for long-term correctional facilities. *ADTP* was designed based on the former.

As of October 2006, *ADTP* had served over 550 youth with disabilities. Additional program evaluation and outcome data will be available in December 2006. At that time *ADTP* staff will also disseminate the results of a year-long quasi-experimental comparison group study of the effects of the *ADTP* model practices on reducing recidivism and increasing engagement in school, work, or both, of detained youth 30, 60 90, and 120 days post-release.

- Funded by the Office of Special Education Programs, U.S. Department of Education as a Model Demonstration Project. See <http://www.nichcy.org/directories/84.324t.asp>
- Featured in a Corrections Learning Network video on transition for the National Center on Education, Disability and Juvenile Justice (EDJJ) website. <http://www.edjj.org/training/pds/index.html>
- Featured as a transition, re-entry, and aftercare strategy by the National Evaluation and Technical Assistance Center for the Education of Children Who Are Neglected, Delinquent, or at Risk (NDTAC) in: *Spotlight: Arizona. The Arizona Detention Project (ADTP): A Project*

*Ensuring the Transition of Youth with Disabilities in and out of Juvenile Justice System.* (May 2004). Available at: [http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight\\_az1.asp](http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight_az1.asp).

- Proposal submitted in June 2006 to the Field-Initiated Research competition of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to replicate the ADTP Model in Pima, Cochise, and Yavapai County detention facilities in Arizona and the Fresno, California and Reno, Nevada detention centers. See: <http://www.grants.gov>.

## **AVAILABLE EVIDENCE**

ADTP is conducting two independent, external evaluations of the project. Data have been collected throughout the project on the number of:

- youth detained; in school while detained; and served by ADTP in treatment and non-treatment groups;
- transition interviews completed by transition specialists;
- records requested and received by the detention school;
- special education records requested and received by the detention school;
- youth receiving special education services while detained;
- special education youth with current IEPs; current IEPs generated by the detention school; and expired IEPs;
- special education youth under 14 years old; eligible for transition plans; and who have current transition plans;
- youth released; released to juvenile corrections; and transferred to adult court; and
- special education youth released to juvenile corrections and those transferred to adult court.

The evaluation report was scheduled to be released in December 2006.

A year-long quasi-experimental comparison group study has also collected data on:

- the number of special education youth served in the treatment group and those served in the non-treatment group;
- the engagement status of youth in both treatment and non-treatment groups at 15, 30, 45, 60, 90, and 120 days after release from detention. Engagement status is coded as follows: school/no work; work/no school; no school/no work; school and work; attending counseling; attending substance abused program; or attending a residential treatment center; and
- the recidivism status of youth in both treatment and non-treatment groups at 15, 30, 45, 60, 90, and 120 days after release from detention. Recidivism status is coded as: detained; home detention; Arizona Department of Juvenile Correction; Maricopa County Sheriff's Office; or warrant issued.

The results are still being analyzed and a report was scheduled for release in December 2006.

## RESOURCES

### ADTP Resources

- ADTP Project Director:  
**Heather Griller-Clark, PhD**  
Arizona Detention Transition Project  
Arizona State University  
Email: [hgriller@asu.edu](mailto:hgriller@asu.edu)
- Slivka, J., & Spain, A. (May 2004). *Spotlight: Arizona. The Arizona Detention Project (ADTP): A Project Ensuring the Transition of Youth with Disabilities in and out of Juvenile Justice System*. [http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight\\_az1.asp](http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight_az1.asp)

### National Transition Resources

- Center on Juvenile & Criminal Justice (CJC): [www.cjcj.org](http://www.cjcj.org); 202-678-9282.
- Community Information and Referral (CIRS): [www.cirs.org](http://www.cirs.org)
- National Center on Education, Disability, and Juvenile Justice (EDJJ): <http://www.edjj.org>.
- National Juvenile Detention Association (NJDA): [www.njda.org](http://www.njda.org); 606-622-6259.
- Office of Correctional Education (OCE):  
<http://www.ed.gov/offices/OVAE/AdultEd/OCE/index.html>; 202-205-5621.

## BACKGROUND READING

- Clark, H.G., & Barclay, K.B. (2005). Transition video. Corrections Learning Network. <http://www.edjj.org/training/pds/index.html>
- Clark, H.G. (2006). Transition services for youth with disabilities in the juvenile justice system. In S. R. Mathur (Ed.), *EDJJ professional development series in disabilities and juvenile justice*. College Park, MD: National Center on Education, Disability, and Juvenile Justice. <http://www.edjj.org/focus/TransitionAfterCare/docs/TrainModule.pdf>
- Clark, H. G. (2001). *Transition services for youth in the juvenile justice system*. Focal Point. <http://www.rtc.pdx.edu/FPinHTML/FocalPointSP01/pgFPsp01TranServices.htm>
- Gemignani, R.J. (1994). *Juvenile Correctional Education: A Time for Change*. OJJDP Update on Research. <http://www.ncjrs.gov/pdffiles/juved.pdf>
- Coffey, O. D., & Gemignani, M. G. (1994). *Effective practices in juvenile correctional education: A study of the literature and research, 1980-1992*. Washington, DC: U.S. Department of Justice, National Office for Social Responsibility. [http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=ED391995&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectID=0900000b80137c01](http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=ED391995&ERICExtSearch_SearchType_0=eric_accno&objectID=0900000b80137c01)
- Stephens, R.D., & Arnette, J.L. (Feb. 2000). *From the Courthouse to the Schoolhouse: Making Successful Transitions*. OJJDP Juvenile Justice Bulletin. [http://www.ncjrs.gov/html/ojjdp/jjbul2000\\_02\\_1/contents.html](http://www.ncjrs.gov/html/ojjdp/jjbul2000_02_1/contents.html)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Juvenile Education Initiative (JEdI) (a promising practice)**

#### **BRIEF OVERVIEW**

*Juvenile Education Initiative (JEdI)* is a program created by the Special Education Unit of the Arkansas Department of Education to address the instructional needs of incarcerated, at-risk and special education youth.

#### **JEdI has five key goals:**

- to ensure that a free appropriate public education (FAPE) is provided in all juvenile detention centers in Arkansas;
- to ensure that reading and math are given priority as mandated by No Child Left Behind;
- to effectively track students who move from the juvenile detention facility environments to other educational environments;
- to ensure the continuity of instruction as students transition among educational environments; and
- to measure the effectiveness of the academic program by collecting data on student usage and gains in a Web-based basic skills program.

#### **JEdI has four key components:**

##### **1. JEdI utilizes a Web-based basic skills program in grades 2-12.**

The program is correlated with state and national standards, benchmark and norm-referenced tests including the Iowa Test of Basic Skills, the Stanford 9 and 10, the Test of Adult Basic Education and the GED. JEdI is a research-based, diagnostic and prescriptive program that allows students to work at their own pace. JEdI addresses reading, math, language arts, writing, and other core areas. Students may take pretests, then work on a prescribed set of lessons. Post-tests are given to measure progress. Reports on assignments, student work, and usage are available to instructors and administrators.

##### **2. Data collection is conducted and regular reporting of student usage is provided.**

Teachers in the juvenile detention facilities are responsible for reporting demographic data and information on a state-wide website, [www.arkjedi.com](http://www.arkjedi.com). The maintenance and

supervision of the website is provided by a program administrator who ensures that accurate data are being reported. Semi-annual reports are submitted to the juvenile facility teachers and their supervisors regarding academic success and student deficit areas. Aggregate demographic reports are available to each facility through the website. As students leave the detention facilities, reports follow the students so that they can continue using the program.

**3. Aggressive training and supervision are components of the JEdI program.**

Each facility educational program serves as a regional site for neighborhood feeder schools. Information and training sessions have been conducted for all feeder schools so students leaving the facilities can continue to work on the JEdI project long after they have left the facility. These sessions include superintendents, probation officers, special education directors, judges, counselors, and others from the surrounding school districts.

**4. Interagency communications are a key component of the program.**

JEdI has opened communication among schools, juvenile facilities, residential treatment programs, courts, and the Department of Youth Services and families. These agencies now recognize the quality of the education programs in the facilities and work together to improve the basic skills of incarcerated youth.

## **IMPLEMENTATION ESSENTIALS**

Due to the state-wide implementation of the program, support from many levels is a prerequisite. *JEdI* works because of the vision and support provided at the state department of education level. It also works because of the 43 facility educators who are committed to the goals of the program and to providing a quality education program for incarcerated students. Finally, support in the schools is essential to ensure students receive holistic, wrap-around services.

A program administrator who provides support, consultation, technical assistance, training and supervision of the website is an essential part of the program. This administrator organizes about 30 hours of staff development for the facility teachers annually. In addition, the program administrator conducts regular site visits to the facilities as well as to the schools where juveniles are reintegrated.

Because of the nature of the program, technology and computer access is essential. Without access to Internet connected computers, the program cannot be implemented. Along with the hardware, training in using the program is an essential component.

## **PROGRAM EVALUATION**

- Featured in *Counterpoint* (July 2005), published by the National Association of State Directors of Special Education.  
[http://www.jedilearning.com/jedilearning/Success\\_Stories/Counterpoint%20July%202005%20%20JEdI.pdf](http://www.jedilearning.com/jedilearning/Success_Stories/Counterpoint%20July%202005%20%20JEdI.pdf)
- Featured in *Counterpoint* (Spring 2004), National Association of State Directors of Special Education.
- Featured in the *Batesville Daily Guard* (1-25-2006).  
[http://www.jedilearning.com/jedilearning/Success\\_Stories/Batesville%20News%20Article\\_.pdf](http://www.jedilearning.com/jedilearning/Success_Stories/Batesville%20News%20Article_.pdf)

- Recognized as a “Program that Works” during the Arkansas Department of Education 2005 *Student Learning Outcomes Summit* in Little Rock, AR.
- Featured in *The Arkansas Special Educator*. (Winter 2005).  
[http://arksped.k12.ar.us/documents/news/tase\\_winter05.pdf](http://arksped.k12.ar.us/documents/news/tase_winter05.pdf)

Implementation costs include: computers, free downloadable software (Adobe Reader and Macro Media Flash) and access to the Internet. Students can access the program through any Internet connected computer.

## AVAILABLE EVIDENCE

Due to the nature of the program, data are collected every time a student logs onto the program. Available reports include: student profiles, student details, assignment details, and usage data. Information can be disaggregated by ethnicity, gender, age, disability designation and other variables. To date, data have indicated that both students with disabilities and students not receiving special education are making academic gains in reading, math, and language arts while incarcerated for an average length of stay under 15 days. Academic, special education and other outcomes are included in an October 2004 NASDSE presentation available at: <http://www.nasdse.org/files/BillMarciaShan.ppt>.

## RESOURCES

- The Arkansas Department of Education JEdI website. <https://www.arkjedi.com/welcome.do>
- Information about contact persons for further information is available on the JEdI website, [http://www.jedilearning.com/jedilearning/Contact\\_Us.html](http://www.jedilearning.com/jedilearning/Contact_Us.html)
- Information on the history of JEdI is available at: [http://www.jedilearning.com/jedilearning/ark-jedi\\_history.html](http://www.jedilearning.com/jedilearning/ark-jedi_history.html)
- JEdI Teachers’ Guide is available at: [http://www.jedilearning.com/jedilearning/JEdI\\_Resources/JEdI%20Teacher%20Guide.pdf](http://www.jedilearning.com/jedilearning/JEdI_Resources/JEdI%20Teacher%20Guide.pdf)
- For information related to Arkansas’ JEdI project, visit its website: [www.jedilearning.com](http://www.jedilearning.com).
- For information about the cost of the web-based JEdI basic skills program, contact Adam Hall, Executive Vice President of Impact Education, Inc., 1-800-222-3681, [ahall@impactpartnerships.com](mailto:ahall@impactpartnerships.com).
- Currently, three state trainers are available to train teachers and administrators how to use the program. On-line assistance is available for follow-up and to answer questions. The program has a very strong training and follow-up component. JEdI training and workshop calendar is available at: [http://www.jedilearning.com/jedilearning/Workshops\\_Training.html](http://www.jedilearning.com/jedilearning/Workshops_Training.html)
- Memorandum of Understanding Among the ADE and juvenile detention facilities operated by a political subdivision of the state and the respective local education agencies (2001).

## BACKGROUND READING

- Burrell, Sue. (1999) *Pathways to Juvenile Detention Reform #6: Improving Conditions of Confinement in Secure Juvenile Detention Centers*. Annie E. Casey Foundation.  
<http://www.aecf.org/initiatives/jdai/pdf/Book%206.pdf>
- Leone, P.E., & Meisel, S. (n.d.). *Improving Educational Services for Students*. [The National Center on Education, Disability and Juvenile Justice](http://www.edjj.org/Publications/pub12_20_99.html) (EDJJ)  
[www.edjj.org/Publications/pub12\\_20\\_99.html](http://www.edjj.org/Publications/pub12_20_99.html)
- *Special Education in Correctional Facilities*. (1999). [The National Center on Education, Disability and Juvenile Justice](http://www.edjj.org/Publications/pub05_01_00.html) (EDJJ). [www.edjj.org/Publications/pub05\\_01\\_00.html](http://www.edjj.org/Publications/pub05_01_00.html)



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Juvenile Re-entry Action Plan (an emerging practice)**

#### **BRIEF OVERVIEW**

*The Juvenile Re-entry Action Plan (JRAP)* is a transition program funded by the Arkansas Department of Education and operated by the Garland County Juvenile Detention Center in Hot Springs, Arkansas. It targets students who are at risk for becoming repeat offenders. The program involves intensive case supervision with a gradual step down process. It also addresses what is causing the problems, including issues such as drug or alcohol abuse or peer pressure.

*JRAP* assists court-supervised youth to transition back into their neighborhood communities after confinement in the detention center. The goal is to prevent future confinement in long-term state facilities. The program for each youth consists of five phases over a period of approximately six months: an assessment phase; an institutional phase; and three community-services phases after release from confinement.

#### **IMPLEMENTATION ESSENTIALS**

*JRAP* requires the direct involvement of a team of several persons working with the incarcerated youth. These include a full-time caseworker, a tutor/mentor coordinator, an educational coordinator, and a team coordinator. Each person has specific roles in the program.

**Case Manager.** This full-time person provides case management services for all youth identified for the JRAP program. The total number of contact hours averages 50-60 hours in a six-month period. The case manager may not carry a caseload that exceeds a 1:20 ratio. The average number of juveniles in the JRAP is 15-20. Between December 2005 and the summer of 2006, the total number of referrals was 30 and 21 students were accepted in the program.

The case manager fulfills the following duties over a six-month period:

- meets with the probation officer to obtain needed case information regarding the youth's history and background;
- conducts a ***Juvenile Re-entry Assessment*** of the juvenile and family;

- serves as the intermediary and conduit of information between the program and the community, facilitating the provisions of services to the identified youth and maintaining regular contact with youth, family, and community resources;
- maintains regular contact with the team to develop and maintain a plan of action within the community;
- develops community resources and assists with transportation, group and individual counseling, and use of community resources;
- maintains contact with the youth's school to discuss the youth's progress and additional needs; and
- assists in the final discharge, relapse-prevention plan, and program graduation for the youth and the youth's family.

**Team Coordinator.** During the stages of the program, many activities must occur to facilitate the family's preparation for re-entry into community placement. The team coordinator serves as the intermediary and conduit of information between the program and the community, facilitating the provision of intensive services to the identified youth. The team coordinator is expected to attend all meetings, court appearances and community events.

The Garland County Juvenile Detention Center (GCJDC) is the designated facility hosting the institutional portion of the program. During the Institution Phase, the parent/guardian assists the *JRAP* team in determining the ***Institution Phase Service Plan***. The plan outlines the goals and expectations that the youth must achieve prior to leaving the facility. The team coordinator assists the youth through this phase based upon the youth's compliance and progress as determined at the required reviews. The team coordinator is responsible for implementation of ***Juvenile Re-entry Action Plan Policy and Procedure Manual***.

**Educational Coordinator.** During the Institution Phase, the educational coordinator provides an appropriate educational setting for academic instruction in the areas of English, math, reading, life skills, current events, and vocational training. The Educational Coordinator makes every attempt to keep the youth on track with his or her home school. When this is not an option, the priority is to strengthen the youth's basic skills in core academic areas. When appropriate, GED instruction is provided.

The educational coordinator conducts assessments using the Test of Adult Basic Education (TABE) upon entry into the detention center. Assignments from the youth's home school are obtained if possible. If unavailable, appropriate assignments are made based upon the results of the TABE to enable the student to make academic progress in deficit areas. JEdI software, a research-based online educational program ([www.jedilearning.com](http://www.jedilearning.com)), also is used to provide for continuity of education after a student leaves the facility.

The educational coordinator is expected to attend all meetings, court appearances and community events relating to *JRAP* activities of youth involved in the program.

**Tutor/Mentor Coordinator.** The tutor/mentor coordinator is responsible for a mentoring program and a tutoring program for youth in the *JRAP* program. The tutoring program addresses educational needs of the youth. The mentoring program provides positive roles model for the youth. The tutor/mentor coordinator:

- reviews all applications for the program; verifies references; and conducts local, state, and national background checks on all applicants;
- stays in contact with the tutors and mentors, and gives progress reports to the *JRAP* team; and
- attends all meeting, court appearances and community events related to *JRAP*.

Each participating youth has a file documenting his or her successful movement through the *JRAP* program. It includes the referral, assessment, participation acknowledgement, release of liability, photo, institutional phase plan, and three community-phase service plans. Court paper work, orders, *JRAP* assignments, and school records also are included. Parents are involved and sign off on each phase of the program. The file details the goals and activities required for the completion of each of the five phases.

## PROGRAM EVALUATION AND AVAILABLE EVIDENCE

As of September 2006, no research study has been completed for the *JRAP* program although data collection and evaluation is in process. Evaluation and review of the program include:

- annual reports submitted to the Arkansas Department of Education;
- presentations at conferences for educators of delinquent and incarcerated youth;
- support by the County Juvenile Judge, probation officers, and the staff of the Juvenile Detention Center;
- graduation of youth after completion of the six-month program; and
- named 2006-2007 Program of the Year by the Arkansas Coalition for Juvenile Justice (ACJJ), <http://www.arjuvjust.net/awards.html>.

## RESOURCES

- Contact for information regarding the cost and details of the *JRAP* program:

**Sgt. Belinda Cosgrove**, *JRAP* Team Coordinator  
 Garland County Juvenile Detention Center  
 222 Woodbine  
 Hot Springs, AR 71902  
 Phone: 501-622-3644  
 E-mail: [juvenile@garlandcountysherrif.com](mailto:juvenile@garlandcountysherrif.com)

- **Arkansas Coalition for Juvenile Justice.** <http://www.arjuvjust.net/>
- **Arkansas Department of Education.** <http://arkansased.org/>
- **Ark-JEdI.** <http://www.jedilearning.com/jedilearning/index.html>
- *JEdI: A Successful Model for Improving Educational Outcomes for "At Risk" and Alternative Education.* [http://www.jedilearning.com/jedilearning/Ark-JEdI\\_History.html](http://www.jedilearning.com/jedilearning/Ark-JEdI_History.html)
- *Program targets "at risk" offenders, stresses accountability.* The Sentinel-Record, no. 83/vol. 129, page 1 (3-24-2005). [www.hotsr.com](http://www.hotsr.com)

## BACKGROUND READING

- *State Juvenile Justice Profiles: Arkansas*. (Updated 3-15-2006). National Center for Juvenile Justice. <http://www.ncjj.org/stateprofiles/profiles/AR06.asp>
- Stephens, R. D., & Arnette, J. L. (2000). *From the courthouse to the schoolhouse: Making successful transitions*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. [http://www.ncjrs.gov/html/ojjdp/jbul2000\\_02\\_1/contents.html](http://www.ncjrs.gov/html/ojjdp/jbul2000_02_1/contents.html).
- The National Center on Education, Disability, and Juvenile Justice (EDJJ). *Issues in Transition/Aftercare*. <http://www.edjj.org/focus/TransitionAfterCare/>.
- Zimmermann, C.R., Ed. (July 2004). *Desktop Guide to Re-entry for Juvenile Confinement Facilities*. The National Partnership for Juvenile Services. <http://njda.msu.edu/practices/dgr.pdf#search=%22Juvenile%20Re-Entry%20Action%20Plan%20Arkansas%22>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Maine Reintegration Teams (an emerging practice)**

As youth transition from school to secure care and back again, collaboration across agencies is critical to ensuring a successful and systematic transition. Maine has developed legislation that formalizes the process of collaboration between education and corrections, allowing for a smooth transition of youth, and their educational and personal relevant information across agencies. Effective interagency collaboration is a complex and time intensive undertaking requiring a clear delineation of roles, responsibilities, and a specific timeline for the completion of agreed upon goals and activities. Effective collaboration can be facilitated by appropriate legislation.

#### **BRIEF OVERVIEW**

Historically, in Maine the process of reintegrating students from correctional facilities back to public school had been an informal one. Transition planning was conducted when needed between a facility transition coordinator and public school staff. However, with the passage of legislation in 2001, procedures were adopted to formalize the transition process.

Maine laws now designate the superintendent of the applicable school district as responsible for managing a student's enrollment in a public school setting after leaving a correctional facility. Within 10 days of receiving notification that an incarcerated youth will be enrolling in public school, the superintendent is responsible for forming a reintegration team. The reintegration team is responsible for creating a reenrollment plan and identifying appropriate education services for the student. The laws also provide a detailed plan for student reenrollment, interagency collaboration, family participation, and a seamless transfer of records.

#### **IMPLEMENTATION ESSENTIALS**

Juvenile correctional facilities in Maine are operated by the Maine Department of Corrections (DOC). In 2001, Maine enacted Act to Implement the Recommendations of the Task Force on Educational Programming at Juvenile Correctional Facilities (2001 Maine Laws 452). This Act creates a system for planning the reintegration back to public school of juveniles being released from correctional facilities.

**Standards for reintegration planning.** The 2001 Act requires the Commissioner of the Maine Department of Education (DOE), in consultation with correctional officials, to establish a program of technical assistance and statewide standards for reintegration planning and transition services for juveniles being released from correctional facilities. These standards are established also in consultation with school boards, school administrators, teachers, parents, local officials, community members, and others.

The Act further mandates the DOE reintegration and transition standards to include provisions regarding:

- timely exchange of records and information about juveniles;
- technical assistance the DOE provides local school officials;
- training provided by local school administrative units to school personnel who have access to confidential criminal justice information regarding juveniles; and
- annual reporting by superintendents of the number of juveniles released from correctional facilities who enroll in schools located within their local school administrative units, including forms to be used for reporting.

Maine DOE Rules require each school board to adopt a policy regarding the reintegration into school of juveniles leaving juvenile correctional facilities. These policies must address access to confidential information and include training for school personnel who administer the policies. (Code Maine R. ch. 125 §10.07). The policy adopted by Maine School Administration District 56 (MSAD 56) in August 2003, *Reintegration of students from juvenile correctional facilities*, is an example.

**Strategic planning and on-going evaluation.** The Maine DOE is required to employ a “consultant” to provide technical assistance regarding truancy, dropouts and reintegration planning. (Title 20-A, §5151, MRSA). This consultant functions as a liaison between the DOE and school districts with regarding to reintegration planning. The 2001 Act amends the consultant’s functions to include: strategic planning for enrolling in school juveniles released from correctional facilities; and evaluation of programs and policies related to reintegration planning and aftercare services for released juveniles.

**Reintegration Teams.** The Maine DOC notifies the superintendent of the appropriate school district when a juvenile plans to re-enroll in public school after release from a correctional facility. (Title 15, §3009, MRSA). Within 10 days of receipt of a notice, the superintendent convenes a Reintegration Team. (Title 20-A, §1055(12), MRSA). Reintegration Team members include at a minimum:

- the principal or designee of the school to which the student will be admitted;
- at least one classroom teacher to whom the student will be assigned;
- a parent, guardian or custodian of the student; and
- a guidance counselor.

**Role of the reintegration team.** The reintegration team is required to meet two times before the student enrolls in the school. During the first meeting, the team reviews the student’s records, develops a reintegration plan for the student which includes academic, extracurricular, and accessibility issues. The student’s placement in public school is determined according to the

student's academic abilities, progress on state standards, and achievement while confined. During the second meeting, the reintegration plan is reviewed with the student along with the consequences for non-compliance.

The team also determines, on the basis of need to know, which school employees should receive or have access to information about the student that otherwise would be considered confidential. The information provided is limited to that needed to implement the student's reintegration plan and ensure the health and safety of the student, the safety of the school's students and staff, and the integrity of school property. (Title 20-A, §1055(12), MRSA).

**Transfer of education records.** The 2001 Act recognizes the importance of prompt transfer of education records and information from a correctional facility to the public school where a released juvenile enrolls. These records include information necessary for placement of the juvenile in appropriate classes and provision of related services. The Act requires education records to follow the student, including special education records. The Maine DOC provides written notice to parents, guardians and custodians that educational records will be sent to the appropriate school administrative unit.

#### **Delineation of Responsibilities.**

The Maine Department of Corrections (DOC) is responsible for:

- notifying the superintendent of the appropriate school district that the juvenile is requesting enrollment into the district;
- notifying the parent or guardian in writing that the student's educational records are being sent to the school district where the student intends to enroll; and
- responding to requests for information from the superintendent.

The Maine Department of Education (DOE) is responsible for:

- developing standards for transition planning;
- providing information to the Commissioner of Education on ways to plan and provide services for released youth enrolled in public school; and
- providing training for Reintegration Teams regarding the transmission of educational and criminal justice records.

It has delegated this responsibility to each school board (Code Me. R. ch. 125 §10.07).

The superintendent of the applicable school district is responsible for:

- establishing the Reintegration Team within 10 days of receiving the reenrollment notice from the Maine DOC;
- requesting pertinent student information and records from the juvenile correctional facility; and
- submitting an annual report to the DOE identifying the number of formerly incarcerated youth who have reenrolled in their district.

## PROGRAM EVALUATION

The Act requires each education program or school for juveniles located in or operated by a correctional facility to be reviewed annually. That review needs to give special attention to discharge planning and related transition services provided to juveniles who are released from the facility and enrolled in public school in Maine. The report of this review must be submitted to the state legislature by January 15 each year.

- Featured in March 2005 as an approach to connect education and corrections by the National Evaluation and Technical Assistance Center for the Education of Children and Youth who are Neglected, Delinquent or At Risk (NDTAC). <http://www.neglected-delinquent.org/nd/resources/spotlight/spotlight200502a.asp>.
- Identified as legislation “attempting to facilitate the school re-entry process” by the National Evaluation and Technical Assistance Center for the Education of Children and Youth who are Neglected, Delinquent or At Risk (NDTAC). [http://www.neglected-delinquent.org/nd/resources/trans\\_strength.asp](http://www.neglected-delinquent.org/nd/resources/trans_strength.asp)
- Highlighted as a best practice in school re-entry for incarcerated youth in: JustChildren. (Nov., 2004). *A Summary of Best Practice in School Re-entry for Incarcerated Youth Returning Home*. Legal Aid Center. A submission to the Virginia Commonwealth Board of Education. [http://www.justice4all.org/files/public/Publications/A\\_Summary\\_of\\_Best\\_Practices\\_in\\_School\\_Reentry,\\_A\\_Report\\_by\\_the\\_JustChildren\\_Program\\_of\\_the\\_Legal\\_Aid\\_Justice\\_Center\\_\(November\\_2004\).pdf](http://www.justice4all.org/files/public/Publications/A_Summary_of_Best_Practices_in_School_Reentry,_A_Report_by_the_JustChildren_Program_of_the_Legal_Aid_Justice_Center_(November_2004).pdf)

## AVAILABLE EVIDENCE

The Maine legislature adopted this process as a result of the recommendations of a task force on educational programming at juvenile correctional facilities.

## RESOURCES

- For more information, contact:  
  
**Shelley Reed**, Coordinator  
Truancy, Dropout, Alternative Education, and Homeless Education  
State of Maine, Department of Education  
Phone: 207-624-6637  
Email: [shelley.reed@maine.gov](mailto:shelley.reed@maine.gov)
- Recommendations of the Task Force on Educational Programming at Juvenile Correctional Facilities, State of Maine.
- An Act to Implement the Recommendations of the Task Force on Educational Programming at Juvenile Correctional Facilities (2001 Me. Laws 452). <http://janus.state.me.us/legis/ros/lom/lom120th/10Pub451-471/Pub451-471-01.htm>
- Information related to reintegration of juvenile into school. Title 15, §3009 (2003), Maine Revised Statutes Annotated (MRSA). <http://janus.state.me.us/legis/statutes/15/title15sec3009.html>
- Educational duties. Title 20-A, §254(12) (2003), MRSA. <http://janus.state.me.us/legis/statutes/20-A/title20-Asec254.html>



- Superintendent, powers and duties. Title 20-A, §1055(12) (2003), MRSA.  
<http://janus.state.me.us/legis/statutes/20-A/title20-Asec1055.html>.
- Dissemination of information, Title 20-A, § 6001-B(2) (2003), MRSA.  
<http://janus.state.me.us/legis/statutes/20-A/title20-Asec6001.html>
- Rules of the Maine Department of Education, ch. 125 §10.07
- Code of Maine Rules, chapter 125 § 10.07,  
<http://www.maine.gov/sos/cec/rules/05/071/071c125.doc>.
- Maine School Administration District 56. (August 2003). *Reintegration of students from juvenile correctional facilities*.  
[http://www.msad56.org/policies/JLDBG\\_reintegration\\_08\\_03.pdf#search=%22maine%20reintegration%20teams%22](http://www.msad56.org/policies/JLDBG_reintegration_08_03.pdf#search=%22maine%20reintegration%20teams%22).
- Waugh, R. (March 2005). *Formalizing Connections Between Corrections and Education: Maine's Reintegration Teams*. National Evaluation and Technical Assistance Center for the Education of Children and Youth who are Neglected, Delinquent or At Risk. (NDTAC).  
<http://www.ndtac.org/nd/resources/spotlight/spotlight200502a.asp>.

## BACKGROUND READING

- JustChildren. (Nov. 2004). *A Summary of Best Practice in School Re-entry for Incarcerated Youth Returning Home*. A submission to the Virginia Commonwealth Board of Education. Charlottesville, VA: Legal Aid Center.  
[http://www.justice4all.org/files/public/Publications/A\\_Summary\\_of\\_Best\\_Practices\\_in\\_School\\_Reentry,\\_-\\_A\\_Report\\_by\\_the\\_JustChildren\\_Program\\_of\\_the\\_Legal\\_Aid\\_Justice\\_Center\\_\(November\\_2004\).pdf](http://www.justice4all.org/files/public/Publications/A_Summary_of_Best_Practices_in_School_Reentry,_-_A_Report_by_the_JustChildren_Program_of_the_Legal_Aid_Justice_Center_(November_2004).pdf)
- *Transition, Re-Entry, and Aftercare*. NDTAC. Available at:  
<http://www.ndtac.org/nd/resources/library/transition.asp>
- Spain, A., & Waugh, R. (Jan./Feb. 2005). Transition to and from Facilities: Records Transfer and Maintenance. In *Self-Study Toolkit: Record Transfer Module*. NDTAC.  
<http://www.ndtac.org/nd/resources/spotlight/spotlight200501c.asp>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Merging Two Worlds (M2W) (an emerging practice)**

Resiliency is critical to a student's successful reintegration back into the community after being released from a secure facility. Resiliency is generally defined as the ability to come back from and successfully adapt to adversity. When designing transition programs, it is important to understand and address factors that foster resilience (protective factors) and those associated with its opposite, recidivism (risk factors).

Protective factors can be individual, external, or environmental influences. Individual protective factors include having a more positive or optimistic view of life, and employing stress-reducing strategies. Another is having an attachment to at least one family member who engages in proactive, healthy behavior, and provides the youth with a sense of belonging and purpose for attachment to the family. This type of attachment also sends the message that the youth is valued for his or her abilities.

Schools help students develop resiliency by providing positive and safe learning environments, setting high yet achievable academic and social expectations, and facilitating their academic and social success. Youth who belong to a socially appropriate group sponsored and supported by the school (e.g., an academic club or social organization) are less likely to demonstrate aggression or violence.

No single risk factor can accurately predict which youth might engage in antisocial or delinquent behavior. Like protective factors, risk factors are multiple and inter-related. They can be internal (within the individual, such as a difficult temperament) or external (in the family, school, community, and peer relations). Family factors for delinquency and anti-social behavior include harsh and ineffective parental discipline, lack of supervision, coercive interactions in the home, and incarceration of a parent. Examples of risk factors found in schools are overcrowding, and a lack of clarity and inconsistent application of rules and policies. Poverty is a common risk factor for development of antisocial behavior and delinquency. Other community risk factors include limited opportunities for recreation or employment, and the availability of firearms. One of the best predictors of delinquency is youth involvement with high-risk and deviant peers.

Prevention of antisocial and delinquent behavior can be accomplished by fostering resilience in individuals exposed to risk factors. Resiliency can be fostered through modeling and teaching children and youth to use appropriate behaviors that meet their needs as well as, or better

than, their maladaptive behaviors. Examples of strategies that target multiple factors while teaching and modeling appropriate behaviors include conflict resolution, social skills training, effective management routines, encouraging the involvement of youth in making decisions, and open lines of communication. The *Merging Two Worlds* curriculum includes all of these components.

## **BRIEF OVERVIEW**

*Merging Two Worlds (M2W)* is a life skills, transition-based curriculum developed specifically for secure care populations by the Arizona Department of Education's Secure Care Education Committee (SCEC). The curriculum is based on the concept that resiliency is critical to an individual's successful reintegration into the community.

The four chapters in the *M2W* curriculum are aligned with this concept of resiliency. As each student works through these four chapters, they build their own personal transition survival guide, *My Resource Guide (MRG)*. This individualized portfolio/resource guide allows the student to analyze, evaluate, and synthesize information from a variety of sources. Students then select the lessons that are personally relevant and save them in their individualized transition portfolio (MRG). The last lesson of each *M2W* chapter, instructs the student to think about all past *M2W* lessons. Students are guided as they review, reevaluate, record, reflect, and report on their work. These reflections also are saved in their MRG. The *M2W* curriculum is flexible and can be easily enhanced or supplemented with content specific lessons or additional life skills/transition materials that the teacher already employs.

The *M2W* curriculum is divided into four chapters of 10 lessons each. The format allows instructors to adapt and personalize the material to meet both the student's needs and the requirements of their respective secure care facility.

### **Chapter 1: "Who Am I?". Career Assessment**

Focusing on self-assessment, this chapter guides the student through identification of their strengths, interests, abilities, values, learning styles, and skills. Lesson topics include values, beliefs, self confidence, learning styles and interests, personal skills, job/career pathways, and decision making.

### **Chapter 2: "Where Am I Going?" Career Preparation**

In this chapter each student uses self-awareness and their own unique perspective to make decisions and set personal goals. The lesson topics in this chapter include values, goals, choices, consequences, communication, other points of view, responsibility, critical reasoning, and priorities.

### **Chapter 3: "How Do I Get There?" Transition Assessment**

Lessons in this chapter focus on motivation, self-confidence, work ethics, life management, decision making, health/wellness, relationships, communication, handling conflict and emotion, and persistence.

### **Chapter 4: "How Do I Keep It All Together?" Life Planning**

This chapter includes lessons in housing, money management, transportation, medical

treatment, communication skills, finding, getting, keeping a job, learning needs and opportunities, leisure time choices, and decision making.

## IMPLEMENTATION ESSENTIALS

The *M2W* curriculum is designed for delivery of one lesson per one hour of instructional time. The full version of the curriculum, 40 lessons, can be completed in 40 instructional hours, while the mini version of the curriculum, 12 lessons, can be completed in 12 instructional hours. However, the curriculum is flexible and can easily be enhanced or supplemented with content-specific lessons or additional life skills/transition materials in order to expand instructional time.

- **Curriculum.** The M2W curriculum is available in a full version consisting of 40 lessons, and a mini version consisting of 12 lessons. It can be download for free from the Arizona Department of Education, Exceptional Student Services website. A DVD version of the curriculum is available from the Corrections Learning Network.
- **Personnel.** A teacher is needed to provide instruction. Ideally, this teacher would have experience working with individuals in confinement, and a background in special education, vocational education, or transition. One teacher could deliver the M2W curriculum as a full time assignment, or teachers take turns delivering the curriculum for one instructional hour per day, depending on the needs and number of students.
- **Training.** While a teacher could read through the curriculum and begin instruction, it is recommended that the teacher receive specific training on how to implement it. On-site teacher training consists of an overview of each lesson and the concepts within the lesson, in addition to background information on resiliency, self-talk, and social skills.
- **Resources.** Resources specific to the curriculum are outlined in each lesson. However, the only resource essential to implementation of the mini version is the *Occupational Outlook Handbook, The Young Person's Occupational Outlook Handbook*, or any vocational interest and ability assessment (see **Resources** below).

## PROGRAM EVALUATION

The *M2W* curriculum was developed in 1999 by Pima Special Programs, a department of the Pima County Schools' Superintendent's Office in Tucson, Arizona. In 2002, a two-year contract was awarded to Pima County School Superintendent's office to provide training and dissemination. Since that time there have been four statewide training conferences. In addition, a regional monitor provided initial site visits to mentor teachers to assist with implementation of the curriculum. In 2004 a contract was again awarded, this time to two separate entities, to provide additional training and collect implementation and outcome data. A report is anticipated in June 2007.

- Designated a "promising practice" in *Transition for Youth with Disabilities: A Look at State Programs, Progress, and Promising Practices*. Center for Workers with Disabilities, APHSA. (July 2006). Available at:  
[www.aphsa.org/disabilities/publications/docs/Transition%20for%20Youth%20with%20Disabilities%20FINAL.doc](http://www.aphsa.org/disabilities/publications/docs/Transition%20for%20Youth%20with%20Disabilities%20FINAL.doc)

- Featured on the Corrections Learning Network (<http://cln.esd101.net/default.aspx>) as a transition-based curriculum for secure care. See [http://scripts.cln.esd101.net/courses/youth/merging\\_2\\_worlds/index](http://scripts.cln.esd101.net/courses/youth/merging_2_worlds/index).

## AVAILABLE EVIDENCE

Developing resiliency and self determination is increasingly becoming a focal point of juvenile justice centers. These agencies have acknowledged that services for individuals returning from confinement must involve full and equal collaboration between school, family, employment, and community agencies if the individual is to be successful. Furthermore, transition services that address multiple risk factors like conflict resolution, social skills training, effective management, positive communication, and decision making are more likely to be successful in preventing delinquency among youth with intense needs. Engagement is also a factor that has recently been positively associated with resilience. According to Bullis & Yavanoff, engagement is considered “employed, or enrolled in a school program, or working and going to school, and not arrested or placed back into the youth or adult criminal justice systems” (Bullis & Yavanoff, 2002, p.70). “Simply put, those youth who leave the juvenile correctional system and who become involved in school or work in the first few months afterward are much more likely to continue they type of positive involvement” (Bullis & Yavanoff, 2002).

The *M2W* is a transition and career exploration and planning curriculum developed to address multiple risk factors while youth are confined to facilitate transition increase positive community engagement once released.

## RESOURCES

- For more information about M2W contact:

**Alissa Trollinger**, Secure Care Program Specialist  
 Exceptional Student Services  
 Arizona Department of Education, Secure Care  
 1535 West Jefferson Street, Bin #24  
 Phoenix, Arizona 85007  
 Phone: 602-364-4004; ADE toll free phone: 800-352-4558  
 Email: [Alissa.Trollinger@azed.gov](mailto:Alissa.Trollinger@azed.gov)

- Contact for on-site training in use of the M2W curriculum:

Heather Griller Clark  
 Email: [griller@asu.edu](mailto:griller@asu.edu)

- The M2W curriculum is available in both a full version consisting of 40 lessons and a mini version consisting of 12 lessons. A hardcopy is available to download for free on the Arizona Department of Education, Exceptional Student Services website. <http://www.ade.az.gov/ess/SpecialProjects/securecare/>.
- A DVD version of the curriculum is available from the Corrections Learning Network. [http://scripts.cln.esd101.net/courses/youth/merging\\_2\\_worlds/index.html](http://scripts.cln.esd101.net/courses/youth/merging_2_worlds/index.html).
- The format for Personal Portfolio of Workplace Preparation, Job Related Skills, Personal Transition Plan is available online. <http://training.ade.az.gov/ess/downloads/personal.pdf>

- Arizona Department of Education, Exception Student Services. Secure Care website. <http://training.ade.az.gov/ess/securecare/Default.htm>
- Meredith, L. (May 2004). *Working Together to Implement Systematic Change: Arizona's Secure Care Education Committee*. National Evaluation and Technical Assistance Center on the Education of Children and Youth Who Are Neglected, Delinquent or at Risk (NDTAC). [http://www.ndtac.org/nd/resources/spotlight/spotlight\\_az2.asp](http://www.ndtac.org/nd/resources/spotlight/spotlight_az2.asp).
- Resources specific to the M2W curriculum are outlined in each lesson, including:
- The *Occupational Outlook Handbook (OH), 2006-07 Edition*. U.S. Department of Labor. Available at: <http://www.bls.gov/oco/>.
- *The Young Person's Occupational Outlook Handbook* (2005), JIST Publishing, Inc. <http://www.chronicguidance.com/catalog.asp?prodid=423667>
- A vocational interest and ability assessment such as the Arizona Career Pathways Inventory [http://www.aztechprep.org/Career\\_Pathways/Car/car.html](http://www.aztechprep.org/Career_Pathways/Car/car.html) or any of those listed on the Arizona Career Resource Network website. <http://www.ade.az.gov/cte/azcrn/project10a.asp>
- Social skills practice is appropriate at any time during the *M2W* curriculum. A useful book that provides a structure for skills reinforcement is: *Skillstreaming the Adolescent: New Strategies and Perspectives for Teaching Prosocial Skills*, by Goldstein, et al. The Table of Contents, a complete list of skill lessons, and a video are available online at: <http://www.researchpress.com/product/item/4954/>. Goldstein's *Stop and Think* skills lesson has the student follow steps and uses self-talk. These processes are instrumental in the implementation of the *M2W* curriculum. Situations to be role-played are provided, but students are encouraged to personalize the activity by suggesting and using their own situations.

## BACKGROUND READING

### Websites providing information about resiliency

- National Resiliency Resource Center: <http://www.cce.umn.edu/nrrc/>
- Resiliency in Action: [www.resiliency.com](http://www.resiliency.com).
- The National Youth Violence Prevention Resource Center <http://www.safeyouth.org/scripts/topics/resiliency.asp>
- Pathways to Resiliency Project <http://www.djj.state.fl.us/Research/Projects/Resiliency.html>

### Articles

- Christle, C.A., Jolivet, K., & Nelson, M.C. (n.d.) *Youth Aggression and Violence: Risk, Resilience, and Prevention*. ERIC Digest. #E602, <http://ericec.org/digests/e602.html>
- Bernard, B. (August 1991). *Fostering Resiliency in Kids: Protective Factors in the Family, School and Community*. National Resiliency Resource Center. [http://www.cce.umn.edu/pdfs/NRRC/Fostering\\_Resilience\\_012804.pdf](http://www.cce.umn.edu/pdfs/NRRC/Fostering_Resilience_012804.pdf)
- Bernard, B. *Turning it Around for all Youth: From Risk to Resilience*. Clearinghouse on Urban Education. <http://resilnet.uiuc.edu/library/dig126.html>
- Leone, P.E., Christle, C.A., Nelson, C.M., Skiba, R., Frey, A., and Jolivet, K. (2003). *School Failure, Race, and Disability: Promoting Positive Outcomes, Decreasing Vulnerability for Involvement with the Juvenile Delinquency System*. [http://www.edjj.org/Publications/list/leone\\_et\\_al-2003.pdf](http://www.edjj.org/Publications/list/leone_et_al-2003.pdf)
- Grotberg, E. H. (1995). *A Guide to Promoting Resilience in Children: Strengthening the Human Spirit*. The Bernard Van Leer Foundation. <http://resilnet.uiuc.edu/library/grotb95b.html>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Nashua Youth Re-entry Project (an emerging practice)**

Youth returning to school following incarceration often encounter significant difficulties in transitioning back into their home school. These barriers can be overcome by means of coordinated and effective procedures and programs that promote successful transition.

#### **BRIEF OVERVIEW**

***Nashua Youth Re-entry Project (NYRP)*** in New Hampshire is a model system of re-entry services and supports for youth with disabilities whose school and community participation has been disrupted due to delinquent behavior. Participant services facilitate progress towards completing high school, career development, futures planning, and a stable residential situation and system of community supports. Participants are between 15-18 years old, and participation is voluntary.

Six interrelated services are provided, coordinated by an Education and Transition Specialist (ETS):

- **Self-directed future planning.** Together with individuals in his or her support network, each participant develops a plan that defines school completion, career, and other adult life goals. Responsibility for implementation of steps towards objectives is shared among the participant, project staff, and other members of the Wrap-Around Team.
- **Wrap-around team.** A family-centered team is formed for each participant with representation from key agencies and services, in order to coordinate services and support implementation of the participant's goals.
- **Family support.** The ETS works closely with families and/or residential providers to provide practical assistance and information about resources.
- **Coordination with legal services.** In cases where a participant has an attorney, project staff work to coordinate legal and service strategies.
- **Coordination with school curriculum.** Participants prepare a multi-year plan for graduation. Individualized Education Programs (IEPs) and transition plans are created

yearly. Flexible and alternative options for earning school credit are available, geared to individual circumstances. The ETS works with school staff to ensure students are awarded appropriate credit for work completed in detention.

- **Career mentor.** The ETS works with each participant to identify an appropriate career mentor, who then meet with the participant to provide guidance or practical help with career preparation.

## IMPLEMENTATION ESSENTIALS

- **Commitment from multiple stakeholders.** NYRP requires ongoing commitment from agencies and services that are important to the student's success. Thus, a typical wrap-around team consists of the student, family member, probation officer, special education teacher, mental health, substance abuse or other disability case manager, and career mentor. The NYRP's steering committee also includes members of the school district, probation, vocational rehabilitation agencies, youth and mental health agencies, and the police department and courts.
- **Dedicated individual staff.** The ETS plays a critical role in helping the student develop project goals as well as coordinating the services provided to each participant. Regular interaction with participants and their families, as well as with other stakeholders is essential to ensure participants receive appropriate services.
- **Involvement of participant and family in planning and project tailoring.** Project participants and their family members play a critical role in developing the goals of the project, identifying the career mentor, and implementing steps towards objectives.

## PROGRAM EVALUATION

- NYRP incorporates components of best practices for school re-entry from confinement:
  - linkages between involved agencies;
  - clearly defined roles and responsibilities;
  - individualized wraparound services;
  - youth and family engagement;
  - pre-release transition plan;
  - pre-release transition plan;
  - speedy placement ; and
  - appropriate placement.
- See *News You Can Use: School Re-entry of Juvenile Offenders*, CSMHA (March 2006). <http://sharedwork.org/documents/schoolreentry9-13-06pdf.pdf>
- Program evaluation for NYRP is ongoing, and drawn from investigation and follow-up with individual project participants. The next project evaluation will be completed in February or March 2007.
- Designated a "best practice" in: JustChildren. (Nov. 2004). *A Summary of Best Practice in School Re-entry for Incarcerated Youth Returning Home*. A submission to the Virginia Commonwealth Board of Education. Legal Aid Center.



[http://www.justice4all.org/files/public/Publications/A\\_Summary\\_of\\_Best\\_Practices\\_in\\_School\\_Reentry,\\_A\\_Report\\_by\\_the\\_JustChildren\\_Program\\_of\\_the\\_Legal\\_Aid\\_Justice\\_Center\\_\(November\\_2004\).pdf](http://www.justice4all.org/files/public/Publications/A_Summary_of_Best_Practices_in_School_Reentry,_A_Report_by_the_JustChildren_Program_of_the_Legal_Aid_Justice_Center_(November_2004).pdf)

## AVAILABLE EVIDENCE

As of August 2006:

- Since the project began in October 2003, the project has served 29 individuals. All but two were identified as being special education students, and the remaining two were tested and determined to be eligible for special education as part of their initial work with the project.
- As of March 1, 2005 there are 13 individuals in the project who currently reside at the Youth detention center or in another residential program placement, and 13 individuals who live in the community with their families or, in one case, his own apartment.
- Of the 13 individuals in the community, all but one are engaged in productive daily activity. This includes attending school, seriously studying for the GED, having a job, and serious involvement in a job search.
- Of the 13 individuals in detention, 10 have remained in detention under court order awaiting re-entry since entering the project, and services focus on planning for re-entry. Three individuals reentered the community but re-offended and are back in detention or— in one case— adult prison.
- Three project participants have completed high school, all with GEDs, and one has been accepted into college for the fall. Of the 23 who have not finished high school, 20 of these are in a school program.

## RESOURCES

- For more information contact:

**Joanne Malloy**, Project Director  
Nashua Youth Re-Entry Project  
Phone: 603-628-6837, ext. 21  
Email: [JMMalloy@aol.com](mailto:JMMalloy@aol.com)

- *Nashua Youth Re-Entry Project: Fact Sheet*. Institute on Disability. University of New Hampshire. [http://www.iod.unh.edu/projects/nashua\\_youth.html](http://www.iod.unh.edu/projects/nashua_youth.html).
- Model Demonstration Projects for Children with Disabilities, Grant Number: H324T020028. <http://www.nichcy.org/directories/84.324t.asp>

## BACKGROUND READING

- Center for School Mental Health Analysis and Action. (March 2006). *News You Can Use: School Re-entry of Juvenile Offenders*. School Mental Health Issue Brief. <http://sharedwork.org/documents/schoolreentry9-13-06pdf.pdf>
- Davies, H., & Davidson, H. (2001). *Parental Involvement Practices of Juvenile Courts*, American Bar Association Center on Children and the Law, Report to the Office of Juvenile Justice and Delinquency Prevention, 41. <http://www.abanet.org/child/featurepubexecsummary.html>
- JustChildren. (Nov. 2004). *A Summary of Best Practice in School Re-entry for Incarcerated Youth Returning Home*. A submission to the Virginia Commonwealth Board of Education. Legal Aid Center. [http://www.justice4all.org/files/public/Publications/A\\_Summary\\_of\\_Best\\_Practices\\_in\\_School\\_Reentry,\\_A\\_Report\\_by\\_the\\_JustChildren\\_Program\\_of\\_the\\_Legal\\_Aid\\_Justice\\_Center\\_\(November\\_2004\).pdf](http://www.justice4all.org/files/public/Publications/A_Summary_of_Best_Practices_in_School_Reentry,_A_Report_by_the_JustChildren_Program_of_the_Legal_Aid_Justice_Center_(November_2004).pdf)
- Mears, D.P., & Travis, J. (2004). *The Dimensions, Pathways, and Consequences of Youth Re-entry*. Urban Institute. <http://www.urban.org/publications/410927.html>
- Roy-Stevens, C. (Sept. 2004). *Overcoming Barriers to School Re-entry*. OJJDP Fact Sheet. <http://www.ncjrs.gov/pdffiles1/ojjdp/fs200403.pdf>

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Project SUPPORT (a promising practice)**

#### **BRIEF OVERVIEW**

*Project SUPPORT* (Service Utilization to Promote Positive Outcomes in Rehabilitation and Transition for Adjudicated Youth with Disabilities) is a program for adolescents with disabilities released from the Oregon Youth Authority (OYA). It is designed to assist them return home and enter school or work with the support of a Transition Specialist. These Transition Specialists are employed by education service districts throughout the state to “bridge” the gap between juvenile justice and the community. *Project SUPPORT* is a collaborative project between the Oregon Department of Education, Oregon Vocational Rehabilitation, Oregon Youth Authority, and the University of Oregon.

*Project SUPPORT* is based on the results of TRACS (Transition Research on Adolescents returning to Community Settings), a five-year longitudinal study examining post-release outcomes for incarcerated youth who transitioned from correctional facilities back into their communities between 1993 and 1998. The researchers' goal was to determine the factors contributing to resilience in adolescents who engage in early criminal activity.

Findings from TRACS, reported in 2001, indicated that 58% of the sample studied was identified as having a special education disability, while approximately 40% had some type of psychiatric disability. The study also indicated that 40% of youth in the sample recidivated within 12 months after release. Furthermore, those with a special education disability showed a higher rate of recidivism and a lower rate of engagement in work or school than those without a disability. On a more positive note, the study also found that youth who engaged in work and/or school fared better in their transition than those youth who were not engaged. These findings clearly indicate the importance of engagement for youth in work and school immediately upon their release from a juvenile correctional system.

#### **IMPLEMENTATION ESSENTIALS**

*Project SUPPORT* focuses on the following key components:

- **Engagement:** The primary goal is to increase engagement in employment and/or school enrollment (high school/postsecondary) and decrease recidivism.

- **Designated Staff:** A transition specialist (TS) works directly with the youth and parole officer (PO) to develop a transition plan that is coupled with the youth's parole plan.
- **Collaboration:** Vocational rehabilitation counselors, facility treatment and education staff, and community-based agencies partner with the TS and assist in the successful community reintegration process.
- **Transition Planning:** Transition planning occurs in three phases:
  1. *In-facility services.* Activities in this phase include:
    - building positive relationship between TS and youth;
    - defining interests, needs, and goals;
    - developing transition plans; and
    - teaching pre-employment skills.
  2. *Immediate pre/post-release activities.* Activities in this phase include:
    - establishing community education placement;
    - setting up needed social services in community;
    - developing youth's independent living skills (e.g., budgeting, finding housing); and
    - serving as a liaison with PO and other community support staff.
  3. *Ongoing community support.* Activities in this phase include:
    - supporting youth to maintain engagement activities;
    - further developing youth's independent living skills (e.g., taxes, driving);
    - assessing youth for return of former negative behaviors (e.g., drugs, gangs); and
    - maintaining connections with PO and other community support staff.

Resources needed for *Project Support* include:

- **Personnel.** The role of the TS is critical to enhance the success of transition and to develop and maintain collaborative services across agencies.
- **Transition planning.** This needs to begin in the facility. The TS needs to facilitate ongoing self-directed planning and decision-making by the youth. The TS needs to explore various employment and career interests with the youth, and assist them in making positive choices aligned with their strengths and needs.
- **Employability skill training.** The TS needs to work collaboratively with employment support services (e.g., vocational rehabilitation or Workforce Investment Act personnel) to develop employment and training opportunities. Once the youth is employed, the TS needs to be engaged in continued monitoring and skill development to ensure the youth's commitment with employment over time.
- **Collaboration.** Youth need diverse supports from various community agencies, juvenile justice, vocational rehabilitation, and local schools. These systems need to work together to share information and ensure immediate access to services for youth upon their release from correctional facilities.

## PROGRAM EVALUATION

Implementation of *Project Support* began in 1999. To date, there is no national, evidenced-based data available on the successful outcomes of this project. A study of *Project Support* outcomes is described below.

*Project SUPPORT* has been highlighted as a promising transition program for youth released from the juvenile justice system by:

- The National Post-School Outcomes Center website. <http://psocenter.org/index.html>
- The Loren M. Warboys Regional Forum on Transition of Incarcerated Youth to Home, School and Community. [http://www.edjj.org/calendar/regfrum\\_090500.html](http://www.edjj.org/calendar/regfrum_090500.html)
- EDJJ Notes (Nov. 2001). <http://www.edjj.org/edjjnotes/volume1number2.pdf>

*Project SUPPORT* has been featured in:

- Bullis, M. (January 2006). Starting Right: Improving the facility-to-community transition experiences of formerly incarcerated adolescents. Power Point presentation available at: [http://www.edjj.org/calendar/regfrum\\_090500.html](http://www.edjj.org/calendar/regfrum_090500.html)
- Project SUPPORT Overview. (Jan. 2003). Oregon Youth Authority. <http://interact.uoregon.edu/pdf/sped/support/ProjectSUPPORT.pdf>
- Transition Toolbox. (Jan. 2003). Available at: <http://www.ode.state.or.us/gradelevel/hs/transition/newsletters/2003/ttvol01issue05.pdf#search=%22Project%20SUPPORT%20EDJJ%22>
- Unruh, D. (Spring 2005). Project SUPPORT: A transition program for incarcerated youth with disabilities in Oregon. *Impact*, 18/2. Institute on Community Integration. University of Minnesota. Available at: <http://ici.umn.edu/products/impact/182/prof2.html>

## AVAILABLE EVIDENCE

*Project Support* is based on a strong research foundation, designed in light of the findings of the TRACS study. Information about TRACS is provided in **Resources**, below.

*Project SUPPORT* participants have demonstrated positive results. Data analysis was conducted on 225 youth who were served by *Project SUPPORT* from August 1999 through December 2002. The average age at entry into the project for this sample was 17.1 years. Seventy-eight percent (78%) were male, 22% were female. Ninety-three percent (93%) of those participants had a DSM-IV diagnosis and 53% had a special education diagnosis.

The same sample of Project SUPPORT participants demonstrated positive “engagement rates” at two, four, and six months after release from the youth correctional facility. At two months after release, 61% were positively engaged in school and/or employment and had not returned to youth or adult corrections. At four months after release, 67% were positively engaged in school and/or employment and had not returned to youth or adult corrections. At six months after release, 61% were positively engaged in school and/or employment and had not returned to youth or adult corrections.

## RESOURCES

- For more information contact:

**Deanne Unruh, Ph.D.**

Secondary Special Education & Transition

204 Clinical Services Building,

5260 University of Oregon

Eugene, Oregon 97403-5260

E-mail: [dkunruh@uoregon.edu](mailto:dkunruh@uoregon.edu)

Phone: 541-346-1424

Website: <http://education.uoregon.edu/field.htm?id=79>

### Information about *Project SUPPORT*

- Gaylord, V., Quinn, M., McComas, J., & Lehr, C. (Eds.). (2005). *Impact: Feature Issue on Fostering Success in School and Beyond for Students with Emotional/Behavioral Disorders 18(2)*. Minneapolis: University of Minnesota, Institute on Community Integration. <http://ici.umn.edu/products/impact/182/default.html>.
- Project SUPPORT Overview. (Jan. 2003). Oregon Youth Authority. <http://interact.uoregon.edu/pdf/sped/support/ProjectSUPPORT.pdf>
- University Of Oregon Research and Outreach with Incarcerated Youth. <http://education.uoregon.edu/feature.htm?id=1219>
- Inquiry Article on Project Support. <http://comm.uoregon.edu/inquiry/archives/archives.php?issue=fall2003&article=article6>
- Unruh, D. & Bullis, M. (2005). Community and self-report of the facility-to-community transition needs for adjudicated youth with disabilities. *Career Development for Exceptional Individuals*, 28, 67-79.
- Unruh, D., Bullis, M., Booth, C., & Pendergrass, J., (2005). Project SUPPORT: A description and evaluation for a transition project of formerly incarcerated adolescents with special education and mental health disorders. In M. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices*. Austin, TX: Pro-Ed, Inc.
- Unruh, D., Bullis, M., Pendergrass, J., Booth, C., Waintrup, M., & Montesano, D. (2004). Project SUPPORT: A transition project of formerly incarcerated adolescents with special education and mental health disorders. In D. Cheney (Ed.), *Transition of students with emotional or behavioral disabilities from school to community: Current approaches for positive outcomes*. Arlington, VA: Council for Exceptional Children, Division of Career Development and Transition.

### Information about *TRACS*

- Bullis, M. (Jan. 2006). *Improving the Facility-to-Community Transition Experiences of Formerly Incarcerated Adolescents*. NDTAC. Available at: <http://www.neglected-delinquent.org/nd/events/2006jan/Presentations/DCMBullis01.ppt>
- "In the News". EDJJ Notes (Nov. 2001) vol. 1./no. 2, p-. 1-2. Available at: <http://www.edjj.org/edjjnotes/volume1number2.pdf>.
- National Post-School Outcomes Center. <http://psocenter.org/>.

## BACKGROUND READING

- Bullis, M. (2006). *Starting Right: Improving the Facility-to-Community Transition Experiences of Formerly Incarcerated Teens*. National Evaluation and Technical Assistance Center: NDTAC Title I, Part D Training Session, Washington, DC. [http://www.neglected-delinquent.org/nd/events/events\\_transition2006jan.asp](http://www.neglected-delinquent.org/nd/events/events_transition2006jan.asp)
- Clark, H. G. (2006). Transition services for youth with disabilities in the juvenile justice system. In S. R. Mathur (Ed.), *EDJJ professional development series in disabilities and juvenile justice*. College Park, MD: National Center on Education, Disability, and Juvenile Justice. <http://www.edjj.org/focus/TransitionAfterCare/docs/TrainModule.pdf>
- Stephens, R. D., & Arnette, J. L. (Feb. 2000). *From the courthouse to the schoolhouse: Making successful transitions*. OJJDP Juvenile Justice Bulletin. Available at: [http://www.ncjrs.gov/html/ojjdp/jjbul2000\\_02\\_1/contents.html](http://www.ncjrs.gov/html/ojjdp/jjbul2000_02_1/contents.html)

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## ***Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities***

### **Virginia Legislation School Reenrollment After Release from Custody (a promising practice)**

When youth are released after confinement in a juvenile justice facility, promptly reenrolling them in school can reduce recidivism. The earlier formerly-confined youth re-enroll into public school after release, the greater the likelihood of positive community engagement. To be effective, prompt enrollment must be accompanied by timely exchange of educational records and information from the correctional facility to the public school.

In response to research supporting the significance of school re-entry for transitioning youth, a number of jurisdictions have adopted statutes, regulations and procedures to ensure a smooth and seamless academic transition from education in confinement to public school. The approach taken by the Commonwealth of Virginia exemplifies the current response to the evidenced-based literature.

#### **BRIEF OVERVIEW**

In 1996, the Commonwealth of Virginia enacted laws relating to the education of youth being released from the custody of the Virginia Department of Juvenile Justice (DJJ). These laws directed the Virginia Board of Education (BOE), in cooperation with the Virginia Board of Correctional Education (BCE), to promulgate regulations for the re-enrollment in public schools of youth being released from DJJ custody. The regulations had to specify the requirements of a "reenrollment plan" for each youth being released from custody to facilitate sharing of educational information prior to release. The also had to provide for consistency in the curricula, standards and policies between the BOE educational programs and those of the BCE. (Virginia Code § 22.1-17.1).

After a period of study, the required regulations were issued in January 2006 and went into effect on August 23, 2006. They specify the procedure for students to transition from receiving education in secure care to a public school. They also provide procedures and timeframes for secure facilities to transfer students' academic records to public schools. (8 Virginia Administrative Code 20-660-10 *et seq.*). By establishing procedures for collaboration and specifying the roles and responsibilities of essential parties, students leaving secure care are safeguarded against delays in continuing their education after being released from secure care.



## Roles and responsibilities

### **Virginia Board of Education and Virginia Board of Correctional Education.**

Cooperatively promulgate regulations for the re-enrollment in public school of children who have been in custody of the DJJ, including the components of a “reenrollment plan” for each student leaving custody. COV § 22.1-17.1; COV § 22.1-343-.5.

### **Court Services Unit staff, Virginia Juvenile and Domestic Relations District Court.**

Complete a re-enrollment plan for each youth committed to the DJJ. Within 48 hours of commitment, a student’s probation office sends a request for information to the local school division where the student last enrolled. Maintains contact with juveniles during their commitment to a correctional facility. Supervises terms and conditions of parole for juveniles placed on parole following release from a correctional facility. COV § 16.1-293.

**Local education agency.** Identify a court-school liaison to receive information requests from probation officers and, within five days of receipt, forward the student’s scholastic records to the DCE Reception and Diagnostic Center.

**Department of Juvenile Justice (DJJ).** At least 14 days prior to a juvenile’s release to the community, inform the appropriate school division. COV § 16.1-293.

**Local school board and local school superintendent.** They are the final authorities on a student’s public school enrollment and placement.

## IMPLEMENTATION ESSENTIALS

The 2006 regulations establish the reenrollment process for youth leaving a DJJ facility who are of school age or eligible for special education services.

**Re-enrollment coordinator.** Designated by a school division to work with a student’s parole officer, the DCE transition team, the re-enrollment team, and a student’s IEP team if applicable, this person coordinates the development of the Final Re-enrollment Plan (FEP).

**The DOE or Detention Home/Center Transition Team.** This team gathers the student’s scholastic records and other relevant documents, and develops the preliminary re-enrollment plan (PEP) in consultation with the student. It provides the PEP to the receiving school division. Team members include: DCE or detention home/center principal or assistant principal; DCE or detention home/center counselor; DCE transition specialist or the detention home/center teacher; juvenile correctional center counselor; representative of the student’s IEP team (if applicable); student’s parole officer; re-enrollment coordinator of the receiving school (optional); and a representative from the school of origin (optional).

**Preliminary Re-enrollment Plan (PEP).** The PEP is developed by the Transition Team in consultation with the student. It contains the following information:

- student’s educational status prior to commitment;
- student’s educational status and educational recommendations while detained or committed;

- student's education and transition goals;
- support services the student will need to make a successful transition to the public school (e.g., counseling);
- anticipated dates and timelines for the student's transition back to school and/or anticipated court review;
- identification of school placement when the youth is released; and
- contact information for: individuals representing the student; transition team members; and the Re-enrollment Coordinator of the receiving school.

**Re-enrollment Planning.** Planning begins at least 25 days before the court review or the student's release. At that time the DCE or detention facility forwards the student's academic record and preliminary enrollment plan to the re-enrollment coordinator of the receiving school. Within 10 days of receiving that information, the Re-enrollment Coordinator meets with the Re-enrollment Team to review the PEP and develop the Final Re-enrollment Plan (FEP).

**Re-enrollment Team.** This is the group convened by the superintendent or designee of the receiving school division to prepare for and implement the student's reenrollment. It consults with the student in the development of the FEP and coordinates planning with the IEP team if the student is eligible for special education services. At a minimum, this team includes the following persons: Re-enrollment Coordinator; principal or assistant principal of receiving school; guidance counselor; special education director; parole officer; parent or guardian; social worker; and Transition Team members (optional).

**Final Re-enrollment Plan (FEP).** At a minimum the FEP must contain the following information:

- educational status (recent assessments, standardized or otherwise, special education eligibility, most recent IEP, partial and complete credits earned, vocational and career programs attended) and recommendations prior to commitment;
- educational status and recommendations of the DCE;
- educational status and recommendations of DJJ;
- educational and re-entry goals developed with the IEP team;
- support services the student will need to make a successful transition to the public school (e.g., counseling);
- educational placement and timeline for placement; and
- names and contact information for the Reenrollment Coordinator and the DJJ and DCE representatives serving the student.

### **Re-enrollment process and time frames**

- At least 30 calendar days prior to the scheduled release of a student from DJJ custody, the Juvenile Correctional Center's counselor provides written notice to the DCE principal or designee.
- Upon receipt of this notification, the transition team gathers records and develops the PEP. Within 5 business days of notification, the DCE submits a letter of pending release to: the receiving school division's re-enrollment coordinator; and the student's parent(s) or guardian(s).

- At least 25 calendar days prior to court review or pending release, the DCE forwards the student's scholastic record and PEP to the Re-enrollment Coordinator.
- Within 10 business days of receipt of the materials, the Re-Enrollment Coordinator convenes the re-enrollment team to review the PEP and develop the FEP. The student's parent(s) or guardian(s) are invited to attend the FEP development meeting. The student is consulted in the development of the FEP.
- At least 10 calendar days prior to release, a copy of the FEP is provided to: the student; parents/guardians; transition team members; and re-enrollment team members.
- Within two school days after a student's release from confinement, the student must be enrolled and receiving instruction in the receiving school. In addition, the student must receive weekly counseling for a specified time period.

## PROGRAM EVALUATION

Due to its recent enactment, there has been no evaluation of this reenrollment process as finalized in the 2006 regulations.

- Recommended as a "best" practice in school re-entry for incarcerated youth returning home in JustChildren, Legal Aid Justice Center, A summary of best practice in school re-entry for incarcerated youth returning home. A submission to the Virginia Commonwealth Board of Education. (Nov. 2004). Available at: [http://www.justice4all.org/files/public/Publications/A\\_Summary\\_of\\_Best\\_Practices\\_in\\_School\\_Reentry\\_-\\_A\\_Report\\_by\\_the\\_JustChildren\\_Program\\_of\\_the\\_Legal\\_Aid\\_Justice\\_Center\\_\(November\\_2004\).pdf](http://www.justice4all.org/files/public/Publications/A_Summary_of_Best_Practices_in_School_Reentry_-_A_Report_by_the_JustChildren_Program_of_the_Legal_Aid_Justice_Center_(November_2004).pdf)

## AVAILABLE EVIDENCE

The research that resulted in the Virginia reenrollment model is described in the Virginia Board of Education Agenda Item D (9-22-2004), [http://www.pen.k12.va.us/VDOE/VA\\_Board/Meetings/2004/ItemD.pdf](http://www.pen.k12.va.us/VDOE/VA_Board/Meetings/2004/ItemD.pdf)

## RESOURCES

- For additional information contact:  
**Dr. Vivian Stith-Williams**  
Office of Student Services  
VA Dept. of Education  
Phone: 804-225-4543;  
Email: Vivian.Stith-Williams@doe.virginia.gov
- Virginia Administrative Code. Regulations governing the reenrollment of students committed to the Department of Juvenile Justice. (8 VAC 20-660-10 *et seq.*). <http://leg1.state.va.us/000/reg/TOC08020.HTM#C0660>
- Virginia Code §16.1-293. Supervision of juvenile or person during commitment and on parole. <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+16.1-293>
- Virginia Code §22.1-17.1. Regulations for reenrollment (1996). <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-17.1>

- Virginia Department of Education. (2006). *Procedures for the Re-Enrollment of Youth Released from the Custody of Department of Juvenile Justice and Returned to Public Schools.* <http://www.pen.k12.va.us/VDOE/studentsrvcs/re-enroll-procedures.pdf>
- Virginia Department of Education. (2006). *Q & A for Probation officers, DJJ staff and Detention Home staff: Regulations Governing the Re-enrollment of Students Committed to the Department of Juvenile Justice.* VA Dept. of Education. <http://www.pen.k12.va.us/VDOE/studentsrvcs/re-enroll-prob-officer-Q-and-A.pdf>
- Virginia Department of Education. (2006). *Q&A for School Personnel: Regulations Governing the Re-enrollment of Students Committed to the Department of Juvenile Justice.* VA Dept. of Education. Available at: <http://www.pen.k12.va.us/VDOE/studentsrvcs/re-enroll-school-personnel-Q-and-A.pdf>
- Virginia Department of Education. (2006). *Q & A for Students and Parents: Understanding Your Rights and Responsibilities Regarding School Enrollment upon Release from Confinement.* VA Dept. of Education. <http://www.pen.k12.va.us/VDOE/studentsrvcs/re-enroll-parent-student-Q-and-A.pdf>
- Virginia Department of Education. (2006). *Student Reenrollment Plan.* <http://www.pen.k12.va.us/VDOE/studentsrvcs/re-enroll-plan.pdf>
- Virginia Department of Education. (2006). *Timeline: Commitment to Department of Juvenile Justice and Re-enrollment to Local School Division.* <http://www.pen.k12.va.us/VDOE/studentsrvcs/re-enroll-dojj.pdf>
- Virginia Department of Education. (2006). *Timeline: Commitment to a Detention Home and Re-enrollment to Local School Division.* <http://www.pen.k12.va.us/VDOE/studentsrvcs/re-enroll-detention.pdf>

## BACKGROUND READING

- JustChildren. (Nov. 2004). *A summary of best practice in school re-entry for incarcerated youth returning home.* A submission to the Virginia Commonwealth Board of Education. Charlottesville, VA: Legal Aid Justice Center. [http://www.justice4all.org/files/public/Publications/A\\_Summary\\_of\\_Best\\_Practices\\_in\\_School\\_Reentry,\\_A\\_Report\\_by\\_the\\_JustChildren\\_Program\\_of\\_the\\_Legal\\_Aid\\_Justice\\_Center\\_\(November\\_2004\).pdf](http://www.justice4all.org/files/public/Publications/A_Summary_of_Best_Practices_in_School_Reentry,_A_Report_by_the_JustChildren_Program_of_the_Legal_Aid_Justice_Center_(November_2004).pdf)
- National Juvenile Justice Network. (2006). *Virginia: Improved re-entry for youth exiting detention!* <http://www.njjn.org/victories.html>
- Sampson, Z. C. (2006). *Agencies required to plan for offenders' school re-enrollment.* [http://www.justice4all.org/files/news/Articles/2006-01-11\\_Associated\\_Press\\_-\\_Agencies\\_Required\\_to\\_Plan\\_for\\_Offenders\\_School\\_Re-enrollment.pdf](http://www.justice4all.org/files/news/Articles/2006-01-11_Associated_Press_-_Agencies_Required_to_Plan_for_Offenders_School_Re-enrollment.pdf)
- Stephens, R.D., & Arnette, J.L. (Feb. 2000). *From the Courthouse to the Schoolhouse: Making Successful Transitions.* Juvenile Justice Bulletin. OJJDP. <http://www.ncjrs.gov/pdffiles1/ojjdp/178900.pdf>



***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

**Appendices**

**APPENDIX A. CONTRIBUTORS**

**APPENDIX B. CRITERIA FOR EVALUATING TOOLS**

**APPENDIX C. NATIONAL COLLECTION SITES FOR  
MODEL PROGRAMS AND INTERVENTIONS**

**APPENDIX D. RESOURCES ON EVALUATING EVIDENCE-  
BASED PRACTICES**

**APPENDIX E. REFERENCES**



# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Appendix A**

### **JJ/Special Education Shared Agenda Project**

#### **CONTRIBUTORS**

**Julio C. Abreu**, National Mental Health Association ~ **Howard Adelman**, Center for Mental Health in Schools, Dept. of Psychology, UCLA ~ **Gisela Alvarez**, Advocates for Children of N.Y., Inc. ~ **Pierre Ames**, Strategic Partnerships, Parent Educational Advocacy Training Center ~ **Heather Baltodano**, Department of Special Education, Eastern Kentucky University ~ **Diane Bassett**, School of Special Education, University of Northern Colorado ~ **Trish Beuhring**, Institute on Community Integration, U. of Minnesota ~ **Sheldon Braaten**, Department of Special Education, Ball State University ~ **Patricia Braun**, National Alliance on Mental Illness (NAMI) ~ **Carol Cramer Brooks**, Department of Human Services, Bureau of JJ/State of Michigan ~ **Jon Paul Burden**, Colorado Department of Education, Exceptional Student Services Unit ~ **Christine Cashman**, National Association of State Directors of Special Education (NASDSE) ~ **Joanne Cashman** ~ Director, IDEA Partnership, National Association of State Directors of Special Education (NASDSE) ~ **Karen Denbroeder**, Bureau of Exceptional Education & Student Services, Tallahassee, Florida ~ **William R. Dikel, MD**, North Point Mental Health Center, Minneapolis, MN ~ **Joan M. Dodge**, National Technical Assistance Center for Children's Mental Health, Georgetown University ~ **Kevin Dwyer**, Consultant (past president of NASP) ~ **Bill East**, National Association of State Directors of Special Education (NASDSE) ~ **Deborah Escobedo**, Youth Law Center ~ **Patty Kohler Evans**, Univ. of Central Arkansas ~ **Sarah Fairbanks**, Department of Educational Psychology, University of Connecticut ~ **Lili Garfinkel**, Coordinator of Juvenile Justice Project, PACER Center ~ **Elizabeth A. Greczek**, National Disability Rights Network (NDRN) ~ **Heather Griller Clark**, Transition Project, Arizona State University ~ **Darcy Gruttadaro**, National Alliance on Mental Illness (NAMI) ~ **Marcia Harding**, Director of Special Education, Arkansas Department of Education ~ **Mary Louise Hemmeter**, Center on the Social and Emotional Foundations for Early Learning, Vanderbilt University ~ **Mary Herron**, ACCESS Coordinator of Staff Development, Curriculum & Instructional Support Services ~ **Gail Holloway**, Treatment Services Program Specialist, Bureau of State Children and Youth



Programs (Harrisburg, PA) ~ **Barbara Kaban**, Children's Law Center of Massachusetts ~ **Antonis Katsiyannis**, Clemson University ~ **Roxanne Kaufman**, National Technical Assistance Center for Children's Mental Health ~ **Larry Kortering**, National Secondary Transition Technical Assistance Center (NSTTAC) ~ **Dr. Kristina M. Krampe**, Department of Special Education, Eastern Kentucky University ~ **Mike Krezmien**, Department of Special Education, University of Maryland ~ **Allison Layland**, Colorado Department of Education, Exceptional Student Services Unit ~ **Peter E. Leone**, The National Center on Education, The National Center on Education, Disability and Juvenile Justice (EDJJ) ~ **Joni Maar**, Ingham County Juvenile Detention Center, Lansing, MI ~ **Myrna Mandlawitz**, School Social Work Association of America (SSWAA) ~ **Sarup Mathur**, Curriculum & Instruction, Arizona State University ~ **Kathleen M. McNaught**, ABA Center on Children and the Law ~ **Donna Meers**, Behavior Consultant, Central Kentucky Special Education Cooperative ~ **Sheri M. Meisel**, Superintendent of Education, Maryland Department of Juvenile Services ~ **Kimberly Mills**, Educational Advocate, Fulton County Juvenile Court - **Andrea L. Moore**, Florida's Children First, Inc. ~ **Patricia Moore**, Principal, Kalamazoo Regional Educational Service Agency (KRESA) ~ **Diane Myers**, Department of Educational Psychology, University of Connecticut ~ **C. Michael ("Mike") Nelson**, Department of Special Education and Rehabilitation Counseling, University of Kentucky ~ **Edna R. O'Connor**, Oak Hill Academy ~ **Derrick Platt**, Maricopa County Juvenile Probation ~ **Ted Price**, Orange County [CA] Dept. of Education ~ **Mary Quinn**, American Institutes for Research (AIR) ~ **Nancy Reder**, National Association of State Directors of Special Education (NASDSE) ~ **Jacque Reese**, Arkansas JEdI State Coordinator ~ **Robert B. Rutherford**, Division of Curriculum & Instruction, Arizona State University ~ **Michelle Sarro**, Educational Program Administrator, Betty K. Marler Youth Services Center ~ **Carole Shauffer**, Youth Law Center ~ **Brandi Simonsen**, Neag School of Education ~ **Stacy K. Skalski**, National Association of School Psychologists (NASP) ~ **Barbara J. Smith**, Center for Collaborative Educational Leadership (CCEL), University of Colorado ~ **Debbie Staub**, Casey Family Programs ~ **Laurel Stine**, Bazelon Center for Mental Health Law ~ **Martha Stone**, Center for Children's Advocacy, U. of Conn. School of Law ~ **Janet Stocco**, Education Law Center ~ **Judith G. Storandt**, National Disability Rights Network (NDRN) ~ **Christopher Tan**, Advocates for Children ~ **Linda Taylor**, Center for Mental Health in Schools, Dept. of Psychology, UCLA ~ **Peggy Morrison-Thurston**, Broward County Public Schools ~ **Joseph Tulman**, University of the District of Columbia, David A. Clarke School of Law ~ **Deanne Unruh**, National Post-School Outcomes Center ~ **John VanDenBerg**, Vroon VanDenBerg, LLC, Parker, CO ~ **Kelly Weaver**, Orange County Dept. of Education ~ **Mark D. Weist**, Center for School Mental Health Analysis and Action, University of Maryland ~ **Peter Whelley**, School Psychologist ~ **Maureen Wirth**, Colorado Department of Education ~ **Bruce I. Wolford**, Eastern Kentucky University ~ **Frank Wood**, University of Minnesota ~ **Gordy Wrobel**, National Association of School Psychologists (NASP) ~ **Mark Zablocki**, Dept. of Special Education, University of Maryland ~ **Dalun Zhang**, Texas A & University

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Appendix B**

### **Criteria for Evaluating *Tools***

Ideally, the tools selected for inclusion in "*Tools for Success*" should represent evidence-based practices. Evidence-based practice (EBP) has been assigned various definitions by specific groups. For example, the Evaluation Center at the Human Services Research Institute defines EBP as an approach to mental health care in which consumers, mental health professionals, and policy-makers use the most appropriate information available to make clinical decisions. The Institute of Medicine defines it as the integration of best research evidence with clinical expertise and patient values. Drake, et al. (2001) add that EBP includes clinical or administrative interventions or practices for which there is consistent scientific evidence showing that they improve client outcomes (Hyde, Falls, Morris, & Schoenwald, Fall, 2003).

The U. S. Department of Education's Institute for Education Sciences has established the "What Works Clearinghouse" (WWC) to assist educators and education policymakers to incorporate scientifically-based research into their educational decisions. The "evidence standards" adopted by WWC are used to "identify research studies that provide the strongest evidence of effects: primarily, well-conducted randomized controlled trials and regression discontinuity studies, and secondarily quasi-experimental studies of especially strong design" (available at: <http://www.w-w-c.org/reviewprocess/standards.html>).

We believe that these standards are so restrictive they would eliminate all but a handful of practices from inclusion in the *Tools*. Therefore, for our purposes, the following definitions have been used.

**Best Practices.** Best practices are the best direct intervention, administrative practice or approach given the situation, the student's or family's needs and desires, the evidence about what works for this situation/need/desire, and the resources available. Sometimes, the term "best practices" is used synonymously with the term "evidence-based practices." The scientific evidence that warrants an intervention or

administrative practice or approach being identified as a “best practice” includes these elements:

- a) the use of a sound experimental or evaluation design and appropriate analytical procedures;
- b) empirical validation of effects;
- c) clear implementation procedures;
- d) replication of outcomes across implementation sites; and
- e) evidence of sustainability.

These elements are documented through a synthesis of research studies involving experimental or quasi-experimental research designs.

**Promising Practices.** Promising practices are interventions, administrative practices or approaches for which there is considerable evidence or expert consensus and which show promise in improving student outcomes, but which are not yet proven by the highest or strongest scientific evidence. An intervention, administrative practice or approach may be classified as “promising” if it includes each of the elements described above, but the evidence supporting each is not as compelling (e.g., fewer studies or replications of effects, less rigorous designs, less evidence of sustainability).

**Emerging Practices.** Emerging practices are new innovations in direct intervention or administrative practice that address critical needs of a particular program, population or system, but do not yet have scientific evidence or broad expert consensus support. An intervention, administrative practice or approach may be classified as “emerging” if scientific evidence is beginning to be accumulated regarding its effectiveness, vis-à-vis the elements described above.

## References

Drake, R. E., Goldman, H. H., Leff, H. S., Lehman, A. F., Dixon, L., Mueser, K. T., Torrey, W. C. (2001). Implementing evidence-based practices in routine mental health service settings. *Psychiatric Services*, 52(2), 179-182.

Hyde, P. S., Falls, K., Morris, J. A., & Schoenwald, S. K. (Fall, 2003). *Turning Knowledge into Practice: A Manual for Behavioral Health Administrators and Practitioners about Understanding and Implementing Evidence-Based Practices*. Available at <http://www.openminds.com/indres/ebpmanual.pdf>.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Appendix C**

### **National Collection Sites for Model Programs and Interventions**

- American Youth Policy Forum.
  - *Secondary-Postsecondary Learning Options: Best Practices in the Field.* (2006). <http://www.aypf.org/forumbriefs/2006/fb092906.htm>
  - No More Islands: Family Involvement in 27 School and Youth Programs. <http://www.aypf.org/pressreleases/pr22.htm>
- Skowrya, K., & Cocozza, J. (June 2006). *A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs in Contact with the Juvenile Justice System.* National Center for Mental Health and Juvenile justice. [http://www.ncmhjj.com/Blueprint/pdfs/ProgramBrief\\_06\\_06.pdf](http://www.ncmhjj.com/Blueprint/pdfs/ProgramBrief_06_06.pdf)
- Center for Substance Abuse Prevention. (2002). SAMHSA Model Programs: Effective Substance Abuse and Mental Health Programs for Every Community. <http://www.modelprograms.samhsa.gov/template.cfm?CFID=5019405&CFTOKEN=33213501>
- Center for Substance Abuse Treatment (CASAT). Best Practices Database. (Catalogues SAMSHA, NIDA, NIAAA, OJJDP, CDCP and DOE ratings of programs and practices). <http://casat.unr.edu/resources.html>
- Center for the Study and Prevention of Violence (CSVP). (2000). Blueprints For Violence Prevention. (2000). Boulder, CO: Institute of Behavioral Science. (Rates violence-prevention programs as "model" and "promising" or "favorable".) <http://www.colorado.edu/cspv/blueprints/index.html>
- Helping America's Youth (HAY). Program Tool. (Catalogue of 180 programs addressing risky behaviors that are "scientifically based using a high quality research design.") <http://guide.helpingamericasyouth.gov/programtool-ap.cfm>

- Health Care Reform Tracking Project (HCRTTP). (2003). Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems. (Catalogue of “promising” approaches.)  
[http://gucchd.georgetown.edu/files/products\\_publications/cw3.pdf](http://gucchd.georgetown.edu/files/products_publications/cw3.pdf)
- Health Care Reform Tracking Project (HCRTTP). (2002). Promising Approaches for Behavioral Health Services to Children and Their Families in Managed Care Systems. Research & Training Center for Children’s Mental Health, University of Southern California. (Catalogue of “promising” approaches.)  
[http://rtckids.fmhi.usf.edu/rtpubs/hctrking/pubs/promising\\_approaches/toc\\_01.html](http://rtckids.fmhi.usf.edu/rtpubs/hctrking/pubs/promising_approaches/toc_01.html)
- National Association of State Alcohol/Drug Abuse Directors (NASADAD). Exemplary Substance Abuse and Prevention Programs. (Catalogue of annual awards since 2003). [http://www.nasadad.org/index.php?doc\\_id=25](http://www.nasadad.org/index.php?doc_id=25)
- National Dropout Prevention Center/Network (NDPC/N)
  - Effective Strategies. (Catalogue of 15 effective strategies that have the most positive impact on the dropout rate implemented successfully at all education levels and environments.) <http://www.dropoutprevention.org/effstrat/effstrat.htm>
  - Model Programs. (Database of program profiles for hundreds of dropout prevention programs.) <http://www.dropoutprevention.org/modprog/modprog.htm>
- National Mental Health Association. (2004). A Compendium of Promising Practices. <http://www.nmha.org/children/JJCompendiumofBestPractices.pdf>
- National Institute on Drug Abuse, U.S. Department of Health and Human Services. Examples of Research-Based Drug Abuse Prevention Programs. <http://www.drugabuse.gov/prevention/examples.html>
- Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice (May 2003). Model Programs Guide. <http://www.dsgonline.com/mpg2.5/search.htm>
- Promising Practices Network. (2005). Programs that Work. <http://www.promisingpractices.net/programs.asp>
- Strengthening America’s Families. (1999). *Effective Family Programs for Prevention of Delinquency*. (Funded by OJJDP, compilation of “exemplary” programs.) [http://www.strengtheningfamilies.org/html/programs\\_1999/06\\_SFP.html](http://www.strengtheningfamilies.org/html/programs_1999/06_SFP.html)

- U.S. Department of Education, Expert Panel on Safe, Disciplined and Drug-Free Schools. (Jan. 2001). Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs.  
<http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf#search=%22CASASTART%20%22Safe%20and%20Drug%20Free%20Schools%20Program%22%22>
- U.S. Surgeon General's Report on Youth Violence. (2001): "Model", "promising", and "does not work" programs  
<http://www.surgeongeneral.gov/library/youthviolence/chapter5/appendix5b.html#LSI>
- Vera Institute of Justice (2002). Approaches to Truancy Prevention  
[http://www.vera.org/publication\\_pdf/197\\_377.pdf#search=%22Truancy%20Intervention%20Project%20\(TIP\)%20%20Vera%20Institute%22](http://www.vera.org/publication_pdf/197_377.pdf#search=%22Truancy%20Intervention%20Project%20(TIP)%20%20Vera%20Institute%22)



***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

**Appendix D**

**Resources on Evaluating  
Evidence-Based Practices**

- ***Identifying and implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide.*** (2003). Coalition for Evidence-based Policy. Sponsored by the Institute of Education Sciences, U.S. Department of Education. <http://www.ed.gov/rschstat/research/pubs/rigoroussevid/indexhtml>
- **Turning Knowledge Into Practice: A Manual for Behavioral Health Administrators and Practitioners About Understanding & Implementing Evidence-Based Practices.** (Fall 2003). The Technical Assistance Collaborative, Inc. (TAC) & The American College of Mental Health Administration. <http://www.openminds.com/indres/ebpmanual.pdf>





***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***

~~~~~

**Appendix E**

**REFERENCES**

- **STEP 1. Pre-School Early Intervention: Birth through age 5**
- **STEP 2. Universal interventions**
- **STEP 3. Targeted Interventions**
- **STEP 4. Intensive Interventions**
- **STEP 5. Transition from School to Post- School Activities**
- **STEP 6. Children in the Child Welfare System**
- **STEP 7. Court-Involved Youth**
- **STEP 8. Youth in Juvenile Justice Facilities**
- **STEP 9. School Re-enrollment and Transition from Juvenile Justice Facilities**

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 1. Pre-School Early Intervention: Birth through age 5**

- Abbond, L. (2005, November 1). The incredible years: A pragmatic approach for troubled kids. Researchers push counseling that teachers skills to curb antisocial, violent behavior. *Wall Street Journal*, p. D1.
- Brestan, E. V., & Eyberg, S. M. (1998). Effective psychosocial treatments of conduct-disordered children and adolescents; 29 years, 82 studies, and 5,272 kids. *Journal of Clinical Psychology*, 27, 180-189.
- Campbell, S. (1995). Behavior problems in preschool children: A review of the research. *Journal of Child Psychology and Psychiatry*, 36 (1), 113-149.
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66, 7-18.
- Collaborative for Academic, Social and Emotional Learning (SEL) Programs. (2003). *An educational leader's guide to evidenced-based social emotional learning programs*. Chicago: Author. Retrieved December 26, 2006, from [http://www.casel.org/downloads/Safe%20and%20Sound/1A\\_Safe\\_&\\_Sound.pdf](http://www.casel.org/downloads/Safe%20and%20Sound/1A_Safe_&_Sound.pdf)
- Dwyer, K., & Osher, D. (2000). *Safeguarding our children: An action guide*. Washington, DC: U.S. Departments of Education and Justice & American Institutes for Research. Retrieved December 26, 2006, from [http://www.ed.gov/admins/lead/safety/actguide/action\\_guide.pdf](http://www.ed.gov/admins/lead/safety/actguide/action_guide.pdf)
- Elias, M. J., Zins, J. E., Weissberg, R. P., Frey, K. S., Greenberg, M. T., Haynes, N. M., et al. (1997). *Promoting social and emotional learning*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Farrington, D.P. (1987). Early precursors of frequent offending. In J.Q. Wilson, & G.C. Lounsbury (Eds.), *Children to citizens: Families, schools, and delinquency prevention*. New York: Springer-Verlag.
- Gilliam, W. S. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. Unpublished manuscript, Yale University Child Study Center at New Haven, CT.
- Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P. Y., Asher, K. N., Frey, K., et al. (1997). Effectiveness of a violence prevention curriculum among children in elementary school. *Journal of the American Medical Association*, 277, 1605-1611.
- Homepage News Archive. (2003). *Head Start Research Center offers kids 'First Step to Success'*. Eugene, OR: University of Oregon. Retrieved December 26, 2006, from <http://duckhenge.uoregon.edu/hparchive/display.php?q=headstart.html>
- Joseph, G. E., & Strain, P. S. (2003). Comprehensive evidence-based social-emotional curricula for young children: An analysis of efficacious adoption potential. *Topics in Early Childhood Special Education*, 23 (2), 65-76.

- Learning First Alliance. (2001). *Every child learning: Safe and supportive schools*. Washington, DC: Author. Retrieved December 26, 2006, from [http://www.casel.org/downloads/Safe%20and%20Sound/3C\\_Every\\_Child\\_Learning.pdf](http://www.casel.org/downloads/Safe%20and%20Sound/3C_Every_Child_Learning.pdf)
- Loeber, R., & Dishion, T.J. (1983). Early predictors of male delinquency: A review. *Psychological Bulletin*, *94*, 68-99.
- Lynch, K. B., Geller, S. R., & Schmidt, M.G. (2004). Multiyear evaluation of effectiveness of a resilience-based prevention program for young children. *Journal of Primary Prevention*, *24*(3), 335-53.
- Lumsden, L. (2000). Early intervention to prevent violence. *Research Roundup*, *17* (1). Retrieved December 26, 2006, from [http://eric.uoregon.edu/publications/roundup/Fall\\_2000.html](http://eric.uoregon.edu/publications/roundup/Fall_2000.html)
- Miller-Heyl, J., MacPhee, D., & Fritz, J. (2000). *DARE to be you: A systems approach to the early prevention of problem behaviors*. New York: Kluwer Academic/Plenum Publishers.
- Miller-Heyl, J., MacPhee, D., & Fritz, J. (1998). DARE to be you: A family-support, early prevention program. *Journal of Primary Prevention*, *18*, 257-285.
- Parks, G. (2000, October). The High/Scope Perry Preschool Project. *Office of Juvenile Justice and Delinquency Prevention Juvenile Justice Bulletin*. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved December 26, 2006 from <http://www.highscope.org/Research/PerryProject/perrymain.htm>
- Promising Practices Network on Children, Families, and Communities. (n.d.). *DARE to be you*. Santa Monica, CA: Author. Retrieved December 26, 2006, from <http://www.promisingpractices.net/program.asp?programid=100>
- Shonkoff, J., & Phillips, D. (Eds.) (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Research Council and Institute of Medicine, National Academy Press.
- Substance Abuse and Mental Health Services Association. (2004). *Dare to be you: Fact sheet*. Rockville, MD: Author. Retrieved December 26, 2006, from <http://www.modelprograms.samhsa.gov/pdfs/FactSheets/Dare.pdf>
- Walker, H. M., Stiller, B., Severson, H. H., Feil, E. G., & Golly, A. (1998). First step to success: Intervening at the point of school entry to prevent antisocial behavior patterns. *Psychology in the Schools*, *35*(3), 259-269. Retrieved December 26, 2006, from <http://education.ucsb.edu/school-psychology/School-Violence/PDF/FirstSteps.pdf>
- Wasserman, G. A., Keenan, K., Tremblay, R. E., Coie, J. D., Herrenkohl, T. I., Loeber, R., et al. (2003, April). Risk and protective factors of child delinquency. *Child Delinquency Bulletin Series*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Webster-Stratton, C., & Reid, M. J. (2004). Strengthening social and emotional competence in young children—The foundation for early school readiness and success: Incredible Years Classroom Social Skills and Problem-Solving Curriculum. *Infants and Young Children*, *17* (2), 96–113. Retrieved December 26, 2006, from <http://www.incredibleyears.com/research/article-foundation-fo-early-school-readiness-sccess-04.pdf>
- Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2006). *Preventing aggression and improving social, emotional and academic competence: Evaluation of Dina Dinosaur classroom curriculum in high risk schools*. Seattle: University of Washington. Retrieved December 26, 2006, from [http://www.incredibleyears.com/research/article-preventing-aggression-improving-social-emotional-academic-competence-high-risk-schools\\_8-06.pdf](http://www.incredibleyears.com/research/article-preventing-aggression-improving-social-emotional-academic-competence-high-risk-schools_8-06.pdf)

- Yannacci, J., & Rivard, J. (2006). *Matrix of children's evidenced based interventions*. Alexandria, VA: NRI Center for Mental Health Quality and Accountability. Retrieved December 26, 2006, from <http://systemsofcare.samhsa.gov/headermenu/docsHM/MatrixFinal1.pdf>
- Yoshikawa, H. (1994). Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks. *Psychological Bulletin*, *115*, 27-54.
- Yoshikawa, H. (1995). Long-term effects of early childhood programs on social outcomes and delinquency. *The Future of Children*, *5* (3), 51-75.

## ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

### **Step 2. Universal Interventions**

#### **ACTIVE SUPERVISION**

- Colvin, G., Sugai, G., Good, R. H., & Lee, Y. Y. (1997). Using active supervision and precorrection to improve transition behaviors in an elementary school. *School Psychology Quarterly*, *12*, 344-361.
- DePry, R., & Sugai, G. (2002). The effect of active supervision and pre-correction on minor behavioral incident in a sixth-grade general education classroom. *Journal of Behavioral Education*, *11*(4), 255-267.
- Goldstein, N. E., Arnold, D. H., Rosenberg, J. L., Stowe, R. M., & Ortiz, C. (2001). Contagion of aggression in day care classrooms as a function of peer and teacher responses. *Journal of Educational Psychology*, *93*(4), 708-719.
- Jeffrey, J. L. (2006). Evaluation of a cafeteria social skills program on student behavior and peer-to-peer interactions in a non-classroom setting with an urban school. *Dissertation Abstracts International*, *66*(7-B), 3934.
- Kartub, D. T., Taylor-Greene, S., March, R. E., & Horner, R. H., (2000). Reducing hallway noise: A systems approach. *Journal of Positive Behavioral Interventions*, *2*(3), 179-182.
- Leff, S. S., Power, T. J., Costigan, T. E., & Manz, P. H. (2003). Assessing the climate of the playground and lunchroom: Implications for bullying prevention programming. *School Psychology Review*, *32*(3), 418-430.
- Lewis, T., Colvin, G., & Sugai, G. (2000). The effects of pre-correction and active supervision on the recess behavior of elementary students. *Education and Treatment of Children*, *23*(2), 109-121.
- McHale, S. M., Simeonsson, R. J., Marcus, L. M., & Olly, J. G. (1980). *Journal of Autism and Developmental Disorders*, *10*(3), 299-310.
- Oswald, K., Safran, S., & Johanson, G. (2005). Preventing trouble: Making schools safer places using positive behavior supports. *Education and Treatment of Children*, *28*(3), 265-278.
- Sariscany, M. J., Darst, P. W., & van der Mars, H. (1995). The effect of three teacher

- supervision patterns on student on-task and skill performance in secondary physical education. *Journal of Teaching in Physical Education*, 14(2), 179-197.
- Schuldheisz, J., & van der Mars, H. (2001). Active supervision and students' physical activity in middle school physical education. *Journal of Teaching in Physical Education*, 21(1), 75-90.
- Simonsen, B. M., Fairbanks, S. A., Briesch, A., Sugai, G., & Myers, D. M. (n.d.). *Evidence based practices in classroom management*. Manuscript submitted for publication.
- Sugai, G. (2004, January 8). *Active supervision*. Retrieved June 25, 2006, from [http://interact.uoregon.edu/pdf/adml/ial/active\\_supervision.ppt](http://interact.uoregon.edu/pdf/adml/ial/active_supervision.ppt)
- van der Mars, H., Vogler, B., Darst, P., & Cusimano, B. (1998). Students' physical activity levels and teachers' active supervision during fitness instruction. *Journal of Teaching in Physical Education*, 18(1), 57-75.

## DIRECT INSTRUCTION

- Baumann, J. F. (1986). Teaching third-grade students to comprehend anaphoric relationships: The application of a direct instruction model. *Reading Research Quarterly*, 21(1), 70-90.
- Becker, W. C., & Gersten, R. (1982). A follow-up of Follow Through: The later effects of the Direct Instruction Model on children in fifth and sixth grades. *American Educational Research Journal*, 19(1), 75-92.
- Berninger, V. W., Rutberg, J. E., Abbott, R. D., Garcia, N., Anderson-Youngstrom, M., Brooks, A., et al. (2006). Tier 1 and Tier 2 early intervention for handwriting and composing. *Journal of School Psychology*, 44(1), 3-30.
- Blake, C. (1999). The effects of teacher-directed and peer-directed social skills training on the social interaction skills of middle school students with serious emotional disturbances. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 60(5-A), 1511.
- Carnine, D. W., Silbert, J., Kame'enui, E. J., & Tarver, S.G. (2004). *Direct Instruction Reading* (4<sup>th</sup> Ed.). Upper Saddle River, NJ: Merrill.
- Engelmann, S., & Bruner, E. C. (1974). *DISTAR I, II*. Chicago: Chicago Science Research Associates.
- Gersten, R., Keating, T., & Becker, W. (1988). The continued impact of the Direct Instruction model: Longitudinal studies of Follow Through students. *Education and Treatment of Children*, 11(4), 318-327.
- Humphries, T., Neufeld, M., Johnson, C., Engels, K., & McKay, R. (2005). A pilot study of the effect of Direct Instruction programming on the academic performance of students with intractable epilepsy. *Epilepsy & Behavior*, 6(3), 405-412.
- McCurdy, B. L., Cundari, L., & Lentz, F. E. (1990). Enhancing instructional efficiency: An examination of time delay and the opportunity to observe instruction. *Education & Treatment of Children*, 13(3), 226-238.
- Meyer, L. A. (1984). Long-term academic effects of the Direct Instruction Project Follow Through. *Elementary School Journal*, 84, 380-394.
- Nelson, J. R., Johnson, A., & Marchand-Martella, M. (1996). Effects of direct instruction, cooperative learning, and independent learning practices on the classroom behavior of students with behavioral disorders: A comparative analysis. *Journal of Emotional and Behavioral Disorders*, 4, 53-62.
- Reutzel, D. R., Hollingsworth, P. M., & Daines, D. (1988). The effect of a direct instruction paradigm using dictated texts on beginning readers' main idea comprehension. *US College Reading Association*, 27(4), 25-46.

- Rutherford, R., Mathur, S., & Quinn, M. (1998). Promoting social communication skills through cooperative learning and direct instruction. *Education & Treatment of Children, 21*(3), 354-369.
- Schloss, P., Alper, S., Young, H., Arnold-Reid, G., Aylward, M., & Dudenhoeffer, S. (1995). Acquisition of functional sight words in community-based recreation settings. *The Journal of Special Education, 29*(1), 84-96.
- Simonsen, B. M., Fairbanks, S. A., Briesch, A., Sugai, G., & Myers, D. M. (n.d.). *Evidence based practices in classroom management*. Manuscript submitted for review.
- Trout, A. L., Epstein, M. H., Mickelson, W. T., Nelson, J. R., & Lewis, L. M. (2003). Effects of a reading intervention for kindergarten students at risk for emotional disturbance and reading deficits. *Behavioral Disorders, 28*(3), 313-326.
- White, W. A. (1988). A meta-analysis of the effects of Direct Instruction in special education. *Education and Treatment of Children, 11*, 364-374.

## ERROR CORRECTION

- Baker, J. D. (1992). Correcting the oral reading errors of a beginning reader. *Journal of Behavioral Education, 4*, 337-343.
- Barbetta, P. M., Heward, W. L., Bradley, D. M., & Miller, A. D. (1994). Effects of immediate and delayed error correction on the acquisition and maintenance of sight words by students with developmental disabilities. *Journal of Applied Behavior Analysis, 27*, 177-178.
- Brantley, D. C., Webster, R. E. (1993). Use of an independent group contingency management system in a regular classroom setting. *Psychology in the Schools, 30*(1), 60-66.
- Gettinger, M. (1993). Effects of error correction on third graders' spelling. *Journal of Educational Research, 87*(1), 39-45.
- Houghton, S., Wheldall, K., Jukes, R., & Sharpe, A. (1990). The effects of limited private reprimands and increased private praise on classroom behaviour in four British secondary school classes. *British Journal of Educational Psychology, 60*(3), 255-265.
- Kastelen, L., Nickel, M., & McLaughlin, T.F. (1984) Performance feedback system: Generalization of effects across tasks and time with eighth-grade English students. *Education & Treatment of Children, 7*(2), 141-155.
- McAllister, L. W., Stachowiak, J. G., Baer, D.M., & Conderman, L. (1969). The application of operant conditioning techniques in a secondary school classroom. *Journal of Applied Behavior Analysis, 2*(4), 277-285.
- Moore, L. A., Waguespack, A. M., Wickstrom, K. F., & Witt, J. C., et al., (1994). Mystery motivator: An effective and time efficient intervention. *School Psychology Review, 23*(1), 106-118.
- O'Leary, K. D., Becker, W. C. (1968). The effects of the intensity of a teacher's reprimands on children's behavior. *Journal of School Psychology, 7*(1), 8-11.
- Pany, D., & McCoy, K. M. (1988). Effects of corrective feedback on word accuracy and reading comprehension of readers with learning disabilities. *Journal of Learning Disabilities, 21*(9), 546-550.
- Scriven, J., & Glynn, T. (1983). Performance feedback on written tasks for low-achieving secondary students. *New Zealand Journal of Educational Studies, 18*(2), 134-145.
- Simonsen, B. M., Fairbanks, S. A., Briesch, A., Sugai, G., & Myers, D. M. (n.d.). *Evidence based practices in classroom management*. Manuscript submitted for publication.
- Singh, N. N. (1990). Effects of two error correction procedures on oral reading errors. *Behavior Modification, 14*, 188-199.
- Singh, J., & Singh, N. N. (1986). Increasing oral reading proficiency. *Behavior Modification, 10*, 115-130.
- Van Houten, R., & McKillop, C. (1977). An extension of the effects of the performance feedback

- system with secondary school students. *Psychology in the Schools*, 14(4), 480-484.
- Winett, R. A., & Vachon, E. M. (1974). Group feedback and group contingencies in modifying behavior of fifth graders. *Psychological Reports*, 34(3), 1283-1292.
- Workman, E. A., Kindall, L. M., & Williams, R. L. (1980). The consultative merits of praise-ignore versus praise-reprimand instruction. *Journal of School Psychology*, 18(4), 373.
- Yarbrough, J. L., Skinner, C. H., Lee, Y. J., & Lemmons, C., (2004). Decreasing transition times in a second grade classroom: Scientific support for the timely transitions game. *Journal of Applied School Psychology*, 20(2), 85-107.

## EXPLICIT SOCIAL SKILLS INSTRUCTION

- Colvin, G., Sugai, G., Good, R.H., III, & Lee, Y. Y. (1997). Using active supervision and precorrection to improve transition behaviors in an elementary school. *School Psychology Quarterly*, 12, 344-361.
- De Martini-Scully, D., Bray, M. A., & Kehle, T. J. (2000). A packaged intervention to reduce disruptive behaviors in general education students. *Psychology in the Schools*, 37(2), 149-156.
- Edwards, D., Hunt, D., Meyers, M. H., Grogg, K. R., & Jarrett, O. (2005). Acceptability and student outcomes of a violence prevention curriculum. *Journal of Primary Prevention*, 26(5), 401-418.
- Gagne, R. M., & Wiegand, V. K., (1968). Some factors in children's learning and retention of concrete rules. *Journal of Educational Psychology*, 59(5), 355-361.
- Greenwood, C. R., Hops, H., Delquadri, J., & Guild, J. (1974). Group contingencies for group consequences in classroom management: A further analysis. *Journal of Applied Behavior Analysis*, 7(3), 413-425.
- Hansen, S. D., & Lignugaris-Kraft, B., (2005). Effects of a dependent group contingency on the verbal interactions of middle school students with emotional disturbance. *Behavior Disorders*, 30(2), 170-184.
- Jeffrey, J. L. (2006). Evaluation of a cafeteria social skills program on student behavior and peer-to-peer interactions in a non-classroom setting with an urban school. *Dissertation Abstracts International*, 66(7-B), 3934.
- Johnson, T. C., Stoner, G. & Green, S. K. (1996). Demonstrating the experimenting society model with classwide behavior management interventions. *School Psychology Review*, 25(2), 199-214.
- Lane, K. L., Wehby, J., Menzies, H. M., Doukas, G. L., Munton, S. M., & Gregg, R. M. (2003). Social skills instruction for students at risk for antisocial behavior: The effects of small-group instruction. *Behavioral Disorders*, 28(3), 229-248.
- McNamara, E., Evans, M., & Hill, W. (1986). The reduction of disruptive behavior in two secondary school classes. *British Journal of Educational Psychology*, 56(2), 209-215.
- Middleton, M. B., & Cartledge, G. (1995). The effects of social skills instruction and parental involvement on the aggressive behaviors of African American males. *Behavior Modification*, 19(2), 192-210.
- Moore, R. J., Cartledge, G., & Heckaman, K. (1995). The effects of social skill instruction and self-monitoring on game-related behaviors of adolescents with emotional or behavioral disorders. *Behavioral Disorders*, 20(4), 253-266.
- Mottram, L. M., Bray, M. A., & Kehle, T. J. (2002). A classroom-based intervention to reduce disruptive behaviors. *Journal of Applied School Psychology*, 19(1), 65-74.
- Musser, E. H., Bray, M. A., & Kehle, T. J. (2001). Reducing disruptive behaviors in students with serious emotional disturbance. *School Psychology Review*, 30(2), 294-304.



- Rosenberg, M. S. (1986). Maximizing the effectiveness of structured classroom management programs: Implementing rule-review procedures with disruptive and distractible students. *Behavior Disorders, 11*(4), 239-248.
- Sharpe, T., Brown, M., & Crider, K. (1995). The effects of a sportsmanship curriculum intervention on generalized positive social behavior of urban elementary school students. *Journal of Applied Behavior Analysis, 28*(4), 401-416.
- Simonsen, B. M., Fairbanks, S. A., Briesch, A., Sugai, G., & Myers, D. M. (n.d.). *Evidence based practices in classroom management*. Manuscript submitted for publication.

## LINKING HOME AND SCHOOL

- Clark, R. (1993). Homework-focused parenting practices that positively affect student achievement. In N. F. Chavkin (Ed.), *Families and schools in a pluralistic society*, (pp. 85-105). Albany, NY: State University of New York.
- Famiglietti, J. F., Fraser, M. W., & Newland, K. E. (1984). Delinquency prevention: Four developmentally oriented strategies. *Social Work in Education (6)*, 259-273.
- Eagle, E. (1989). *Socioeconomic status, family structure, and parental involvement: The correlates of achievement*. Paper presented at the annual meeting of the American Educational Research Association, San Francisco, CA.
- Epstein, J. L., Clark, L., Salinas, K. C., & Sanders, M. G. (1997). *Scaling up school-family-community connections in Baltimore: Effects on student achievement and attendance*. Paper presented at the American Educational Research Association, Chicago, IL.
- Funderburk, B. W. (1995). Parent-child interaction therapy with behavior problem children: Maintenance of treatment effects in the school setting. *Dissertation Abstracts International, 55*(10-B), 4603.
- Hoover-Dempsey, K. V., & Sandler, H. M. (1997). Why do parents become involved in their children's education? *Review of Educational Research, 67*, 3-42.
- Izzo, C. V., Weissberg, R. P., Kasrow, W. J., & Fendrich, M. (1999). A longitudinal assessment of teacher perceptions of parental involvement in children's education and school performance. *American Journal of Community Psychology, 27*, 817-839.
- Little, E., Hudson, A., & Wilks, R. (2000). Conduct problems across home and school. *Behaviour Change, 17*, 69-77.
- Marcon, R. A. (1999). Positive relationships between parent school involvement and public school inner-city preschoolers' development and academic performance. *School Psychology Review, 28*, 395-412.
- McNeil, C. B., Eyberg, S., Eisenstadt, T. H., Newcomb, K., & Funderburk, B. (1991). Parent-child interaction therapy with behavior problem children: Generalization of treatment effects to the school setting. *Journal of Clinical Child Psychology, 20*, 140-151.
- Shaver, A. V., & Walls, R. T. (1998). Effect of Title I parent involvement on student reading and mathematics achievement. *Journal of Research and Development in Education, 31*, 90-97.
- Shumow, L., & Miller, J. D. (2001). Parents' at-home and at-school academic involvement with young adolescents. *Journal of Early Adolescence, 21*, 68-91.
- Tremblay, R. E., Pagani-Kurtz, L., Mâsse, L. C., Vitaro, F., & Pihl, R. O. (1995). A bimodal preventive intervention for disruptive kindergarten boys: Its impact through mid-adolescence. *Journal of Consulting and Clinical Psychology, 63*, 560-568.
- Walker, H. M., Golly, A., McLane, J. Z., & Kimmich, M. (2005). The Oregon First Step to Success replication initiative: Statewide results of an evaluation of the program's impact. *Journal of Emotional and Behavioral Disorders, 13*, 163-172.
- Westat and Policy Studies Associates. (2001). *The longitudinal evaluation of school change and performance in Title I schools*. Washington, DC: U.S. Department of Education, Office of the Deputy Secretary, Planning and Evaluation Service.

## LINKING SCHOOL AND COMMUNITY

- Aseltine, R. H., Dupre, M., & Lamlein, P. (2000). Mentoring as a drug prevention strategy: An evaluation of across ages. *Adolescent and Family Health, 1*, 11-20.
- Dappen, L., & Isernhagen, J. C. (2006). Urban and nonurban schools: Examination of a statewide student mentoring program. *Urban Education, 41*, 151-168.
- Fantuzzo, J., Grim, S., & Hazan, H. (2005). Project START: An evaluation of a community-wide school-based intervention to reduce truancy. *Psychology in the Schools, 42*, 657-667.
- Grossman, J. B., & Tierney, J. P. (1998). Does mentoring work? An impact study of the big brothers big sisters program. *Evaluation Review, 22*, 403-426.
- Meshack, A. F., Hu, S., Pallonen, U. E., McAllister, A. L., Gotlieb, N., & Huang, P. (2004). Texas tobacco prevention pilot initiative: Processes and effects. *Health Education Research, 19*, 657-668.
- National Commission on Service Learning. (n. d.). *Learning in Deed: The power of Service Learning for American Schools*. Retrieved June 21, 2006, from <http://nslp.convio.net/site/DocServer/learningindeed.pdf?docID=1201>
- O'Donnell, L., Stueve, A., Doval, A. S., Duran, R., Haber, D. Atnafou, R., et al. (1999). The effectiveness of the reach for healthy community youth service learning program in reducing early and unprotected sex among urban middle school students. *American Journal of Public Health, 89*, 176-181.
- Riggs, N. R. (2006). After-school program attendance and the social development of rural Latino children of immigrant families. *Journal of Community Psychology, 34*, 75-87.
- Rollin, S. A., Kaiser-Ulrey, C., Potts, I., & Creason, A. H. (2003). A school-based violence prevention model for at-risk eight grade youth. *Psychology in the Schools, 40*, 403-416.
- Scales, P. C., Blyth, D. A., Berkas, T. H., & Kielsmeier, J. C. (2000). The effects of service-learning on middle school students' social responsibility and academic success. *Journal of Early Adolescence, 20*, 332-358.
- Simonsen, B. M., Fairbanks, S. A., Briesch, A., Sugai, G., & Myers, D. M. (n.d.). *Evidence based practices in classroom management*. Manuscript submitted for publication.
- VanderWaal, C. J., Powell, L. M., Terry-McElrath, Y. M., Bao, Y., & Flay, B. R. (2005). Community and school drug prevention strategy prevalence: Differential effects by setting and substance. *Journal of Primary Prevention, 26*, 299-320.
- Walker, H. M., Horner, R. H., Sugai, G., Bullis, M., Sprague, J. R., Bricker, D., & Kaufman, M. J. (1996). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders, 4*, 194-209.
- Weisman, S. A., & Gottfredson, D. C. (2001). Attrition from after school programs: Characteristics of students who drop out. *Prevention Science, 2*, 201-205.
- Westhues, A., Clarke, L., Watton, J., & St. Claire-Smith, S. (2001). Building positive relationships: An evaluation of process and outcomes in a big sister program. *Journal of Primary Prevention, 21*, 477-493.

## PRAISE

- Alber, S. R., Heward, W. L. Hippler, B. J. (1999). Teaching middle school students with learning disabilities to recruit positive teacher attention. *Exceptional Children, 65*, 253-270.
- Alberto, P. A., & Troutman, A. C. (2003). *Applied behavior analysis for teachers* (6<sup>th</sup> ed.). Upper Saddle River, NJ: Merrill Prentice Hall.
- Becker, W. C., Madsen, C. H., & Arnold, C. (1967). The contingent use of teacher attention and

- praise in reducing classroom behavior problems. *Journal of Special Education*, 1, 287-307.
- Broden, M., Bruce, C., Mitchell, M., Carter, V., & Hall, R. H. (1970). Effects of teacher attention on attending behavior of two boys at adjacent desks. *Journal of Applied Behavior Analysis*, 3, 205-211.
- Craft, M. A., Alber, S. R., & Heward, W. L. (1998). Teaching elementary students with developmental disabilities to recruit teacher attention in a general education classroom: Effects on teacher praise and academic productivity. *Journal of Applied Behavior Analysis*, 31, 399-415.
- Darch, C. & Gersten, R. (1985). The effects of teacher presentation rate and praise on LD students' oral reading performance. *British Journal of Educational Psychology*, 55, 295-303.
- Ferguson, E., & Houghton, S. (1992). The effects of contingent teacher praise, as specified by Canter's Assertive Discipline programme, on children's on-task behaviour. *Educational Studies*, 18, 83-93.
- Good, C. E., Eller, B. F., Spangler, R. S., & Stone, J. E. (1981). The effect of an operant intervention program on attending and other academic behavior with emotionally disturbed children. *Journal of Instructional Psychology*, 9, 25-33.
- Hall, R. V., Lund, D., & Jackson, D. (1968). Effects of teacher attention on study behavior. *Journal of Applied Behavior Analysis*, 1, 1-12.
- Hiralall, A. S., & Martens, B. K. (1998). Teaching classroom management skills to preschool staff: The effects of scripted instructional sequences on teacher and student behavior. *School Psychology Quarterly*, 13, 94-115.
- Houghton, S., Wheldall, K., Jukes, R. & Sharpe, A. (1990). The effects of limited private reprimands and increased private praise on classroom behaviour in four British secondary school classes. *British Journal of Educational Psychology*, 60, 255-265.
- Madsen, C. H., Jr., Becker, W. C., & Thomas, D.R. (1968). Rules, praise, and ignoring: Elements of elementary classroom control. *Journal of Applied Behavior Analysis*, 1, 139-150.
- Matheson, A. S., & Shriver, M. D., (2005). Training Teachers to Give Effective Commands: Effects on Student Compliance and Academic Behaviors. *School Psychology Review*, 34, 202-219.
- McNamara, E., (1984). Behaviour modification in the Secondary school: Issues and outcomes. *Educational Psychology*, 4, 103-123.
- McNamara, E., Harrop, A. & Owen, F. (1987). The effect of group orientated classroom management procedures on individual pupils. *Educational Psychology*, 7, 157-168.
- Phillips, R. H. (1984). Increasing positive self-referent statements to improve self-esteem in low-income elementary school children. *Journal of School Psychology*, 22, 155-163.
- Roca, J. V., & Gross, A. M. (1996). Report-do-report: Promoting setting and setting-time generalization. *Education & Treatment of Children*, 19, 408-424.
- Serbin, L. A., Tonick, I. J., & Sternglanz, S. H. (1977). Shaping cooperative cross-sex play. *Child Development*, 48, 924-929.
- Simonsen, B. M., Fairbanks, S. A., Briesch, A., Sugai, G., & Myers, D. M. (n.d.). *Evidence based practices in classroom management*. Manuscript submitted for publication.
- Sutherland, K. S., Wehby, J. H., & Copeland, S. R. (2000). Effect of varying rates of behavior-specific praise on the on-task behavior of students with EBD. *Journal of Emotional and Behavior Disorders*, 8, 2-8.
- Thomas, D. R., Becker, W. C., & Armstrong, M. (1968). Production and elimination of disruptive classroom behavior by systematically varying teacher's behavior. *Journal of Applied Behavior Analysis*, 1, 35-45.
- Webster, J. B. (1989). Applying behaviour management principles with limited resources: Going

- it alone. *Maladjustment & Therapeutic Education*, 7, 30-38.
- Wilcox, R., Newman, V., & Pitchford, N. (1988). Compliance training with nursery children. *Association of Educational Psychologists Journal*, 4, 105-107.
- Wolford, P. L., Heward, W. L., & Alber, S. R. (2001). Teaching middle school students with learning disabilities to recruit peer assistance during cooperative learning group activities. *Learning Disabilities Research & Practice*, 16, 161-173.
- Yawkey, T. D. (1971). Conditioning independent work behavior in reading with seven-year-old children in a regular early childhood classroom. *Child Study Journal*, 2, 23-34.

## PEER TUTORING

- Delquadri, J. (1986). Classwide peer tutoring. *Exceptional Children*, 52, 535-561.
- DuPaul, G. J., Ervin, R. A., Hook, C. L., & McGoey, K. E. (1998). Peer tutoring for children with attention deficit hyperactivity disorder: Effects on classroom behavior and academic performance. *Journal of Applied Behavior Analysis*, 31, 579-592.
- Falk, K. B., & Wehby, J. H. (2001). The effects of peer-assisted learning strategies on the beginning reading skills of young students with emotional or behavioral disorders. *Behavior Disorders*, 26, 344-359.
- Fuchs, D., & Fuchs, L. S. (2005). Peer-assisted learning strategies: Promoting word recognition, fluency, and reading comprehension in young children. *Journal of Special Education*, 39, 34-44.
- Fulk, B. M., & King, K. (2001). Classwide peer tutoring at work. *Teaching Exceptional Children*, 34(2), 49-53.
- Greenwood, C. R., Carta, J. J., & Hall, R. V. (1988). The use of peer tutoring strategies in classroom management and educational instruction. *School Psychology Review*, 17, 258-275.
- Greenwood, C. R., Delquadri, J. C., & Hall, R. V. (1989). Longitudinal effects of classwide peer tutoring. *Journal of Educational Psychology*, 81, 371-383.
- Kamps, D. M., Barbetta, P. M., Leonard, B. R., & Delquadri, J., (1994). Classwide peer tutoring: An integration strategy to improve reading skills and promote peer interactions among students with autism and general education peers. *Journal of Applied Behavior Analysis*, 95(5), 49-61.
- Kamps, D., Kravits, T., Rauch, J., Kamps, J. L., & Chung, N. (2000). A prevention program for students with or at risk for ED: Moderating effects of variation in treatment and classroom structure. *Journal of Emotional & Behavioral Disorders*, 8, 141-154.
- Matheson, C. (1998). The effects of classwide peer tutoring on the academic achievement and deportment of children with attention deficit hyperactivity disorder. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 587(7-A), 2533.
- McDonnell, J., Mathot-Buckner, C., Thorson, N., & Fister, S., (2001). Supporting the inclusion of students with moderate and severe disabilities in junior high school general education classes: The effects of classwide peer tutoring, multi-element curriculum, and accommodations. *Education and the Treatment of Children*, 24, 141-160.
- Plumer, P. J., & Stoner, G. (2005). The relative effects of classwide peer tutoring and peer coaching on the positive social behaviors of children with ADHD. *Journal of Attention Disorders*, 9(1), 290-300.
- Simmons, D. C., Fuchs, L. S., & Fuchs, D. (1995). Effects of explicit teaching and peer tutoring on the reading achievement of learning-disabled and low-performing students in regular classrooms. *Elementary School Journal*, 95, 387-408.

Simonsen, B. M., Fairbanks, S. A., Briesch, A., Sugai, G., & Myers, D. M. (DATE). *Evidence based practices in classroom management*. Manuscript submitted for publication.

Spencer, V. G., Scruggs, T. E., & Mastropieri, M. A. (2003). Content-area learning in middle school social studies classrooms and students with emotional or behavior disorders: A comparison of strategies. *Behavioral Disorders, 28*(2), 77-93.

## ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

### **Step 3. Targeted Interventions**

- Academy for Educational Development (AED). (2002). *Community youth mapping guide, tool kit, and informational video*. Washington, DC: AED Center for Youth Development and Policy Research. Retrieved December 26, 2006, from <http://cydpr.aed.org/products.htm>
- Adelman, H. S. (1993). School-linked mental health interventions: Toward mechanisms for service coordination and integration. *Journal of Community Psychology, 21*, 309-319.
- Adelman, H. S. & Taylor, L. (1997). Addressing barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry, 67*, 408-421.
- Adelman, H. S., & Taylor, L. (2002). Building comprehensive, multifaceted, and integrated approaches to address barriers to student learning. *Childhood Education, 78*, 261-268.
- Adelman, H. S. & L. Taylor (2006a). *The school leaders guide to student learning supports: New directions for addressing barriers to learning*. Thousand Oaks, CA: Corwin Press.
- Adelman, H. S. & L. Taylor (2006b). *The implementation guide to student learning supports: New directions for addressing barriers to learning*. Thousand Oaks, CA: Corwin Press.
- Adelman, H.S., & Taylor, L. (2006c). Mapping a school=s resources to improve their use in preventing and ameliorating problems. In C. Franklin, M. B. Harris, & P. Allen-Mears (Eds.), *School social work and mental health workers training and resource manual*. New York: Oxford University Press.
- Adelman, H. S. & Taylor, L. (in press). Best practices in the use of resource teams to enhance learning supports. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology*.
- Adelman, H.S. & L. Taylor (2006). *The implementation guide to student learning supports, new directions for addressing barriers to learning*. Thousand Oaks, CA: Corwin Press.
- Alliance for Excellence (AED). (May 2004). *How to know a good adolescent literacy program when you see one: Quality criteria to consider*. Blacksburg, VA: Author. Retrieved December 26, 2006, from <http://www.all4ed.org/publications/Criteria%20for%20Adolescent%20Literacy%20Programs.pdf>
- Bassett, D. S. & Lehmann, J. (2002). *Student-focused conferencing and planning*. Austin, TX: Pro Ed.

- Baxter, J. A., Woodward, J., & Olson, D. (2005). Writing in mathematics: An alternative form of communication for academically low-achieving students. *Learning Disabilities Research and Practice, 20*(2), 119-138.
- Brewster, C., & Fager, J. (2000). *Increasing student engagement and motivation from time-on-task to homework*. Retrieved June 30, 2006, from [www.nwrel.org](http://www.nwrel.org)
- Bruner, C., Bell, K., Brindis, C., Chang, H. & Scarbrough, W. (1993). *Charting a course: Assessing a community's strengths and needs*. Des Moines, IA: National Center for Service Integration.
- Bullis, M., & Fredericks, H. D. (Eds.). (2002). *Providing effective vocational/transition services to adolescents with emotional and behavioral disorders*. Champaign-Urbana, IL: Research Press.
- Bullis, M., Walr, H., & Sprague, J. (2001). A promise unfulfilled: Social skill training with at-risk and antisocial children and youth. *Exceptionality, 1&2*, 69-92.
- Carlisle, J. & Rice, M. (2002). *Improving reading comprehension: Research-based principles and practices*. York Press.
- Center for Mental Health in Schools. (2005). *Resource oriented teams: Key infrastructure mechanisms for enhancing education supports*. Los Angeles Center for Mental Health in Schools at UCLA. Retrieved December 26, 2006, from [http://smhp.psych.ucla.edu/pdfdocs/Report/resource\\_oriented\\_teams.pdf](http://smhp.psych.ucla.edu/pdfdocs/Report/resource_oriented_teams.pdf)
- Dedrick, A., Mitchell, G., Miyagawa, M., & Roberts, S. (1997). *From model to reality: Community capacity building and asset mapping. Listen and learn . . . the answers are with communities*. Edmonton: Author.
- Dedrick, A., Mitchell, G., & Roberts, S. (1994). *Community capacity building and asset mapping model development*. Edmonton: Community Development Caritas.
- Dewar, T. (1997). *A guide to evaluating asset based community development lessons, challenges & opportunities*. Chicago, IL: ACTA.
- Diamond, L. (2004). *Implementing and sustaining a middle and high school reading and intervention program*. Berkeley, CA: Consortium on Reading Excellence, Inc.
- Field, S., & Hoffman, A. (2002). Preparing youth to exercise self-determination: Quality indicators of school environments that promote the acquisition of knowledge, skills and beliefs related to self-determination. *Journal of Disability Policy Studies, 13*, 113-118.
- Fisher, R., and Kling, J. (1993). *Mobilizing the community*. Newbury Park, CA: Sage Publications.
- Fredricks, J., P. Blumenfeld, & Paris, A. (2004). School engagement: Potential of the concept, state of the evidence. *Review of Educational Research, 74*, 59-100.
- Halpern, A. S., Herr, C. M., Doren, B., & Wolf, N.K. (2000). *Next S.T.E.P.: Student transition and educational planning*. Austin, TX: Pro-Ed.
- Hasbrouck, J. (2006, Summer). For students who are not yet fluent, silent reading is not the best use of classroom time. *American Educator*.
- Henry, M. (2003). *Unlocking literacy: Effective decoding & spelling instruction*. Baltimore, MD: Brookes Publishing Company.
- Hoffman, A., & Field, S. (2005). *Steps to self-determination*, (2nd ed.). Austin, TX: ProEd.
- Jitendra, A. (2002). *Teaching students math problem-solving through graphic representations. Teaching Exceptional Students, 34*(4), 34-38.
- Johnson, M., Bullis, M., Benz, M., & Hollenbeck, K. (2004). *Teaching job-related social skills: Work adjustment for gainful employment success*. Longmont, CO: Sopris-West.
- Kamil, M. L. (2003). *Adolescents and literacy; Reading for the 21st century*. Washington, D.C.: Alliance for Excellent Education.

- Kilpatrick, J., Swafford, J., & Findell B. (2001). *Adding it up: Helping children learn mathematics*. Washington, D.C: National Academies Press.
- Kingsley, G., Coulton, C., Barndt, M., Sawicki, D., & Tatian, P.(1997). *Mapping your community: Using geographic information to strengthen community initiatives*. Washington, D.C.: U.S. Department of Housing and Urban Development.
- Kochlar-Bryant, C. A., & Bassett, D.S. (2002). *Aligning transition and standards-based education: Issues and strategies*. Arlington, VA: Council for Exceptional Children/
- Kretzmann, J., & McKnight, J. (1996). *A guide to mapping and mobilizing the economic capacities of local residents*. Chicago, IL: ACTA Publications.
- Lim, C., & Adelman, H. S. (1997). Establishing school-based collaborative teams to coordinate resources: A case study. *Social Work in Education, 19*, 266-277.
- McKnight, J. L. (1995). *The careless society: Community and its counterfeits*. New York: Harper Collins Publishers.
- Maccini, P., & Gagnon, J. C. (2006). Mathematics instructional practices and assessment accommodations by secondary special and general educators. *Exceptional Children, 72*, (2), 217-234.
- McCardle, P. & Chhabra, V. (2004). *The voice of evidence in reading research*. Baltimore, MD: Brookes Publishing Company.
- Mizrahi, T., and Morrison, J. D. (1993). *Community organization and social administration: Advances, trends and emerging principles*. Binghamton, NY: Haworth Press, Inc.
- National Association of State Boards of Education (NASBE). (2005) *Reading at risk: The states response to the crisis in adolescent literacy*. Retrieved December 26, 2006, from [http://www.nasbe.org/recent\\_pubs/adol%20literacy%20exec%20summary.pdf](http://www.nasbe.org/recent_pubs/adol%20literacy%20exec%20summary.pdf)
- National Institute of Child Health and Human Development. (2000). *Teaching children to read: An evidence-based assessment of the scientific research literature and its implications for reading instruction* (NIH Publication No. 00-4769). Washington, D.C.: U.S. Government Printing Office.
- National Research Council. (2003). *Engaging schools: Fostering high school students' motivation to learn*. Retrieved December 26, 2006, from <http://www.nap.edu/catalog/10421.html>
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*, 68-78.
- Sadoski, M., & Willson, V. (2006). Effects of a theoretically based large-scale reading intervention in a multicultural urban school district. *American Educational Research Journal, 43*(1), 137-154.
- Shaywitz, S. (2003). *Overcoming dyslexia: A new and complete science-based program for reading problems at any level*. New York: Alfred A. Knopf.
- Sitlington, P. L. & Clark, G. M. (2006). *Transition education and services for students with disabilities* (4<sup>th</sup> ed.). Boston: Allyn & Bacon.
- Sobaornie, E. J. & deBettencourt, L. U. (2004). *Teaching students with mild and high-incidence disabilities at the secondary level* (2<sup>nd</sup> ed.). Upper Saddle River, NJ: Pearson & Merrill Prentice Hall.
- Taylor, L., & Adelman, H. S. (2004). Advancing mental health in schools: Guiding frameworks and strategic approaches. In K. Robinson (Ed.), *Advances in school-based mental health*. Kingston, NJ: Civic Research Institute.
- Woodward, J., & Baxter, J. (2001). Working with numbers. *Teaching Exceptional Children, 33*, (5), 80-83.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 4. Intensive Interventions**

- Braaten, S. (1998). *Behavioral Objective Sequence*. Champaign, IL: Research Press.
- Brown, T. L., Henggeler, S. W., Schoenwald, S. K., Brondino, M. J., & Pickrel, G. (1999). Multisystemic treatment of substance abusing and dependent juvenile delinquents: Effects on school attendance at post treatment and 6-month follow-up. *Children's Services: Social Policy, Research, and Practice*, 2, 81-93.
- Bussing, R., Zima, B. T., Perwien, A. R., Belin, T. R., & Widawski, M. (1998). Children in special education programs: Attention deficit hyperactivity disorder, use of services, and unmet needs. *American Journal of Public Health*, 88(6), 880-886. Retrieved December 26, 2006, from <http://www.ajph.org/cgi/content/abstract/88/6/880>
- Burchard, J. D., Bruns, E. J., & Burchard, S. N. (2002). The wraparound approach: An overview. B. J. Burns & K. Hoagwood (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders*. New York: Oxford University Press. Retrieved December 26, 2006, from <http://www.rtc.pdx.edu/WAOOverview.pdf>
- Burns, B. J., & Goldman S. K. (Eds.). (1999). Promising practices in wraparound for children with severe emotional disorders and their families. *Systems of care: Promising practices in children's mental health, 1998 series: Volume IV*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Eber, L. (2005). Wraparound: Description and case example. In G. Sugai, G. & R. Horner (Eds.), *Encyclopedia of Behavior Modification and Cognitive Behavior Therapy: Educational Applications*, 1601-1605. Thousand Oaks, CA: Sage.
- Eber, L., Nelson, C. M., & Miles, P. (1997). School-based wraparound for students with emotional and behavioral challenges. *Exceptional Children*, 63(4), 539-555. Retrieved December 26, 2006, from [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=9250340&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9250340&dopt=Abstract)
- Fennerty, D., Lambert, C., & Majsterek, D. (n.d.). *Behavior Rating Scales: An analysis*. Retrieved December 26, 2006, from [http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=ED442042&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectID=0900000b80092ac4](http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=ED442042&ERICExtSearch_SearchType_0=eric_accno&objectID=0900000b80092ac4)
- Henggeler, S. W., Mihalic, S. F., Rone, L., Thomas, C., & Timmons-Mitchell, J. (1998). *Multisystemic therapy: Blueprints for violence prevention (Book Six)*. Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.



- Huey, S. J., Henggeler, S. W., Brondino, M. J., & Pickrel, S. G. (2000). Mechanisms of change in Multisystemic Therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology, 68*, 451-467.
- Kutash, K., Duchnowski, A.L., & Lynn, N. (April 2006). *School-based mental health: An empirical guide for decision-makers*. Tampa, FL: University of Southern Florida.  
<http://rtckids.fmhi.usf.edu/rtcpubs/study04/default.cfm>
- Minnesota Mental Health Action Group (MMHAG). (2005). Road map for mental health system reform in Minnesota. Retrieved December 26, 2006, from  
<http://www.citizensleague.net/mentalhealth/>
- President's New Freedom Commission on Mental Health. (July 2003). *Achieving the Promise: Transforming Mental Health Care in America: Final Report*. Retrieved December 26, 2006, from <http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>
- Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. (n.d.). Retrieved December 26, 2006, from  
<http://www.surgeongeneral.gov/topics/cmh/childreport.htm#pan1>
- Research and Training Center for Children's Mental Health. (n.d.). *School Based Mental Health Services*. Tampa, FL: University of South Florida. Retrieved December 26, 2006, from  
<http://rtckids.fmhi.usf.edu/sbmh/default.cfm>
- Wagner, M. M. (1995). Outcomes for youths with serious emotional disturbance in secondary schools and early adulthood. *The future of children: Critical issues for children and youths*. Retrieved December 26, 2006, from  
[http://www.futureofchildren.org/information2826/information\\_show.htm?doc\\_id=70992](http://www.futureofchildren.org/information2826/information_show.htm?doc_id=70992)
- Wilder, L. K., Braaten, S., Wilhite, K., & Algozzine, B. (2005). Concurrent validity of the Strength-Based Behavioral Objective Sequence. *Journal of Applied School Psychology, 22*(1), 125-139.

## ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

### **Step 5. Transition from School to Post-School Activities**

- Alwell, M. & Cobb, B. (2006). *Teaching functional life skills to youth with disabilities*. [LOCATIOM]: National Secondary Transition Technical Assistance Center (NSTTAC).
- Amendola, A. M., & Scozzie, S. (2004). Promising strategies for reducing violence. *Reclaiming Children & Youth, 13*, 51-53.
- Carnine, D. W., Silbert, J., Kame'enui, E. J., & Tarver, S. G. (2004). *Direct instruction reading* (4<sup>th</sup> ed.). Upper Saddle River, NJ: Pearson.

- Ciechalski, J. C., (2004). Self directed search (4<sup>th</sup> Edition). In J. T. Kapes & E. A. Whitfield (Eds.), *A counselor's guide to career assessment instruments*. Tulsa, OK: National Career Development Association.
- Clark, G. M., Patton, J. R., & Moulton, L. R. (2000). *Informal assessments for transition planning*. Austin: Pro-Ed.
- Clark, G. M., & Patton, J. R. (1997). *Transition Planning Inventory*. Austin: Pro-Ed.
- Cohen, M. (1998). The monetary value of saving a high risk youth. *Journal of Quantitative Criminology*, 14(1), 5-33.
- Domaracki, J. W., & Lyon, S. R. (1992). A comparative analysis of general case simulation instruction and naturalistic instruction. *Research in Developmental Disabilities*, 13, 363-379.
- Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the Interests of Families and Teachers (LIFT). *Journal of Emotional & Behavioral Disorders*, 8(3), 165-176.
- Englander-Golden, P. Jackson, J. E., Schwarzkopf, A. B. & Lyle, P. S. (1989). Communication skills and self-esteem in prevention of destructive behaviors. *Adolescence*, 24, 481-502.
- Farrell, A. D., Meyer, A. L. & White, K. S. (2001). Evaluation of Responding in Peaceful and Positive Ways (RIPP): A school-based prevention program for reducing violence among urban adolescents. *Journal of Clinical Child Psychology*, 30, 451-463.
- Fouad, N. A., & Taqng, M. (2001). Vocational inventories. In B. Bolton (Ed.), *Handbook of Measurement and Assessment in Rehabilitation* (3<sup>rd</sup> ed.). Gaithersburg, MD: Aspen Publishing.
- Gibbs, J. C., Potter, G. B., Barriga, A. Q., & Liau, A. K. (1996). Developing the helping skills and prosocial motivation of aggressive adolescents in peer group programs. *Aggression and Violent Behaviour*, 1, 283-305.
- Goldstein, A. P. & Glick, B. (1994). *The Prosocial Gang*. Thousand Oaks, CA: Sage.
- Grigal, M., Neubert, D. A., & Moon, M. S. (2002). Postsecondary options for students with significant disabilities. *Teaching Exceptional Children*, 35(2), 68-73.
- Griller-Clark, H., Rutherford, R. B., & Quinn, M. M. (2004). Practices in transition for youth in the juvenile justice system. In D. Cheney (Ed.), *Transition of students with emotional or behavioral disabilities from school to community: Current approaches for positive outcomes*. Arlington, VA: Division for Career Development and Transition/Council for Children with Behavioral Disorders.
- Holland, J. L., (1996). *Self-Directed Search Form E* (4<sup>th</sup> ed.). Odessa, FL: Psychological Assessment Resources.
- Holland, J. L. (1994). *Self-Directed Search: Forms R, E, and Explorer*. Odessa, FL: Psychological Assessment Resources.
- Kapes, J. T., & Whitfield, E. A. (2004). *A counselor's guide to career assessment instruments* (4<sup>th</sup> ed.). Columbus, OH: National Career Development Association.
- Kelly, B., Longbottom, J., Potts, F. & Williamson, J. (2004). Applying emotional intelligence: Exploring the Promoting Alternative Thinking Strategies curriculum. *Educational Psychology in Practice*, 20, 221-240.
- Kohler, P. (2006). *Taxonomy for transition planning*. Kalamazoo, MI: Western Michigan University & Champaign, IL: Transition Research Institute.
- Kortering, L., & Konold, T. (2005). Coming to school: A comparison of youth with and without LD. *Journal of At-Risk Students*. 13, 12-22.
- Kortering, L., Braziel, P., & Tompkins, J. (2002). The challenge of school completion among youth with behavior disorders: Another side to the story. *Behavioral Disorders*, 27, 142-154.

- Malmgren, K., & Leone, P. (2000). Effects of an auxiliary program on the reading skills of juvenile delinquents. *Education and Treatment of Children, 28*, 239-247.
- McMahon, S. D., Washburn, J., Felix, E. D., Yakin, J., & Childrey, G. (2000). Violence Prevention: Program Effects on Urban Preschool and Kindergarten Children. *Applied and Preventive Psychology, 9*, 271-281.
- Moulton, L.R. (2000). Survey of indoor and outdoor recreational activities. In G. M. Clark, J. R. Patton, & L. R. Moulton, (Eds.), *Informal assessments for transition planning* (pp. 112-116). Austin, TX: PRO-ED.
- Nas, C. N., Brugman, D. & Koops, W. (2005). Effects of the EQUIP program on the moral judgment, cognitive distortions, and social skills of juvenile delinquents. *Psychology, Crime & Law, 11*, 421-434
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., et al. (2003). What works in prevention. *American Psychologist, 58*, 449-457.
- Oakland, T., Glutting, J., & Horton, C. (1996). *Student Styles Questionnaire*. San Antonio, TX: Psychological Corporation.
- Oakland, T., Glutting, J., & Horton, C. (1996). *SSQ's Classroom Applications Kit*. San Antonio, TX: Psychological Corporation.
- Parker, R. M., & Schaller, J. L. (2003). Vocational assessment and disability. In E. M. Symanski & R. M. Parker, *Work and disability: Issues and strategies in career development and job placement*. Austin: Pro-Ed.
- Quinn, M. M., Rutherford, R. B., & Leone, P. E., Osher, D. M., & Poirer, J. M. (2005). Youth with disabilities in juvenile corrections: A national survey. *Exceptional Children, 71*, 339-345.
- Reardon, R. C., & Lenz, J. G. (1998). *The Self-Directed Search and related Holland Materials: A practitioner's guide*. Odessa, FL: Psychological Assessment Resources.
- Roth, B. S. & Striepling-Goldstein, S. (2003). School-based aggression replacement training. *Reclaiming Children and Youth, 12*, 138-141.
- Sexton, T. L. (in press). *Functional Family Therapy*. Las Vegas, NV: The Family Project
- Sexton, T. L., & Alexander, J. F. (2000). Functional Family Therapy. *Juvenile Justice Bulletin, 12*, 1-7.
- Sitlington, P. L., & Clark, G. M. (2002). Careers/vocational assessment: A critical component of transition planning. *Assessment for Effective Intervention, 26*, 5-23.
- Skiba, R., & McKelvey, J. (2000). Early identification and intervention: Anger management. *Safe & Responsive Schools, 3*, 1-4.
- Snyder, H. N. (2003, December). Juvenile arrests 2001. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved December 26, 2006, on <http://www.ncjrs.gov/html/ojjdp/201370/contents.html>
- Snyder, H. N. (2005, May). Juvenile arrests 2003. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved December 26, 2006, on <http://www.ncjrs.org/pdffiles1/ojjdp/209735.pdf>
- Stapleton, D. C., Livermore, G. A., O'Day, B., & Imparato, A. J. (2005). *Dismantling the poverty trap: Disability policy for the 21<sup>st</sup> century*. Ithaca, NY: Cornell University Employment and Disability Institute.
- Test, D. W., Aspel, N. P., & Everson, J. M. (2006). *Transition methods for youth with disabilities*. Upper Saddle River, NJ: Pearson Education, Inc.

- The Conduct Problems Prevention Group. (2002). Evaluation of the first 3 years of the Fast Track Prevention Trial with children at high risk for adolescent conduct problems. *Journal of Abnormal Child Psychology*, 30(1), 19–35.
- Timmons, J., Podmostko, M., Bremer, C., Lavin, D., & Willis, J. (2005). *Career planning begins with assessment*. Washington, DC: National Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership.
- Todis, B., Bullis, M., Waintrup, M., Schultz, R., & D'Ambrosio. (2001). Overcoming the odds: Qualitative examination of resilience among formerly incarcerated adolescents. *Exceptional Children*, 68, 119-139.
- Unruh, D. & Bullis, M. (2005). Facility-to community transition needs for adjudicated youth with disabilities. *Career Development for Exceptional Individuals*, 28, 67-79.
- U.S. Department of Education (2006). *26<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2004*. Washington, DC: Office of Special Education Programs.
- U.S. Department of Education. (1983). *3rd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2004*. Washington, DC: Office of Special Education Programs.
- Vandercook, T. L. (1991). Leisure instruction outcomes: Criterion performance, positive interactions, and acceptance by typical high school peers. *The Journal of Special Education*, 25, 320-339.
- Van Schoiack-Edstrom, L., Frey, K. S., & Beland, K. (2002). Changing adolescents' attitudes about relational and physical aggression. *School Psychology Review*, 31, 201–216.
- Walker-Hirsch, L., & Champagne, M. P. (2005). *Circles: A self-organization system for teaching appropriate social/sexual behavior to mentally retarded/developmentally disabled persons*. Springer Netherlands. Retrieved December 26, 2006, from <http://www.springerlink.com/content/q0770214k6564163/>
- West, L. L., Corbey, S., Boyer-Stephens, A., Jones, B., Miller, R. J., & Sarkees-Wircenski, M. (1999). *Integrating transition planning into the IEP process* (2<sup>nd</sup> ed.). Reston, VA: Council for Exceptional Children.
- Wolford, B. (2000). Youth education in the juvenile justice system. *Corrections Today*, 62, 128-130.

***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS  
AND REDUCING DELINQUENCY***



**Step 6. Children in the Child Welfare System**

- Alssid, J., Gruber, D., & Mazzeo, C. (2000). *Opportunities for expanding college bridge programs for out of school youth*. New York & San Francisco: Workforce Strategy

Center.

- Bloom, S.L. (1997). *Creating sanctuary: Toward the evolution of sane societies*. New York: Routledge.
- Burley, M., & Halpern, M. (2001). *Educational attainment of foster youth: Achievement and graduation outcomes for children in state care*. Olympia, WA: Washington State Institute for Public Policy.
- Capaldi, D. M., & Eddy, J. M. (2000). Improving children's long-term well-being by preventing antisocial behavior. In A. Buchanan & B. L. Hudson (Eds.), *Promoting children's emotional well-being: Messages from research*, (pp. 209-229). Oxford: Oxford University Press.
- Casey Family Programs. (2004). *A road map for learning: Improving educational outcomes in foster care*. Seattle, WA: Author.
- Casey Family Programs. (2005). *It's my life: Postsecondary education and training guide*. Seattle, WA: Author.
- Choice, P., D'Andrade, A., Gunther, K., Downes, D., Schaldach, J., Csiszar, C., et al. (2001). *Education for foster children: Removing barriers to academic success*. Berkeley, CA: Bay Area Social Services Consortium, Center for Social Services Research School of Social Welfare, University of California, Berkeley. Retrieved December 26, 2006, from <http://cssr.berkeley.edu/bassc/pdfs/EDUfc.pdf>
- Conger, D., & Rebeck, A. (2001). *How children's foster care experiences affect their education*. New York: Vera Institute for Justice.
- Cook, A., Blaustein, M., Spinazzola, J., & van der Kolk, B. (Eds.). (2003). *Complex trauma in children and adolescents*. Los Angeles, CA: National Child Traumatic Stress Network.
- Dwyer, K., Osher, D., & Wagner, C. (1998). *Early warning, timely response: A guide to safe schools*. Washington, DC: U.S. Department of Education.
- Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the Interests of Families and Teachers (LIFT). *Journal of Emotional & Behavioral Disorders*, 8(3), 165-176.
- Geenen, S., & Powers, L. E. (2003). *Are we ignoring foster youth with disabilities? The school performance of youth in foster care and special education*. Eugene, OR: University of Oregon.
- Greenwald, R., O'Brien, J. P. (2000). Impacts of violence in the school environment: Links between trauma and delinquency. *New England Law Review*, 34.
- Hair, E. C., Jager, J., & Garrett, S. B. (2002). *Helping teens develop healthy social skills and relationships: What the research shows about navigating adolescence*. Washington, DC: Child Trends.
- Hair, E. C., Jager, J., & Garrett, S. B. (2001). *Background for the community-level work on social competency in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends. Retrieved December 26, 2006, from <http://www.childtrends.org/files/KSocialES.pdf#search=%22%22Community-level%20Work%20on%20Social%20Competency%20in%20Adolescence%22%22>
- Hair, E. C., Jager, J., & Garrett, S. B. (2002). *Helping teens develop healthy social skills and relationships: What the research shows about navigating adolescence*. Washington, DC: Child Trends. Retrieved December 26, 2006, from <http://www.childtrends.org/Files/K3Brief.pdf>
- Horn, L. (1998). *Confronting the odds: Students at risk and the pipeline to higher education*. Washington, DC: National Center for Education Studies.

- Kerbow, D. (1996, October). *Patterns of urban student mobility and local school reform* (Technical Report No. 5). Washington, DC: Center for Research on the Education of Children Placed at Risk.
- Levine, P. (1999). *Educational attainment and outcomes for children and youth served by the foster care system: A review of the literature*. Seattle, WA: Casey Family Programs.
- McNaught, K. M. (2004). *Learning curves: Education advocacy for children in foster care*. Washington, DC: ABA Center on Children and the Law. Retrieved December 26, 2006, from <http://www.abanet.org/abastore/index.cfm?section=main&fm=Product.AddToCart&pid=5490441>.
- PACER Center. (2001). *Disability awareness: A guidebook for families and educators* (2<sup>nd</sup> ed.). Minneapolis, MN: Author.
- Parrish, T. (2001). Education of foster group home children, whose responsibility is it? – Study of the educational placement of children residing in groups homes. Washington, D.C.: American Institutes for Research. Retrieved December 26, 2006, from <http://www.cde.ca.gov/ls/pf/fy/documents/lcistudies.pdf>
- Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, A. C., English, D., et al. (2005). *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs.
- Ralph, A., Hogan, S. J., Hill, M., Perkins, E., Ryan, J., & Strong, L. (1998). Improving adolescent social competence in peer interactions using correspondence training. *Education & Treatment of Children, 21*(2), 171-194. Retrieved December 26, 2006, from [http://eric.ed.gov/ERICWebPortal/Home.portal?\\_nfpb=true&\\_pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=EJ573521&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectId=0900000b80012239](http://eric.ed.gov/ERICWebPortal/Home.portal?_nfpb=true&_pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=EJ573521&ERICExtSearch_SearchType_0=eric_accno&objectId=0900000b80012239)
- Reid, J. B., Eddy, J. M., Fetrow, & Stoolmiller, M. (1999). Descriptions and immediate impacts of preventative intervention for conduct problems. *American Journal of Community Psychology, 27*(4), 483-517.
- Ritter, J., Stewart, M., Bernet, C., and Coe, M. (2002). Effects of childhood exposure to familial alcoholism and family violence on adolescent substance use, conduct problems, and self-esteem. *Journal of Traumatic Stress, 15*(2).
- Rivard, J.C., et al. (2004). Implementing a trauma recovery framework for youths in residential treatment. *Child and Adolescent Social Work Journal, 21*(5).
- Sheehy, A., Oldham, E., Zanghi, M., Ansell, D., Correia, P., & Copeland, R. (2001). *Promising practices: Supporting transition of youth served by the foster care system*. Portland, ME: Edmund S. Muskie School of Public Service, and Tulsa, OK: National Resource Center for Youth Services.
- Smithgall, C., Gladden, R. M., Howard, E., George, R., & Courtney, M. (2004). *Educational experiences of children in out-of-home care*. Chicago, IL: University of Chicago.
- Sugai, G., & Horner, R. (2002). The evolution of discipline practices: School-wide positive behavior supports. *Child & Family Behavior Therapy, 24*(1/2).
- Venezia, A., Kirst, M., & Antonio, A. (2003). *Betraying the college dream: How disconnected K-12 and postsecondary education systems undermine student aspirations*. Palo Alto, CA: Stanford University.

Wald, M., & Martinez, T. (2003). *Connected by 25: A plan for investing in successful futures for foster youth*. Basehor, KS: The Youth Transition Funders Group, Foster Care Work Group with the Finance Project. Retrieved December 26, 2006, from <http://www.hewlett.org/NR/rdonlyres/60C17B69-8A76-4F99-BB3B-84251E4E5A19/0/FinalVersionofDisconnectedYouthPaper.pdf>

## **TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY**

~ ~ ~ ~ ~

### **Step 7. Court-Involved Youth**

- ABA Standing Committee on Substance Abuse. (2001). *Truancy, literacy and the courts: A user's manual for setting up a truancy intervention project*. Washington, D.C.: American Bar Association. Retrieved December 26, 2006, from [http://www.abanet.org/subabuse/truancy\\_brochure.pdf](http://www.abanet.org/subabuse/truancy_brochure.pdf)
- Aktan, G. (1995). Organizational framework for a substance use prevention program. *International Journal of Addictions*, 30, 185-201.
- Aktan, G., Kumpfer, K. L., Turner, C. (1996). The Safe Haven program: Effectiveness of a family skills training program for substance abuse prevention with inner city African- American families. *International Journal of the Addictions*. 31, 158-175.
- Anderson, J. A., Wright, E.R., Kooreman, H. E., Mohr, W .K., & Russell, L.A. (2003). The Dawn Project: A model for responding to the needs of children with emotional and behavioral challenges and their families. *Community Mental Health Journal*, 39(1), 63-74.
- Bridgeland, J. M., et al. (2006). *The silent epidemic: Perspectives of high school dropouts*. Washington, D.C.: Civic Enterprises & Peter D. Hart Research Associates. Retrieved December 26, 2006, from <http://www.civicerprises.net/pdfs/thesilentepidemic3-06.pdf>
- Christle, C. A., Jolivet, K., & Nelson, M. C. (2005). Breaking the school to prison pipeline: identifying risk and protective factors for youth delinquency. *Exceptionality*, 13(2) 69-88.
- Gonzales, R., & Mullins, T. G. (2004). *Addressing truancy in youth court programs*. In *Selected Topics on Youth Courts* (Monograph). Washington, D.C.: OJJDP. Retrieved December 26, 2006, from [http://www.youthcourt.net/publications/monograph.pdf#search=%22%22Truancy%20Intervention%22%20Project%20\(TIP\)%20%20CSAP%22](http://www.youthcourt.net/publications/monograph.pdf#search=%22%22Truancy%20Intervention%22%20Project%20(TIP)%20%20CSAP%22)
- Gonzalez, R., et al. (2002). *Youth out of school: Linking absence to delinquency* (2<sup>nd</sup> ed.). Denver, CO: Colorado Foundation for Families and Children. Retrieved December 26, 2006, from <http://www.schoolengagement.org/TruancypreventionRegistry/Admin/Resources/Resources/26.pdf>

- Griffin, K. W., Botvin, G. J., Nichols, T. R., & Doyle, M. M. (2003). Effectiveness of a universal drug abuse prevention approach for youth at high risk for substance use initiation. *Preventive Medicine, 36*, 1-7.
- Griffin, K. W., Botvin, G. J., & Nichols, T. R. (2006). Effects of a school-based drug abuse prevention program for adolescents on HIV risk behaviors in young adulthood. *Prevention Science, 7*, 103-112.
- Harrell, A. V., Cavanagh, S., & Sridharan, S. (1998). *Impact of the Children at Risk Program: Comprehensive final report II*. Washington, DC: The Urban Institute.
- Institute on Urban and Minority Education. (2003). *New approaches to truancy prevention in urban schools*. Washington, D.C.: ERIC Clearinghouse on Urban Education. Retrieved December 26, 2006 from <http://www.ericdigests.org/2004-2/truancy.html>
- King, A. (1993). The impact of incarceration in African American families: Implications for practice. *Families in Society: The Journal of Contemporary Human Services, 74*, 145-153.
- Kumpfer, K. L. (1991). *Safe haven African American parenting project: First year evaluation report*. Salt Lake City, UT: University of Utah, Health Behavior Laboratory, Department of Health Education.
- Kumpfer, K. L., Bridges, S., & Williams, K. (1993). The Safehaven program: Strengthening African-American families. Salt Lake City, UT: Department of Health Education, University of Utah.
- Mullins, T. G. (2004). Strategies for responding to truancy in youth courts. *Newsletter of the National Youth Court Center, 4*(2). Retrieved December 26, 2006, from [http://www.youthcourt.net/Newsletter/2004\\_Spring.pdf#search=%22Truancy%20Intervention%20Project%20\(TIP\)%20%20ABA%20Aware%20of%20Merit%22](http://www.youthcourt.net/Newsletter/2004_Spring.pdf#search=%22Truancy%20Intervention%20Project%20(TIP)%20%20ABA%20Aware%20of%20Merit%22)
- Murray, L. (1999). Preventing substance abuse using a community-based collaborative alternative. *Georgia Academy Journal, 6*(3), 8-11.
- National Center for School Engagement. (2006). *Alternatives to Juvenile Detention*. Denver, CO: Colorado Foundation for Families And Children. Retrieved December 26, 2006, from <http://www.schoolengagement.org/TruancyPreventionRegistry/Admin/Resources/Resources/92.pdf>
- National Center for School Engagement. (2006). *Guidelines for a national definition of truancy and calculating rates*. Denver, CO: Colorado Foundation for Families and Children. Retrieved December 26, 2006, from <http://www.schoolengagement.org/TruancyPreventionRegistry/Admin/Resources/Resources/94.pdf>
- National Center for School Engagement. (2005). *Innovations in truancy prevention practice: An inventory of selected collaborations from around the United States*. Denver, CO: National Truancy Prevention Association. Retrieved December 26, 2006, from <http://www.truancyPrevention.org/TruancyPreventionRegistry/Admin/Resources/Resources/53.pdf>
- National Center for School Engagement. (n.d.). *Truancy fact sheet*. Denver, CO: Colorado Foundation for Families and Children. Retrieved December 26, 2006, from <http://www.schoolengagement.org/TruancyPreventionRegistry/Admin/Resources/Resources/40.pdf>
- Orfield, G. (Ed.). (2004). *Dropouts in America: Confronting the graduation rate crisis*. Cambridge, MA: Harvard Education Press.
- Pennington, J., & Barnes, C. (2006). How to establish and run a truancy program. *Criminal Justice Section Newsletter, 14*(3). Retrieved December 26, 2006, from <http://www.abanet.org/crimjust/juvjus/truancyarticle.pdf>



- Murray, L. (1999). Preventing substance abuse using a community-based collaborative alternative. *Georgia Academy Journal*, 6(3), 8-11.
- Quinn, M. M., Rutherford, R. B., Leone, P. E., & Poirier, J. M. (2005). Youth with disabilities in juvenile corrections: A national survey. *Exceptional Children*, 71, 339-345.
- Roth, J., Murray, L., Brooks-Gunn, J., & Foster, W. (1999). Youth development programs. In D. J. Besharov (Ed.), *America's disconnected youth toward a preventive strategy*. Washington, DC: CWLA Press.
- Roth, J., Murray, L., Foster, W., & Brooks-Gunn, J. (1998). Promoting healthy adolescents: Synthesis of youth development program evaluations. *Journal of Research on Adolescence*, 8(4), 423-459.
- Stroul, B. A., & Friedman, R. M. (1996). The system of care concept and philosophy. In B. A. Stroul (Ed.), *Children's mental health: Creating systems of care in a changing society*. Baltimore, MD: Brookes Publishing Co.
- Waitzkin, H. (2001). *At the front lines of medicine: How the health care system alienates doctors and mistreats patients...and what we can do about it*. Lanham, MD: Rowan & Littlefield.
- Wald, J., & Losen, D. (Eds.). (2003). *Deconstructing the school-to-prison pipeline: New directions in youth development*. Hoboken, NJ: Wiley & Sons, Inc.
- Wholey, D. R., & Burns, L. R. (2000). Tides of change: The evolution of managed care in the United States. In C. Bird, P. Conrad, & A. M. Fremont (Eds.), *Handbook of medical sociology* (pp. 217-237). Engelwood Cliffs, NJ: Prentice-Hall.

## ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

### **Step 8. Youth in Juvenile Justice Facilities**

- Bolson, M. D., Quinn, M. M., & Nelson, C. M. (2004). *Meeting the educational needs of students with disabilities in short-term detention facilities*. College Park, MD: National Center on Education, Disability and Juvenile Justice.
- Brunner, M. S. (1993). *To make a difference: Reduced recidivism and increased employment opportunities through research-based reading instruction*. (NCJ Publication No. 141324). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Burrell, S., & Warboys, L. (2000). *Special education and the juvenile justice system*. Retrieved December 26, 2006, from [http://www.ncjrs.gov/html/ojjdp/2000\\_6\\_5/contents.html](http://www.ncjrs.gov/html/ojjdp/2000_6_5/contents.html).
- Center on Crime, Communities, and Culture. (1997). Education as crime prevention: Providing education to prisoners (Research Brief, Occasional Paper Series, No. 2). New York: Author
- Cheney, D., Barringer, C., Upham, D., & Manning, B. (1995). Project DESTINY: A model for developing educational support teams through interagency networks for youth with emotional or behavioral disorders. *Special Services in the Schools*, 10(2), 57-76.

- Colvin, G., Kameenui, E. J., & Sugai, G. (1993). Reconceptualizing behavior management and school-wide discipline in general education. *Education and Treatment of Children, 16*(4), 361-381.
- Gottfredson, D. (1995). School-based crime prevention. In L. W. Sherman, G. Gottfredson, D. MacKenzie, J. Eck, P. Reuter, & S. Bushway (Eds.), *Preventing crime: What works, what doesn't, what's promising*. College Park, MD: University of Maryland, Department of Criminology and Criminal Justice. Retrieved December 26, 2006, from <http://www.ncjrs.org/works>
- Kolb, D. A. (1984). *Experiential learning: Experiences as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall.
- Kirkpatrick, D. L. (1994). *Evaluating training programs: The four levels*. San Francisco, CA: Berett-Koehler.
- Jackson, T. (1993). *Activities that teach*. Cedar City, UT: Red Rock Publishing.
- Jones, V. (1993). Assessing your classroom and school-wide student management plan. *Beyond Behavior, 4*(3), 9-12.
- Krezmien, M. P., Mulcahy, C. A., & Baltodano, H. (n.d.). *Literacy and delinquency: Current status of reading achievement and reading interventions among detained and incarcerated youth*. Manuscript submitted for publication.
- Learning Type Measure*. (1998). Barrington, IL: Excel, Inc.
- Leone, P. E., Krezmien, M., Mason, L., & Meisel, S. M., (2005). Organizing and delivering empirically based literacy instruction to incarcerated youth. *Exceptionality, 13*(2), 89-102.
- Lewis, T. (1997). *Responsible decision making about effective behavioral support*. Reston, VA: ERIC Clearinghouse. (ERIC Document Reproduction Service no. ED417515 98).
- McCarthy, B. (1996). *About learning*. Barrington, IL: Excel, Inc.
- Pennsylvania Department of Education, Bureau of Special Education. (1995). *Guidelines: Effective behavioral support*. Harrisburg, PA: Author.
- Quinn, M. M., Rutherford, R. B., Leone, P. E., Osher, D. M., & Poirier, J. M. (2005). Youth with disabilities in juvenile corrections: A national survey. *Exceptional Children, 79*, 331-345.
- Reavis, H. K., Kukic, S. J., Jenson, W. R., Morgan, D. P., Andrews, D. J., & Fister, S. (1996). *BEST Practices*. Longmont, CO: Sopris West Publishers.
- Sugai, G., & Pruitt, R. (1993). *Phases, steps and guidelines for building school-wide behavior management programs: A practitioners handbook*. Eugene, OR: Behavior Disorders Program.
- Taylor-Green, S., Brown, D., Nelson, L., Longton, J., Cohen, J., Swartz, J., et al. (in press). School-wide behavioral support: Starting the year off right. *Journal of Behavioral Education*.
- Thomas, A., & Grimes, J. (1995). *Best practices in school psychology – IIII*. Silver Spring, MD: National Association of School Psychologists.
- Walker, H., Horner, R., Sugai, G., Bullis, M., Sprague, J., Bricker, D., et al. (1996). Integrated approaches to preventing antisocial behavior patterns among schoolage children and youth. *Journal of Emotional and Behavioral Disorders, 4*, 193-256
- Wolford, B. I. (2000). *Juvenile justice education: Who is educating the youth*. Richmond: Training Resource Center, Eastern Kentucky University.

# ***TOOLS FOR PROMOTING EDUCATIONAL SUCCESS AND REDUCING DELINQUENCY***

~ ~ ~ ~ ~

## **Step 9. School Re-enrollment and Transition from Juvenile Justice Facilities**

- Altschuler, D. M., & Armstrong, T. L. (1994). *Intensive aftercare for high-risk juveniles: A community care model*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Baltodano, H. M., Mathur, S. R., & Rutherford, R. B. (2005). Transition of incarcerated youth with disabilities across systems and into adulthood. *Exceptionality, 13*, 103-124
- Benz, M. R., & Halpern, A. S. (1993). Vocational and transition services needed and received by students with disabilities during their last year of high school. *Career Development for Exceptional Individuals, 16*, 197-211
- Bilchik, S. (1999, May). *National training curriculum for educators of youth in confinement*. Paper presented at the National Training Curriculum Meeting of the National Juvenile Detention Association and the Council for the Education of At-Risk and Delinquent Youth, Indianapolis, IN.
- Bolton, M. D., Quinn, M. M., & Nelson, C. M. (2004). *Meeting the educational needs of students with disabilities in short-term detention facilities*. College Park, MD: National Center on Education Disability, and Juvenile Justice (EDJJ). Retrieved December 26, 2006, from <http://www.edjj.org/Publications/CD/index.html>
- Brooks, C. (2003, June). *Providing a quality education program in juvenile detention centers*. Paper presented at the National Training Institute of the National Partnership of Juvenile Justice, Indianapolis, IN.
- Bullis, M. (2002). Gathering longitudinal data on transition adjustment. In M. Bullis & H. D. Fredericks (Eds.), *Providing effective vocational/transition services to adolescents with emotional and behavioral disorders* (pp.179-191). Champaign, IL: Research Press.
- Bullis, M., & Cheney, D. (1999). Vocational and transition interventions for adolescents and young adults with emotional or behavioral disorders. *Focus on Exceptional Children, 31*(7), 1-24.
- Bullis, M., Yovanoff, P., & Havel, E. (2004). The importance of getting started right: Further examination of the facility-to-community transition of formerly incarcerated youth. *Journal of Special Education, 38*, 80-94.
- Bullis, M., Yovanoff, P., Mueller, G., & Havel, E. (2002). Life on the "outs." Examination of the facility-to-community transition of incarcerated youth. *Exceptional Children, 69*, 7-22.
- Burrell, S., et al. (2000, July). Special education and the juvenile justice system. *OJJDP Juvenile Justice Bulletin*. Retrieved December 26, 2006, from <http://www.ncjrs.gov/pdffiles1/ojjdp/179359.pdf>

- Coffey, O. D., & Gemignani, M. G. (1994). *Effective practices in juvenile correctional education: A study of the literature and research, 1980-1992*. Washington, DC: U.S. Department of Justice, National Office for Social Responsibility. Retrieved on December 26, 2006, from [http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch\\_SearchValue\\_0=ED391995&ERICExtSearch\\_SearchType\\_0=eric\\_accno&objectid=0900000b80137c01](http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=RecordDetails&ERICExtSearch_SearchValue_0=ED391995&ERICExtSearch_SearchType_0=eric_accno&objectid=0900000b80137c01)
- Davies, H., & Davidson, H. (2001). *Parental involvement practices of juvenile courts*. Washington, D.C.: American Bar Association, Center on Children and the Law.
- Griller-Clark, H. (2003). *Resilience: Gender, disability, and justice status in youth transitioning to school*. Unpublished doctoral dissertation, Arizona State University, Tempe.
- Griller-Clark, H. (2006). Transition services for youth with disabilities in the juvenile justice system. In S. R. Mathur (Ed.), *EDJJ professional development series in disabilities and juvenile justice*. College Park, MD: National Center on Education, Disability, and Juvenile Justice.
- Griller-Clark, H., Rutherford, R. B., & Quinn, M. M. (2004). *Practices in transition for youth in the juvenile justice system*. In D. Cheney (Ed.), *Transition of secondary students with emotional or behavioral disabilities: Current approaches for positive outcomes*. Arlington, VA: Council for Children with Behavioral Disorders/Division of Career Development and Transition.
- Halloran, W. D., & Simon, M. Y. (1995). The transition services requirement: A federal perspective on issues, implications and challenges. *The Journal for Vocational Special Needs Education, 17*, 94-97.
- Halpern, A. S. (1994). The transition of youth with disabilities to adult life: A position statement of the Division of Career Development and Transition. *Career Development for Exceptional Individuals, 17*, 115-124.
- Hosp, M. M., Griller-Clark, H., & Rutherford, R. B. (2001). Incarcerated youth with disabilities: Their knowledge of transition plans. *Journal of Correctional Education, 52*, 126-130.
- Howell, K. W., & Wolford, B. I. (2002). *Corrections and juvenile justice: Current education practice for youth with learning and other disabilities* (Monograph). Retrieved on December 26, 2006, from <http://cecp.air.org/juvenilejustice/docs/Corrections%20and%20Juvenile%20Justice%20-%20Interventions.pdf>
- Jarjoura, G. R. (2000, November). *The Aftercare by IUPUI through Mentoring (AIM) program: Mentoring juveniles as a form of aftercare*. Paper presented at Central Indiana's Future: Understanding the Region and Identifying Choices conference, Indiana.
- Kochhar, C. A., & West, L. L. (1995). Future directions for Federal legislation affecting transition services for individuals with special needs. *The Journal for Vocational Special Needs Education, 17*, 85-93.
- Leone, P. E. (2005, October). *Education and mental health connections for youth in the juvenile delinquency programs*. Paper presented at the National Association of State Directors of Special Education Conference, Minneapolis, MN.
- Meisel, S., Henderson, K., Cohen, M., & Leone, P. E. (1998). *Collaborate to educate: Special education in juvenile correctional facilities*. College Park, MD: EDJJ, University of Maryland. Retrieved on December, 26, 2006, from [http://www.edjj.org/Publications/list/meisel\\_henderson\\_cohen\\_leone-1998.html](http://www.edjj.org/Publications/list/meisel_henderson_cohen_leone-1998.html)
- National Council on Disabilities. (2003). *Addressing the needs of youth with disabilities in the juvenile justice system: The current status of evidence based research*. Washington, D.C.:

- Author. Retrieved on December 26, 2006, from <http://www.ncd.gov/newsroom/publications/2003/juvenile.htm>
- Novotney, L. C., Mertinko, E., Lange, J., & Baker, T. K. (2000). *Juvenile mentoring program: A progress review*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Quinn, M. M., & Nelson, C. M. (2005, February). Resource for serving students with disabilities in short-term detention. *EDJJ Notes (4)*1. Retrieved December 26, 2006, from <http://www.edjj.org/edjjnotes/volume4number1.pdf>
- Rutherford, R. B., Mathur, S. R., & Griller-Clark, H. (2001). *Promising practices in transition for short term jails and detention centers and long term correctional facilities*. College Park, MD: National Center on Education, Disability and Juvenile Justice. Retrieved August 8, 2002, from <http://www.edjj.org/transitionaftercare/effectivepractice.html>
- Rutherford, R. B., Quinn, M. M., Poirier, J., & Garfinkel, L. (2002). Overrepresentation of youth with disabilities in corrections. In J. A. Gondles (Ed.), *Juvenile justice today: Essays on programs and policies* (pp. 19-26). Lanham, MD: American Correctional Association.
- Rutherford, R.B., et al. (July 2002). *Youth with Disabilities in the Correctional System: Prevalence Rates and Identification Issues*. Retrieved on December 26, 2006, from <http://cecp.air.org/juvenilejustice/docs/Youth%20with%20Disabilities.pdf>
- Sitlington, P. L., Clark, G. M., & Kolstoe, O. P. (2000). *Transition education and services for adolescents with disabilities*. Boston, MA: Allyn and Bacon.
- Stephens, R. D., & Arnette, J. L. (2000). *From the courthouse to the schoolhouse: Making successful transitions*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Taylor, J. S. (2003). *Training new mentees: A manual for preparing youth in mentoring programs*. Portland, OR: National Mentoring Center.
- Taymans, J. M., Corbey, S., & Dodge, L. (1995). A national perspective of state level implementation of transition policy. *The Journal for Vocational Special Needs Education, 17*, 98-102.
- Tierney, J. P., & Branch, A. Y. (1992). *College students as mentors for at-risk youth: A study of six campus partners in learning programs*. Philadelphia, PA: Public/Private Ventures.
- Tierney, J. P., Grossman, J. B., & Resch, N. L. (2000). *Making a difference: An impact study of Big Brothers Big Sisters*. Philadelphia, PA: Public/Private Ventures. Retrieved on December 26, 2006, from [http://www.ppv.org/ppv/publications/assets/111\\_publication.pdf](http://www.ppv.org/ppv/publications/assets/111_publication.pdf)
- Todis, B., Bullis, M., D'Ambrosio, R., Schultz, R., & Waintrup, M. (2001). Overcoming the odds: Qualitative examination of resilience among adolescents with antisocial behaviors. *Exceptional Children, 68*, 119-139.
- Unruh, D., Bullis, M., Booth, C., & Pendergrass, J. (2005). Project SUPPORT: A description and evaluation for a transition project of formerly incarcerated adolescents with special education and mental health disorders. In M. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices*. Austin, TX: Pro-Ed.
- Unruh, D., Bullis, M., Pendergrass, J., Booth, C., Waintrup, M., & Montesano, D. (2004). Project SUPPORT: A transition project of formerly incarcerated adolescents with special education and mental health disorders. In D. Cheney (Ed.), *Transition of students with emotional or behavioral disabilities from school to community: Current approaches for positive outcomes*. Arlington, VA: Council for Exceptional Children, Division of Career Development and Transition.

- Webb, S. L., & Maddox, M. E. (1986). The juvenile corrections interagency transition model: Moving students from institutions into community schools. *Remedial and Special Education*, 7, 56-61.
- White, C., Mertinko, E., & Van Orden, D. (2002). *Mentoring—an important strategy for diversion and re-entry programs*. Potomac, MD: ITI Incorporated.









**National Association of State Directors  
of Special Education (NASDSE)  
1800 Diagonal Road, Suite 320  
Alexandria, Virginia 22314  
TEL (703) 519-3800  
FAX (703) 519-3808  
[www.nasdse.org](http://www.nasdse.org)**

**NATIONAL  
DISABILITY RIGHTS  
NETWORK**

Protection & Advocacy for Individuals with Disabilities



**National Disability Rights Network (NDRN)  
900 Second Street, NE, Suite 211  
Washington, DC 20002  
TEL (202) 408-9514  
FAX (202) 408-9520  
TTY (202) 408-9521  
[www.ndrn.org](http://www.ndrn.org)**

To download a copy of this publication, go to: [www.edjj.org](http://www.edjj.org)

**GAO**

Testimony

Before the Committee on Education and  
Labor, House of Representatives

---

For Release on Delivery  
Expected at 10:30 a.m. EDT  
Wednesday, October 10, 2007

# RESIDENTIAL TREATMENT PROGRAMS

## Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth

Statement of Gregory D. Kutz, Managing Director  
Forensic Audits and Special Investigations

Andy O'Connell, Assistant Director  
Forensic Audits and Special Investigations





Highlights of [GAO-08-146T](#), a testimony before the Committee on Education and Labor, House of Representatives

### Why GAO Did This Study

Residential treatment programs provide a range of services, including drug and alcohol treatment, confidence building, military-style discipline, and psychological counseling for troubled boys and girls with a variety of addiction, behavioral, and emotional problems. This testimony concerns programs across the country referring to themselves as wilderness therapy programs, boot camps, and academies, among other names.

Many cite positive outcomes associated with specific types of residential treatment. There are also allegations regarding the abuse and death of youth enrolled in residential treatment programs. Given concerns about these allegations, particularly in reference to private programs, the Committee asked GAO to (1) verify whether allegations of abuse and death at residential treatment programs are widespread and (2) examine the facts and circumstances surrounding selected closed cases where a teenager died while enrolled in a private program.

To achieve these objectives, GAO conducted numerous interviews and examined documents from closed cases dating as far back as 1990, including police reports, autopsy reports, and state agency oversight reviews and investigations. GAO did not attempt to evaluate the benefits of residential treatment programs or verify the facts regarding the thousands of allegations it reviewed.

To view the full product, including the scope and methodology, click on [GAO-08-146T](#). For more information, contact Gregory D. Kutz at (202) 512-6722 or [kutzg@gao.gov](mailto:kutzg@gao.gov).

## RESIDENTIAL TREATMENT PROGRAMS

### Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth

#### What GAO Found

GAO found thousands of allegations of abuse, some of which involved death, at residential treatment programs across the country and in American-owned and American-operated facilities abroad between the years 1990 and 2007. Allegations included reports of abuse and death recorded by state agencies and the Department of Health and Human Services, allegations detailed in pending civil and criminal trials with hundreds of plaintiffs, and claims of abuse and death that were posted on the Internet. For example, during 2005 alone, 33 states reported 1,619 staff members involved in incidents of abuse in residential programs. GAO could not identify a more concrete number of allegations because it could not locate a single Web site, federal agency, or other entity that collects comprehensive nationwide data.

GAO also examined, in greater detail, 10 closed civil or criminal cases from 1990 through 2004 where a teenager died while enrolled in a private program. GAO found significant evidence of ineffective management in most of the 10 cases, with program leaders neglecting the needs of program participants and staff. This ineffective management compounded the negative consequences of (and sometimes directly resulted in) the hiring of untrained staff; a lack of adequate nourishment; and reckless or negligent operating practices, including a lack of adequate equipment. These factors played a significant role in the deaths GAO examined. See the table below for detailed information related to three of the case studies.

**Examples of Case Studies GAO Examined**

| Sex/age    | Date of death | Cause of death                       | Case details                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------|---------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Female, 15 | May 1990      | Dehydration                          | <ul style="list-style-type: none"> <li>▪ Showed signs of illness for 2 days, such as blurred vision, vomiting water, and frequent stumbling</li> <li>▪ Program staff thought she was faking her illness to get out of the program</li> <li>▪ Collapsed and died while hiking</li> <li>▪ Lay dead in the road for 18 hours</li> <li>▪ Program brochure advertised staff as "highly trained survival experts"</li> </ul> |
| Male, 15   | Sept. 2000    | Internal bleeding                    | <ul style="list-style-type: none"> <li>▪ Head-injury victim with behavioral challenges who refused to return to campsite</li> <li>▪ Restrained by staff and held face down in the dirt for 45 minutes</li> <li>▪ Died of a severed artery in the neck</li> <li>▪ Death ruled a homicide</li> </ul>                                                                                                                     |
| Male, 14   | July 2002     | Hyperthermia (high body temperature) | <ul style="list-style-type: none"> <li>▪ Experienced difficulty while hiking and sat down, breathing heavily and moaning</li> <li>▪ Fainted and lay motionless</li> <li>▪ One staff member hid behind a tree for 10 minutes to see whether the victim was "faking it"</li> <li>▪ Staff member returned and found no pulse</li> <li>▪ Died soon afterwards</li> </ul>                                                   |

Source: Records including police reports, legal documents, and state investigative documents.

---

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to discuss residential treatment programs for troubled youth. In the context of this testimony, we are using the term residential treatment program to refer to entities across the country and abroad calling themselves wilderness therapy programs, boarding schools, academies, behavioral modification facilities, and boot camps, among other names. While some of these programs are funded publicly by state and local government agencies, others are privately owned and operated. Private residential treatment programs typically market their services to the parents of troubled teenagers—boys and girls with a variety of addiction, behavioral, and emotional problems—and provide a range of services, including drug and alcohol treatment, confidence building, military-style discipline, and psychological counseling for illnesses such as depression and attention deficit disorder.

Many cite positive outcomes associated with specific types of residential treatment. There are also allegations regarding the abuse and death of youth enrolled in residential treatment programs. Given concerns about these allegations, particularly in reference to private programs, you asked us to (1) verify whether allegations of abuse and death at residential treatment programs are widespread and (2) examine the facts and circumstances surrounding selected closed cases where a teenager died while enrolled in a private program.

To verify whether allegations of abuse and death at residential treatment programs are widespread, we gathered available information about allegations made over the last 17 years by performing interviews with relevant experts, reviewing relevant studies and documents, conducting Internet searches for Web sites making allegations, reviewing data from the National Child Abuse and Neglect Data System (NCANDS),<sup>1</sup> and reviewing relevant state and federal court documents. We were unable to disaggregate information on public and private programs; consequently, the information we present includes allegations against both types.

To select our case studies, we identified numerous closed civil and criminal cases in which a court was asked to decide whether a private

---

<sup>1</sup>According to the Administration for Children and Families (part of the U.S. Department of Health and Human Services), NCANDS is a voluntary national data collection and analysis system created in response to the requirements of the Child Abuse Prevention and Treatment Act.

---

residential treatment program was responsible for the death of an enrolled teenager. When identifying our cases, we specifically excluded teenager deaths at public programs such as state-sponsored foster programs, juvenile justice programs for delinquent youth, or programs that exclusively treat psychological disorders or substance abuse in a hospital setting. We focused on deaths between the years 1990 and 2004 to illustrate the long-standing issues presented by private residential treatment programs. We limited our cases to closed cases and, thus, ongoing cases from the last several years were not included in our work. We selected these 10 cases based on several factors including victim age, program location, type of program the victim attended, and date of death.

We then examined, in more detail, the facts and circumstances of the death and any related abuse of the victim. To validate the facts and circumstances of each case, and to the extent possible, we conducted interviews with related parties, including current and former program staff and officials, attorneys and law enforcement officials involved in the cases, and the parents of the victims. Further, we reviewed available documentation to support the facts of each case including (but not limited to) marketing materials, police reports, autopsy reports, and state agency oversight reviews and investigations. In addition, we conducted site visits at nine residential treatment programs to obtain a firsthand perspective on how residential treatment programs operate. Five of these nine programs were related to the still-operational programs discussed in our cases—either because they were the same program or represented a permutation of the original program operating under a different name or in a new location. Where we obtained financial information about the programs, we converted this information to 2007 dollars so that the information was comparable.

It is important to emphasize that residential treatment programs are intended to help youth with serious problems—in some cases, these problems constitute life-threatening addictions and diseases. We did not attempt to evaluate the benefits of residential treatment programs in dealing with these serious problems. Moreover, it is not possible to generalize the results of our investigation as applying to all residential treatment programs, whether privately or publicly funded. We found it difficult to obtain an overall picture of the extent of the residential treatment program industry. For example, while states often regulate publicly funded programs, a number of states do not license or otherwise regulate private programs. Because programs determine how to describe themselves, especially in their marketing materials, there is no standard definition for “wilderness therapy program,” “boot camp,” or other terms

---

used to describe the types of programs and facilities considered to be part of this industry. GAO is completing a comprehensive review of state and federal oversight of residential treatment programs for youth with behavioral and emotional challenges and expects to report next year.

We performed our work from June through September of 2007 in accordance with the quality standards for investigations set forth by the President's Council on Integrity and Efficiency.

---

## Summary

We found thousands of allegations of abuse, some of which involved death, at residential treatment programs across the country and in American-owned and American-operated facilities abroad between the years 1990 and 2007. Allegations included reports of abuse and death recorded by state agencies and the Department of Health and Human Services, allegations detailed in pending civil and criminal cases with hundreds of plaintiffs, and claims of abuse and death that were posted on the Internet. For example, according to the most recent NCANDS data, during 2005 alone 33 states reported 1,619 staff members involved in incidents of abuse in residential programs. Because there are no specific reporting requirements or definitions for private programs in particular, we could not determine what percentage of the thousands of allegations we found are related to such programs.

We also examined, in greater detail, 10 closed cases where a teenager died while enrolled in a private program. We found significant evidence of ineffective management in most of these 10 cases, with program leaders neglecting the needs of program participants and staff. This ineffective management compounded the negative consequences of (and sometimes directly resulted in) the hiring of untrained staff; a lack of adequate nourishment; and reckless or negligent operating practices, including a lack of adequate equipment. These factors played a significant role in most of the deaths we examined. For example:

- In May 1990, a 15-year-old female was enrolled in a 9-week wilderness program. Although the program brochure claimed that counselors were "highly trained survival experts," they did not recognize the signs of dehydration when she began complaining of blurred vision, stumbling, and vomiting water 3 days into a hike. According to police documents, on the fifth day and after nearly 2 days of serious symptoms, the dying teen finally collapsed and became unresponsive, at which point counselors attempted to signal for help using a fire because they were

---

not equipped with radios. Police documents state that the victim lay dead in a dirt road for 18 hours before rescuers arrived.

- In another example, we learned that, in July 2001, a 14-year-old male enrolled in a boot camp became so dehydrated that he began to eat dirt from the desert floor. Witnesses said that when he eventually fell unconscious and appeared to have a seizure, the program director told staff members to put the victim in the flatbed of a pickup truck and drive him to a hotel. When they could not revive him at the hotel, they put him back in the flatbed of the truck, returned to the camp, and placed the teen's limp body onto his sleeping bag. The program director assured his staff that "everything will be okay" but the victim died soon afterwards.
- In December 2001, on Christmas Day, a 16-year-old female was climbing in an extremely dangerous area unsupervised by program staff. According to documents we reviewed, the girl slipped, fell about 50 feet into a crevasse, and died of massive brain trauma about 3 weeks later. An investigation revealed numerous licensing and safety violations with the program, including an improperly low staff-to-youth ratio, failure of staff to scout the hiking location prior to the hike, and no first aid kit (it was left at the base camp).

---

## Background

Since the early 1990s, hundreds of residential treatment programs and facilities have been established in the United States by state agencies and private companies. Many of these programs are intended to provide a less-restrictive alternative to incarceration or hospitalization for youth who may require intervention to address emotional or behavioral challenges. As mentioned earlier, it is difficult to obtain an overall picture of the extent of this industry. According to a 2006 report by the Substance Abuse and Mental Health Services Administration, state officials identified 71 different types of residential treatment programs for youth with mental illness across the country.<sup>2</sup> A wide range of government or private entities, including government agencies and faith-based organizations, can operate these programs. Each residential treatment program may focus on a specific client type, such as those with substance abuse disorders or

---

<sup>2</sup>For additional information, see H. T. Ireys, L. Achman, and A. Takyi. *State Regulation of Residential Facilities for Children with Mental Illness*. DHHS Pub. No. (SMA) 06-4167 (Rockville, Md.: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2006).

---

suicidal tendencies. In addition, the programs provide a range of services, either on-site or through links with community programs, including educational, medical, psychiatric, and clinical/mental health services.

Regarding oversight of residential treatment programs, states have taken a variety of approaches ranging from statutory regulations that require licensing to no oversight. States differ in how they license and monitor the various types of programs in terms of both the agencies involved and the types of requirements. For example, some states have centralized licensing and monitoring within a single agency, while other states have decentralized these functions among three or more different agencies. There are currently no federal laws that define and regulate residential treatment programs. However, three federal agencies—the Departments of Health and Human Services, Justice, and Education—administer programs that can provide funds to states to support eligible youth who have been placed in some residential treatment programs. For example, the Department of Health and Human Services, through its Administration for Children and Families, administers programs that provide funding to states for a wide range of child welfare services, including foster care, as well as improved handling, investigation, and prosecution of youth maltreatment cases.<sup>3</sup>

In addition to the lack of a standard, commonly recognized definition for residential treatment programs, there are no standard definitions for specific types of programs—wilderness therapy programs, boot camps, and boarding schools, for instance. For our purposes, we define these programs based on the characteristics we identified during our review of the 10 case studies. For example, in the context of our report, we defined wilderness therapy program to mean a program that places youth in different natural environments, including forests, mountains, and deserts. Figure 1 shows images we took near the wilderness therapy programs we visited.

---

<sup>3</sup>Under Titles IV-B and IV-E of the Social Security Act and the Child Abuse and Neglect Prevention and Treatment Act.



**Figure 1: Environments Where Wilderness Therapy Programs Operate**



Source: GAO.

Note: These images show the surroundings that youth enrolled in a wilderness treatment program might encounter. Clockwise from the upper left, these images show (1) West Virginia woodlands, (2) an Oregon river, and (3) a Utah mountain range.

According to wilderness therapy program material, these settings are intended to remove the “distractions” and “temptations” of modern life from teens, forcing them to focus on themselves and their relationships. Included as part of a wilderness training program, participants keep journals that often include entries related to why they are in the program and their experiences and goals while in the wilderness. These journals, which program staff read, are part of the individual and group therapy provided in the field. As part of the wilderness experience, these programs

also teach basic survival skills, such as setting up a tent and camp, starting a fire, and cooking food. Figure 2 is photo montage of living arrangements for youth enrolled in the wilderness programs we visited.

**Figure 2: Living Arrangements at Wilderness Therapy Programs GAO Visited**



Source: GAO.

Note: The top two images show living arrangements at two wilderness therapy programs—a “time out” shelter (upper left) and an enrolled youth’s campsite (upper right). The bottom two images show the girls’ tent (lower left) and the shelter for group therapy and meetings (lower right) for the middle phase of a residential treatment program.

---

Some wilderness therapy programs may include a boot camp element. However, many boot camps (which can also be called behavioral modification facilities) exist independently of wilderness training. In the context of our report, a boot camp is a residential treatment program in which strict discipline and regime are dominant principles. Some military-style boot camp programs also emphasize uniformity and austere living conditions. Figure 3 is a photo montage illustrating a boot camp which minimizes creature comfort and emphasizes organization and discipline.

**Figure 3: Interior of a Boot Camp Facility That GAO Visited**



Source: GAO.

Note: These images show the interior of a boot camp facility. Clockwise from the upper left, the images show (1) the overall layout of “the boot camp” room in the facility, where male enrollees spend the majority of their indoor time and sleep on the floor; (2) the limited supplies and personal items of enrollees, including a rolled sleeping bag and mat; (3) bathroom facilities; and (4) a room with bunk beds for youth in the advanced phase of the program.

A third type of residential treatment program is known as a boarding school. Although these programs may combine wilderness or boot camp elements, boarding schools (also called academies) are generally

---

advertised as providing academic education beyond the survival skills a wilderness therapy program might teach. This academic education is sometimes approved by the state in which the program operates and may also be transferable as elective credits toward high school. These programs often enroll youth whose parents force them to attend against their will. The schools can include fences and other security measures to ensure that youth do not leave without permission. Figure 4 shows some of the features boarding schools may employ to keep youth in the facilities.

**Figure 4: Security Features Employed at a Boarding School GAO Visited**



Source: GAO.

Note: These images show the exterior of a boarding school. Clockwise from the upper left, the images show (1) a close-up of the video surveillance equipment and motion detectors in place on the outside of the school; (2) tall exterior fencing and motion detector; and (3) an angle of the facility exterior that clearly displays security features, including video monitoring, lighting, fencing, and wire mesh over the windows.

A variety of ancillary services related to residential treatment programs are available for an additional fee in some programs. These services include:

- 
- Referral services and educational consultants to assist parents in selecting a program.
  - Transport services to pick up a youth and bring him or her to the program. Parents frequently use a transport service if their child is unwilling to attend the program.
  - Additional individual, group, or family counseling or therapy sessions as part of treatment. These services may be located on the premises or nearby.
  - Financial services, such as loans, to assist parents in covering the expense of residential treatment programs.

These services are marketed toward parents and, with the exception of financial services, are not regulated by the federal government.

---

## Widespread Allegations of Abuse and Death at Residential Treatment Programs

We found thousands of allegations of abuse, some of which involved death, at public and private residential treatment programs across the country between the years 1990 and 2007. We are unable to identify a more concrete number of allegations because we could not locate a single Web site, federal agency, or other entity that collects comprehensive nationwide data related to this issue. Although the NCANDS database, operated by the Department of Health and Human Services, collects some data from states, data submission is voluntary and not all states with residential treatment programs contribute information. According to the most recent NCANDS data, during 2005 alone 33 states reported 1,619 staff members involved in incidents of abuse in residential programs. Because of limited data collection and reporting, we could not determine the numbers of incidents of abuse and death associated with private programs.

It is important to emphasize that allegations should not be confused with proof of actual abuse. However, in terms of meeting our objective, the thousands of allegations we found came from a number of sources besides NCANDS. For example:

- We identified claims of abuse and death in pending and closed civil or criminal proceedings with dozens of plaintiffs alleging abuse. For instance, according to one pending civil lawsuit filed as recently as July 2007, dozens of parents allege that their children were subjected to over 30 separate types of abuse.

- 
- We found attorneys around the country who represent youth and groups of youth who allege that abuse took place while these youth were enrolled in residential treatment programs. For example, an attorney based in New Jersey with whom we spoke has counseled dozens of youth who alleged they were abused in residential treatment programs in past cases, as has another attorney, a retired prosecutor, who advocates for abuse victims.
  - We found that allegations are posted on various Web sites advocating for the shutdown of certain programs. Past participants in wilderness programs and other youth residential treatment programs have individually or collectively set up sites claiming abuse and death. The Internet contains an unknown number of such Web sites. One site on the Internet, for example, identifies over 100 youth who it claims died in various programs. In other instances, parents of victims who have died or were abused in these programs have similarly set up an unknown number of Web sites. Conversely, there are also an unknown number of sites that promote and advocate the benefits of various programs.

Because there are no specific reporting requirements or definitions for private programs in particular, we could not determine what percentage of the thousands of allegations we found are related to such programs. There is likely a small percentage of overlapping allegations given our inability to reconcile information from the sources we used.

---

## Cases of Death at Selected Residential Treatment Programs

We selected 10 closed cases from private programs to examine in greater detail. Specifically, these cases were focused on the death of a teenager in a private residential treatment program that occurred between 1990 and 2004. We found significant evidence of ineffective management in most of these 10 cases, with many examples of how program leaders neglected the needs of program participants and staff. In some cases, program leaders gave their staff bad advice when they were alerted to the health problems of a teen. In other cases, program leaders appeared to be so concerned with boosting enrollment that they told parents their programs could provide services that they were not qualified to offer and could not provide. Several cases reveal program leaders who claimed to have credentials in therapy or medicine that they did not have, leading parents to trust them with teens who had serious mental or physical disabilities requiring proper treatment. These ineffective management techniques compounded the negative consequences of (and sometimes directly



---

resulted in) the hiring of untrained staff; a lack of adequate nourishment; and reckless or negligent operating practices, including a lack of adequate equipment. These specific factors played a significant role in most of the deaths we examined.

- **Untrained staff.** A common theme of many of the cases we examined is that staff misinterpreted legitimate medical emergencies. Rather than recognizing the signs of dehydration, heat stroke, or illness, staff assumed that a dying teen was in fact attempting to use trickery to get out of the program. This resulted in the death of teenagers from common, treatable illnesses. In some cases, teens who fell ill from less-common ailments exhibited their symptoms for many days, dying slowly while untrained staff continued to believe the teen was “faking it.” Unfortunately, in almost all of our cases, staff only realized that a teen was in distress when it was already too late.
- **Lack of adequate nourishment.** In many cases, program philosophy (e.g., “tough love”) was taken to such an extreme that teenagers were undernourished. One program fed teenagers an apple for breakfast, a carrot for lunch, and a bowl of beans for dinner while requiring extensive physical activity in harsh conditions. Another program forced teenagers to fast for 2 days. Teenagers were also given equal rations of food regardless of their height, weight, or other dietary needs. In this program, an ill teenager lost 20 percent of his body weight over the course of about a month. Unbeknownst to staff, the teenager was simultaneously suffering from a perforated ulcer.
- **Reckless or negligent operating practices.** In at least two cases, program staff set out to lead hikes in unfamiliar territory that they had not scouted in advance. Important items such as radios and first aid kits were left behind. In another case, program operators did not take into account the need for an adjustment period between a teenager’s comfortable home life and the wilderness; this endangered the safety of one teenager, who suddenly found herself in an unfamiliar environment. State licensing initiatives attempt, in part, to minimize the risk that some programs may endanger teenagers through reckless and negligent practices; however, not all programs we examined were covered by operating licenses. Furthermore, some licensed programs deviated from the terms of their licenses, leading states, after the death of a teen, to take action against programs that had flouted health and safety guidelines.

See table 1 for a summary of the cases we examined.

**Table 1: Summary of Victim Information**

| Case | Victim information               | Program attended                                                | Date of death | Cause of death                                  | Case details                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------|----------------------------------|-----------------------------------------------------------------|---------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | Female, 15, California resident  | Utah wilderness therapy program (death occurred in Arizona)     | May 1990      | Dehydration                                     | <ul style="list-style-type: none"> <li>• Died while hiking on fifth day of program</li> <li>• Exhibited signs of illness for 2 days, such as throwing up water, falling down, and complaining of blurred vision</li> <li>• Collapsed due to dehydration</li> <li>• Lay dead for 18 hours on dirt road</li> <li>• Program brochure given to parents had advertised program staff as “highly trained survival experts”</li> <li>• Died on federal land</li> </ul> |
| 2    | Female, 16, Florida resident     | Utah wilderness therapy program                                 | June 1990     | Heat stroke                                     | <ul style="list-style-type: none"> <li>• Died while hiking on third day of program</li> <li>• Program had not considered child’s adjustment from a coastal, sea-level residence to a high desert wilderness area</li> <li>• Died of “exertional heatstroke” while hiking</li> <li>• Program owner acquitted of criminal charges but placed on state list of suspected child abusers</li> </ul>                                                                  |
| 3    | Male, 16, Arizona resident       | Utah wilderness therapy program                                 | March 1994    | Acute infection resulting from perforated ulcer | <ul style="list-style-type: none"> <li>• Exhibited signs of physical distress for nearly 3 weeks, such as severe abdominal pain, significant weight loss (20 percent of body weight), loss of bodily functions, and weakness</li> <li>• Collapsed and became unresponsive</li> <li>• Air lifted to hospital and pronounced dead on arrival</li> <li>• Died on federal land</li> </ul>                                                                           |
| 4    | Male, 15, Oregon resident        | Oregon wilderness therapy program                               | Sept. 2000    | Severed artery                                  | <ul style="list-style-type: none"> <li>• Refused to return to campsite but did not behave violently</li> <li>• Restrained by staff and held face down to the ground for almost 45 minutes</li> <li>• Died of severed artery in neck</li> <li>• Death ruled a homicide</li> <li>• Grand jury declined to issue an indictment</li> <li>• Died on federal land</li> </ul>                                                                                          |
| 5    | Male, 14, Massachusetts resident | West Virginia residential school and wilderness therapy program | Feb. 2001     | Suicide (hanging)                               | <ul style="list-style-type: none"> <li>• Attempted suicide twice before enrolling in program</li> <li>• On the fifth day of program cut arm several times with camp-issued pocket knife</li> <li>• Staff did not take the knife away</li> <li>• Hung himself near his tent the next day</li> <li>• Program had no suicide prevention plan</li> </ul>                                                                                                            |

| Case | Victim information              | Program attended                                                             | Date of death | Cause of death                            | Case details                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------|---------------------------------|------------------------------------------------------------------------------|---------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6    | Male, 14, Arizona resident      | Arizona boot camp                                                            | July 2001     | Dehydration                               | <ul style="list-style-type: none"> <li>On seventh day was punished for asking to go home</li> <li>Forced to sit in 113-degree desert heat</li> <li>Was delirious and dehydrated</li> <li>Taken to motel room, placed in shower tub, left unattended</li> <li>Staff returned victim to camp in the flatbed of a pickup truck and placed his limp body onto his sleeping bag</li> <li>Staff later found him unresponsive and he died at the hospital</li> </ul> |
| 7    | Female, 16, Virginia resident   | Utah wilderness therapy program                                              | Jan. 2002     | Massive head trauma                       | <ul style="list-style-type: none"> <li>Fell while hiking on Christmas Day</li> <li>Staff had not scouted extremely dangerous area beforehand</li> <li>Staff had no medical equipment, against its licensing agreement</li> <li>Took about one hour for first paramedics to arrive</li> <li>Died on federal land</li> </ul>                                                                                                                                    |
| 8    | Female, 15, California resident | Oregon wilderness therapy program (also operated in Nevada at time of death) | May 2002      | Dehydration/ heat stroke                  | <ul style="list-style-type: none"> <li>Died while hiking on first day of program</li> <li>Told others she had taken methamphetamines before the hike, but was not screened for drug before hike</li> <li>Experienced signs of distress for several hours while hiking</li> <li>Collapsed and stopped breathing</li> <li>Died of heat stroke complicated by the methamphetamines and prescription medication</li> <li>Died on federal land</li> </ul>          |
| 9    | Male, 14, Texas resident        | Utah wilderness therapy program                                              | July 2002     | Hyperthermia (excessive body temperature) | <ul style="list-style-type: none"> <li>On a 3-mile hike in desert heat</li> <li>Complained of thirst and refused to continue hike</li> <li>Left in the sun for an hour and stopped breathing</li> <li>Staff member hid behind a tree for 10 minutes thinking the victim was "faking" illness</li> <li>Help arrived over an hour after death</li> <li>Died on federal land</li> </ul>                                                                          |

| Case | Victim information            | Program attended                       | Date of death | Cause of death                                                | Case details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------|-------------------------------|----------------------------------------|---------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10   | Male, 15, California resident | Missouri boot camp and boarding school | Nov. 2004     | Complications of rhabdomyolysis due to a probable spider bite | <ul style="list-style-type: none"> <li>• Displayed signs of distress for several days</li> <li>• Program's medical officer told staff victim was "faking it"</li> <li>• Became lifeless and could hardly move</li> <li>• Punished for being too weak to exercise and forced to wear a 20-pound sandbag around his neck</li> <li>• Autopsy reported death was caused by complications of rhabdomyolysis due to a probable spider bite, but also found numerous bruises all over the victim's body</li> </ul> |

Source: Records including police reports, legal documents, and state investigative documents.

## Case One

The victim was a 15-year-old female. Her parents told us that she was a date-rape victim who suffered from depression, and that in 1990 she enrolled in a 9-week wilderness program in Utah to build confidence and improve her self-esteem. The victim and her parents found out about the program through a friend who claimed to know the owner. The parents of the victim spoke with the owner of the program several times and reviewed brochures from the owner. The brochure stated that the program's counselors were "highly trained survival experts" and that "the professional experience and expertise" of its staff was "unparalleled." The fees and tuition for the program cost a little over \$20,600 (or about \$327 per day). The victim and her parents ultimately decided that this program would meet their needs and pursued enrollment.

The victim's parents said they trusted the brochures, the program owner, and the program staff. However, the parents were not informed that the program was completely new and that their daughter would be going on the program's first wilderness trek. Program staff were not familiar with the area, relied upon maps and a compass to navigate the difficult terrain, and became lost. As a result, they crossed into the state of Arizona and wandered onto Bureau of Land Management (BLM) land. According to a lawsuit filed by her parents, the victim complained of general nausea, was not eating, and began vomiting water on about the third day of the 5-day hike. Staff ignored her complaints and thought she was "faking it" to get out of the program. Police documents indicate that the two staff members leading the hike stated that they did not realize the victim was slowly dehydrating, despite the fact that she was vomiting water and had not eaten any food.

---

On the fifth day of the hike, the victim fell several times and was described by the other hikers as being “in distress.” It does not appear that staff took any action to help her. At about 5:45 p.m. on the fifth day, the victim collapsed in the road and stopped breathing. According to police records, staff did not call for help because they were not equipped with radios—instead, they performed CPR and attempted to signal for help using a signal fire. CPR did not revive the victim; she died by the side of the road and her body was covered with a tarp. The following afternoon, a BLM helicopter airlifted her body to a nearby city for autopsy. The death certificate for the victim states that she died of dehydration due to exposure. Although local police investigated the death, no charges were filed. Utah officials wanted to pursue the case, but they did not have grounds to do so because the victim died in Arizona. The parents of the victim filed a civil suit and settled out of court for an undisclosed sum.

Soon after the victim’s death and 6 months after opening, the founder closed the program and moved to Nevada, where she operated in that state until her program was ordered to close by authorities there. In a hearing granting a preliminary judgment that enjoined the operator of the program, the judge said that he would not shelter this program, which was in effect hiding from the controls of the adjoining state. He chastised the program owner for running a money-making operation while trying to escape the oversight of the state, writing, “[The owner] wishes to conduct a wilderness survival program for children for profit, without state regulation” and she “hide[s] the children from the investigating state authorities and appear[s] uncooperative towards them.” He expressed further concerns, including a statement that participants in the program did not appear to be receiving “adequate care and protection” and that qualified and competent counselors were not in charge of the program. The judge also noted that one of the adult counselors was “an ex-felon and a fugitive.” After this program closed, the program founder returned to Utah and joined yet another program where another death occurred 5 years later (this death is detailed in case seven). We found that the founder of this residential treatment program had a history in the industry—prior to opening the program discussed in this case, she worked as an administrator in the program covered in another case (case two). Today, the program founder is still working in the industry as a consultant, providing advice to parents who may not know of her history.

---

## Case Two

The victim was a 16-year-old female who had just celebrated her birthday. According to her mother, in 1990 the victim was enrolled in a 9-week wilderness therapy program because she suffered from depression and

---

struggled with drug abuse. The victim's mother obtained brochures from the program owner and discussed the program with him and other program staff. According to the mother, the program owner answered all her questions and "really sold the program." She told us:

"I understood there would be highly trained and qualified people with [my daughter] who could handle any emergency... they boasted of a 13-year flawless safety record, [and] I thought to myself 'why should I worry? Why would anything happen to her?'"

Believing that the program would help her daughter, the victim's mother and stepfather secured a personal loan to pay the \$25,600 in tuition for the program (or about \$400 per day). She also paid about \$4,415 to have a transport service come to the family home and take her daughter to the program. The victim's mother and stepfather hired the service because they were afraid their daughter would run away when told that she was being enrolled in the program. According to the victim's mother, two people came to the family home at 4 a.m. to take her daughter to the program's location in the Utah desert, where a group hike was already under way.

Three days into the program, the victim collapsed and died while hiking. According to the program brochure, the first 5 days of the program are "days and nights of physical and mental stress with forced march, night hikes, and limited food and water. Youth are stripped mentally and physically of material facades and all manipulatory tools." After the victim collapsed, one of the counselors on the hike administered CPR until an emergency helicopter and nurse arrived to take the victim to a hospital, where she was pronounced dead. According to the victim's mother, her daughter died of "exertional heatstroke." The program had not made any accommodation or allowed for any adjustment for the fact that her daughter had traveled from a coastal, sea-level residence in Florida to the high desert wilderness of Utah. The mother of the victim also said that program staff did not have salt tablets or other supplies that are commonly used to offset the affects of heat.

Shortly after the victim died, the 9-week wilderness program closed. A state hearing brought to light complaints of child abuse in the program and the owner of the program was charged with negligent homicide. He was acquitted of criminal charges. However, the state child protective services agency concluded that child abuse had occurred and placed the owner on

---

Utah's registry of child abusers, preventing him from working in the state at a licensed child treatment facility. Two other program staff agreed to cooperate with the prosecution to avoid standing trial; these staff were given probation and prohibited from being involved with similar programs for up to 5 years. In 1994, the divorced parents of the victim split a \$260,000 settlement resulting from a civil suit against the owner.

After this program closed, its owner opened and operated a number of domestic and foreign residential treatment programs over the next several years. Although he was listed on the Utah registry of suspected child abusers, the program owner opened and operated these programs elsewhere—many of which were ultimately shut down by state officials and foreign governments because of alleged and proven child abuse. At least one of these programs is still operating abroad and is marketed on the Internet, along with 10 other programs considered to be part of the same network. As discussed above, the program owner in our first case originally worked in this program as an administrator before it closed.

---

### Case Three

The victim was a 16-year-old male. According to his parents, in 1994 they enrolled him in a 9-week wilderness therapy program in Utah because of minor drug use, academic underachievement, and association with a new peer group that was having a negative impact on him. The parents learned of the program from an acquaintance and got a program brochure that “looked great” in their opinion. They thought the program was well-suited for their son because it was an outdoor program focusing on small groups of youth who were about the same age. They spoke with the program owner and his wife, who flew to Phoenix, Arizona, to talk with them. To be able to afford the program's cost of about \$18,500 (or \$263 per day), the victim's parents told us they took out a second mortgage on their house. They also paid nearly \$2,000 to have their son transported to the campsite in the program owner's private plane. At the time they enrolled their son, the parents were unaware that this program was started by two former employees of a program where a teenager had died (this program is discussed in our second case).

According to the victim's father, his son became sick around the 11th day of the program. According to court and other documents, the victim began exhibiting signs of physical distress and suffered from severe abdominal pain, weakness, weight loss, and loss of bodily functions. Although the victim collapsed several times during daily hikes, accounts we reviewed indicate that staff ignored the victim's pleas for help. He was forced to continue on for 20 days in this condition. After his final collapse 31 days

---

into the program, staff could not detect any respiration or pulse. Only at this time did staff radio program headquarters and request help, although they were expected to report any illnesses or disciplinary incidents and had signed an agreement when employed stating that they were responsible for “the safety and welfare of fellow staff members and students.” The victim was airlifted to a nearby hospital and was pronounced dead upon arrival. The 5-foot 10-inch victim, already a thin boy, had dropped from 131 to 108 pounds—a loss of nearly 20 percent of his body weight during his month-long enrollment.<sup>4</sup>

The victim’s father told us that when he was notified of his son’s death, he could only think that “some terrible accident” had occurred. But according to the autopsy report, the victim died of acute peritonitis—an infection related to a perforated ulcer. This condition would have been treatable provided there had been early medical attention. The father told us that the mortician, against his usual policy, showed him the condition of his son’s body because it was “something that needed to be investigated.” The victim’s father told us he “buckled at the knees” when he saw the body of his son—emaciated and covered with cuts, bruises, abrasions, blisters, and a full-body rash; what he saw was unrecognizable as his son except for a childhood scar above the eye.

In the wake of the death, the state revoked the program’s operating license. According to the state’s licensing director, the program closed 3 months later because the attorney general’s office had initiated an investigation into child abuse in the program, although no abuse was found after examining the 30 to 40 youth who were also enrolled in the program when the victim died. The state attorney general’s office and a local county prosecutor filed criminal charges against the program owners and several staff members. After a change of venue, one defendant went to trial and was convicted of “abuse or neglect of a disabled child” in this case. Five other defendants pleaded guilty to a number of other charges—five guilty pleas on negligent homicide and two on failure to comply with a license. The defendants in the case were sentenced to probation and community service. The parents of the victim subsequently filed a civil suit that was settled out of court for an undisclosed amount.

---

<sup>4</sup>The program consisted of four phases. At the start of the second phase, students were required to fast for 2 days. During this phase, students slept under tarpaulins and, at the end of their fast, they were each given a supply of food and told that they were responsible for cooking and rationing it themselves. This food supply was the same for all participants and was supposed to last each of them for a week.



---

## Case Four

The victim was a 15-year-old male. According to the victim's mother, in 2000 she enrolled her son in a wilderness program in Oregon to build his confidence and develop self-esteem in the wake of a childhood car accident. The accident had resulted in her son sustaining a severe head injury, among other injuries. After an extensive Internet search and discussions with representatives of various wilderness programs and camps for head-injury victims, the mother told us she selected a program that she believed would meet her son's needs. What "sold me on the program," she said, was the program owner's repeated assurances over the telephone that the program was "a perfect fit" for her son. She told us that to pay for the \$27,500 program, she withdrew money from her retirement account. The program was between 60 to 90 days (about \$305 to \$450 per day) depending on a youth's progression through the program.

The victim's mother said that she became suspicious about the program when she dropped her son off. She said that the program director and another staff person disregarded her statements about her son's "likes and dislikes," despite believing that the program would take into account the personal needs of her son. Later, she filed a lawsuit alleging that the staff had no experience dealing with brain-injured children and others with certain handicaps who were in the program. What she also did not know was that the founder of the program was himself a former employee of two other wilderness programs in another state where deaths had occurred (we discuss these programs in cases two and three). The program founder also employed staff who had been charged with child abuse while employed at other wilderness programs.

According to her lawsuit, her son left the program headquarters on a group hike with three counselors and three other students. Several days into the multiday hike, while camping under permit on BLM land, the victim refused to return to the campsite after being escorted by a counselor about 200 yards to relieve himself. Two counselors then attempted to lead him back to the campsite. According to an account of the incident, when he continued to refuse, they tried to force him to return and they all fell to the ground together. The two counselors subsequently held the victim face down in the dirt until he stopped struggling; by one account a counselor sat on the victim for almost 45 minutes. When the counselors realized the victim was no longer breathing, they telephoned for help and requested a 9-1-1 operator's advice on administering CPR. The victim's mother told us that she found out about the situation when program staff called to tell her that her son was being airlifted to a medical center. Shortly afterwards, a nurse called and urged her to come to the hospital with her husband. They were not able to make it in time—on the drive to the hospital, her son's

---

doctor called, advised her to pull to the side of the road, and informed her that her son had died. The victim's mother told us that she was informed, after the autopsy, that the main artery in her son's neck had been torn. The cause of death was listed as a homicide.

In September 2000, after the boy's death, one of the counselors was charged with criminally negligent homicide. A grand jury subsequently declined to indict him. The victim's mother told us that at the grand jury hearing, she found out from parents of other youth in the program that they had been charged different amounts of money for the same program, and that program officials had told them what they wanted to hear about the program's ability to meet each of their children's special needs. In early 2001, the mother of the victim filed a \$1.5 million wrongful death lawsuit against the program, its parent company, and its president. The lawsuit was settled in 2002 for an undisclosed amount.

Due in part to the victim's death, in early 2002, Oregon implemented its outdoor licensing requirements. The state's Department of Justice subsequently filed a complaint alleging numerous violations of the state's Unlawful Trade Practices Act and civil racketeering laws, including charges that the program misrepresented its safety procedures and criminally mistreated enrolled youth. In an incident unconnected to this case, the program was also charged with child abuse related to frostbite. As a result of these complaints, in February of 2002, the program entered into agreement with the state's attorney general to modify program operations and pay a \$5,000 fee. The program continued to work with the State of Oregon throughout 2002 to comply with the agreement. In the summer of 2002, BLM revoked the camping permit for the program due, in part, to the victim's death. The program closed in December of 2002.

---

## Case Five

The victim was a 14-year-old male. According to his father, in 2001 the victim was enrolled in a private West Virginia residential treatment center and boarding school. He told us that his son had been diagnosed with clinical depression, had attempted suicide twice, was on medication, and was being treated by a psychiatrist. Because their son was having difficulties in his school, the parents—in consultation with their son's psychiatrist—decided their son would benefit by attending a school that was more sensitive to their son's problems. To identify a suitable school, the family hired an education consultant who said he was a member of an educational consultants' association and that he specialized in matching troubled teens with appropriate treatment programs. The parents discussed their son's personality, medical history (including his previous

---

suicide attempts), and treatment needs with the consultant. According to the father, the consultant “quickly” recommended the West Virginia school. The program was licensed by the state and cost almost \$23,000 (or about \$255 per day).

According to the parents and court documents, the victim committed suicide 6 days into the program. On the day before he killed himself, while participating in the first phase of the program (“survival training”), the victim deliberately cut his left arm four times from wrist to elbow using a pocket knife issued to him by the school. After cutting himself, the victim approached a counselor and showed him what he had done, pleading with the counselor to take the knife away before he hurt himself again.<sup>5</sup> He also asked the counselor to call his mother and tell her that he wanted to go home. The counselor spoke with the victim, elicited a promise from him not to hurt himself again, and gave the knife back. The next evening the victim hung himself with a cord not far from his tent. Four hours passed before the program chose to notify the family about the suicide. When the owner of the program finally called the family to notify them, according to the father, the owner said, “There was nothing we could do.”

In the aftermath of the suicide, the family learned that the program did not have any procedures for addressing suicidal behavior even though it had marketed itself as being able to provide appropriate therapy to its students. Moreover, one of the program owners, whom the father considered the head therapist, did not have any formal training to provide therapy. The family also learned that the owner and another counselor had visited their son’s campsite, as previously scheduled, the day he died. During this visit, field staff told them about the self-inflicted injury and statements the victim had made the night before. According to the father, the owner then advised field staff that the victim was being manipulative in an attempt to be sent home, and that the staff should ignore him to discourage further manipulative behavior.

The owners and the program were indicted by a grand jury on criminal charges of child neglect resulting in death. According to the transcript, the judge who was assigned to the case pushed the parties not to choose a

---

<sup>5</sup>Cutting is a common practice of superficially cutting oneself to draw attention and is often associated with adolescent mental health and behavioral issues. It is not considered an attempt to commit suicide, based on information in the American Psychiatric Association’s 2003 Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors.

---

bench trial to avoid a lengthy and complicated trial. The program owner pleaded no contest to the charge of child neglect resulting in death with a fine of \$5,000 in exchange for dismissal of charges. The state conducted an investigation into the circumstances and initially planned to close the program. However, the program owners negotiated an agreement with the state not to shut down the program in exchange for a change of ownership and management. According to the victim's father, the family of the victim subsequently filed a civil suit and a settlement was reached for \$1.2 million, which included the owners admitting and accepting personal responsibility for the suicide.

This program remains open and operating. Within the last 18 months, a group of investors purchased the program and are planning to open and operate other programs around the country, according to the program administrators with whom we spoke. As part of our work we also learned that the program has a U.S. Forest Service permit however, because it has not filed all required usage reports nor paid required permit fees in almost 8 years, it is in violation of the terms of the permit. We estimate that the program owes the U.S. Forest Service tens of thousands of dollars, although we could not calculate the actual debt.

---

## Case Six

The victim was a 14-year-old male. According to police documents, the victim's mother enrolled him in a military-style Arizona boot camp in 2001 to address behavioral problems. The mother told us that she "thought it would be a good idea." In addition, she told us that her son suffered from some hearing loss, a learning disability, Attention Deficit Hyperactivity Disorder (ADHD), and depression. To address these issues her son was taking medication and attending therapy sessions. According to the mother, her son's therapist had recommended the program, which he described as a "tough love" program and "what [her son] needed." The mother said she trusted the recommendation of her son's therapist; in addition, she spoke with other parents who had children in the program, who also recommended the program to her. She initially enrolled her son in a daytime Saturday program in the spring of 2001 so he could continue attending regular school during the week. Because her son continued to have behavioral problems, she then enrolled him in the program's 5-week summer camp, which she said cost between \$4,600 and \$5,700 (between \$131 and \$162 per day). Her understanding was that strenuous program activities took place in the evening and that during the day youth would be in the shade.

---

Police documents indicate about 50 youth between the ages of 6 and 17 were enrolled in the summer program. According to police, youth were forced to wear black clothing and to sleep in sleeping bags placed on concrete pads that had been standing in direct sunlight during the day. Both black clothing and concrete absorb heat. Moreover, according to documents subsequently filed by the prosecutor, youth were fed an insufficient diet of a single apple for breakfast, a single carrot for lunch, and a bowl of beans for dinner. On the day the victim died, the temperature was approximately 113 degrees Fahrenheit, according to the investigating detective. His report stated that on that day, the program owner asked whether any youth wanted to leave the program; he then segregated those who wanted to leave the program, which included the victim, and forced them to sit in the midday sun for “several hours” while the other participants were allowed to sit in the shade. Witnesses said that while sitting in the sun, the victim began “eating dirt because he was hungry.” Witnesses also stated that the victim “had become delirious and dehydrated... saw water everywhere, and had to ‘chase the Indians.’” Later on the victim appeared to have a convulsive seizure, but the camp staff present “felt he was faking,” according to the detective’s report. One staff member reported that the victim had a pulse rate of 180, more than double what is considered a reasonable resting heart rate for a teenager.<sup>6</sup> The program owner then directed two staff and three youth enrolled in the program to take the victim to the owner’s room at a nearby motel to “cool him down and clean up.” They placed the victim in the flatbed of a staff member’s pickup truck and drove to the motel.

Over the next several hours, the following series of events occurred.

- In the owner’s hotel room, the limp victim was stripped and placed into the shower with the water running. The investigating detective told us that the victim was left alone for 15 to 20 minutes for his “privacy.” During this time, one of the two staff members telephoned the program owner about the victim’s serious condition; the owner is said to have told the staff person that “everything will be okay.” However, when staff members returned to the bathroom they saw the victim facedown in the water. The victim had defecated and vomited on himself.
- After cleaning up the victim, a staff member removed him from the shower and placed him on the hotel room floor. Another staff member

---

<sup>6</sup>This is according to information from the U.S. National Library of Medicine, National Institutes of Health.

---

began pressing the victim's stomach with his hands, at which point, according to the staff member's personal account, mud began oozing out of the victim's mouth. The staff member then used one of his feet to press even harder on the victim's stomach, which resulted in the victim vomiting even more mud and a rock about the size of quarter. At this point, a staff member again called the owner to say the boy was not responding; the owner instructed them to take the victim back to the camp. They placed the victim in the flatbed of the pickup truck for the drive back.

- Staff placed the victim on his sleeping bag upon returning to camp. He was reportedly breathing at this time, but then stopped breathing and was again put in the back of the pickup truck to take him for help. However, one staff member expressed his concern that the boy would die unless they called 9-1-1 immediately. The county sheriff's office reported receiving a telephone call at approximately 9:43 p.m. that evening saying a camp participant "had been eating dirt all day, had refused water, and was now in an unconscious state and not breathing." This is the first recorded instance in which the program owner or staff sought medical attention for the victim. Instructions on how to perform CPR were given and emergency help was dispatched.

The victim was pronounced dead after being airlifted to a local medical center. The medical examiner who conducted the autopsy expressed concern that the victim had not been adequately hydrated and had not received enough food while at the camp. His preliminary ruling on the cause of death was that "of near drowning brought on by dehydration." After a criminal investigation was conducted, the court ultimately concluded that there was "clear and convincing evidence" that program staff were not trained to handle medical emergencies related to dehydration and lack of nutrition. The founder (and chief executive officer) of the program was convicted in 2005 of felony reckless manslaughter and felony aggravated assault and sentenced to 6-year and 5-year terms, respectively. He was also ordered to pay over \$7,000 in restitution to the family. In addition, program staff were convicted of various charges, including trespassing, child abuse, and negligent homicide but were put on probation. According to the detective, no staff member at the camp was trained to administer medication or basic medical treatment, including first aid. The mother filed a civil suit that was settled for an undisclosed amount of money. The program closed in 2001.

---

## Case Seven

The victim was a 16-year-old female. Because of defiant, violent behavior, her parents enrolled her in a Utah wilderness and boarding school

---

program in 2001, which was a state-licensed program for youth 13 to 18 years old. The 5 month program cost around \$29,000 (or about \$193 per day) and operated on both private and federal land. The parents also hired a transport service at a cost of over \$3,000 to take their daughter to the program. We found that the director and another executive of this wilderness program had both worked at the same program discussed in our second case and the executive owned the program discussed in our first case.

According to program documents and the statements of staff members, a group hiking in this program would normally require three staff—one in front leading the hike, one in the middle of the group, and one at the end of the group. However, this standard structure had been relaxed on the day the victim fell. It was Christmas Day, and only one staff member accompanied four youth. While hiking in a steep and dangerous area that staff had not previously scouted out, the victim ran ahead of the group with two others, slipped on a steep rock face, and fell more than 50 feet into a crevasse according to statements of the other two youth—one of whom ran back to inform the program staff of the accident. The staff radioed the base camp to report the accident, then called 9-1-1. One of the staff members at the accident scene was an emergency medical technician (EMT) and administered first aid. However, in violation of the program licensing agreement, the first aid kit they were required to have with them had been left at the base camp. An ambulance arrived about 1 hour after the victim fell. First responders decided to have the victim airlifted to a medical center, but the helicopter did not arrive until about 1-1/2 hours after they made the decision to call for an airlift.

According to the coroner's report, the victim died about 3 weeks later in a hospital without ever regaining consciousness. She had suffered massive head trauma, a broken arm, broken teeth, and a collapsed lung. As a result of the death, the state planned to revoke the program's outdoor youth program license based on multiple violations. In addition to an inappropriate staff-to-child ratio (four youth for one staff member, rather than three to one), failure to prescreen the hiking area, and hiking without a first aid kit, the state identified the following additional license violations:

- Program management did not have an emergency or accident plan in place.
- Two of the four staff members who escorted the nine youth in the wilderness had little experience—one had 1 month of program

---

experience and the other had 9 days. Neither of them had completed the required staff training.

- The two most senior staff members on the trip had less than 6 months of wilderness experience—but they remained at the camp while other two inexperienced staff members led the hike.

A lawsuit filed by the family in November 2002 claims that the program did not take reasonable measures to keep the youth in the program safe, especially given the “hiking inexperience” of the youth and the “insufficient number of staff.” Specifically, the suit claims that the program’s executive director waited for an hour before calling assistance after the victim fell. Additionally, the suit claims that staff only had one radio and no medical equipment or emergency plan. The parents filed an initial lawsuit for \$6 million but eventually settled in 2003 for \$200,000 before attorneys’ fees and health insurance reimbursement were taken out.

The program closed in May 2002 due to fiscal insolvency. However, its parent program—a boarding school licensed by the state—is still in operation. We have not been able to determine whether the wilderness director at the time of the victim’s death is still in the industry. However, the other program executive remains in the industry, working as a referral agent for parents seeking assistance in identifying programs for troubled youth.

---

## Case Eight

The victim, who died in 2002, was a 15-year-old female. The parents of the victim told us that she suffered from depression, suicidal thoughts, and bipolar disorder. She also reportedly had a history of drug use, including methamphetamines, marijuana, and cocaine. Her parents explained that they selected a program after researching several programs and consulting with an educational advisor. Although the program was based in Oregon, it operated a 3-week wilderness program in Nevada, which was closer to the family home. The total cost of the program was over \$9,200 (or about \$438 per day), which included a nonrefundable deposit and over \$300 for equipment.

The parents of the victim drove their daughter several hundred miles to enroll her in the program. Because of the distance involved, they stayed overnight in a motel nearby. The next day, when the parents arrived home, they found a phone message waiting for them—it was from the program, saying that their daughter had been in an accident and that she was



---

receiving CPR. According to documents we reviewed, three staff members led seven students on a hike on the first day of the program. The victim fell several times while hiking. The last time she fell, she lost muscle control and had difficulty breathing. The EMT on the expedition had recently completed classroom certification and had no practical field experience. While the staff called for help, the EMT and other staff began CPR and administered epinephrine doses to keep her heart beating during the 3 hours it took a rescue helicopter to arrive. The victim was airlifted to a nearby hospital where she was pronounced dead.

The victim's death was ruled an accident by the coroner—heat stroke complicated by drug-induced dehydration. According to other youth on the hike, they were aware the victim had taken methamphetamines prior to the hike. The victim had had a drug screening done 1 week before entering the program; she tested positive for methamphetamine, which the program director knew but the staff did not. However, the program did not make a determination whether detoxification was necessary, which was required by the state where the program was operating (Nevada), according to a court document. The victim was also taking prescribed psychotropic medications, which affected her body's ability to regulate heat and remain hydrated.

At the time the victim died, this private wilderness treatment program had been in operation for about 15 years in Oregon. Although it claimed to be accredited by the Joint Commission on Health Care Organizations, this accreditation covered only the base program—not the wilderness program or its drug and alcohol component in which the victim participated.<sup>7</sup> Moreover, even though the wilderness program attended by the victim had been running for 2 years, it was not licensed to operate in Nevada. The district attorney's office declined to file criminal child abuse and neglect charges against two program counselors, although those charges had been recommended by investigating officers. The parents of the victim were never told why criminal charges were never filed. They subsequently filed a civil lawsuit and settled against the program for an undisclosed sum. Two other deaths occurred in this program shortly after the first—one

---

<sup>7</sup>According to its Web site, the Joint Commission on Health Care Organizations evaluates and accredits nearly 15,000 health care organizations and programs in the United States. It maintains state-of-the-art standards that focus on improving the quality and safety of care provided by health care organizations. Its comprehensive accreditation process evaluates an organization's compliance with these standards and other accreditation requirements.

---

resulted from a previously unknown heart defect and the other from a fallen tree.

Although the wilderness program had a federal permit to operate in Nevada, it was not licensed by that state. After the death, that state investigated and ordered the program closed. The parent company had (and continues to maintain) state licenses in Oregon to operate as a drug and alcohol youth treatment center, an outpatient mental health facility, and an outdoor youth facility, as well as federal land permits from BLM and the U.S. Forest Service. According to program officials, the program has modified its procedures and policies—it no longer enrolls youth taking the medication that affected the victim’s ability to regulate her body temperature.

---

## Case Nine

The victim was a 14-year-old male who died in July 2002. According to documents we reviewed, the mother of the victim placed her son in this Utah wilderness program to correct behavioral problems. The victim kept a journal with him during his stay at the program. It stated that he had ADHD and bipolar disorder. His enrollment form indicates that he also had impulse control disorder and that he was taking three prescription medications. His physical examination, performed about 1 month before he entered the program, confirms that he was taking these medications. We could not determine how much the program cost at the time.

According to documents we reviewed, the victim had been in the program for about 8 days when, on a morning hike on BLM land, he began to show signs of hyperthermia (excessively high body temperature). He sat down, breathing heavily and moaning. Two staff members, including one who was an EMT, initially attended to him, but they could not determine if he was truly ill or simply “faking” a problem to get out of hiking. When the victim became unresponsive and appeared to be unconscious, the staff radioed the program director to consult with him. The director advised the staff to move the victim into the shade. The director also suggested checking to see whether the victim was feigning unconsciousness by raising his hand and letting go to see whether it dropped onto his face. They followed the director’s instructions. Apparently, because the victim’s hand fell to his side rather than his face, the staff member who was an EMT concluded that the victim was only pretending to be ill. While the EMT left to check on other youth in the program, a staff member reportedly hid behind a tree to see whether the victim would get up—reasoning that if the victim were faking sickness, he would get up if he thought nobody was watching. As the victim lay dying, the staff member

---

hid behind the tree for 10 minutes. He failed to see the victim move after this amount of time, so he returned to where the victim lay. He could not find a pulse on the victim. Finally realizing that he was dealing with a medical emergency, the staff member summoned the EMT and they began CPR. The program manager was contacted, and he called for emergency help. Due to difficult terrain and confusion about the exact location of the victim, it took over an hour for the first response team to reach the victim. An attempt to airlift the victim was canceled because a rescue team determined that the victim was already dead.

According to the coroner's report, the victim died of hyperthermia. State Department of Human Services officials initially found no indication that the program had violated its licensing requirements, and the medical examiner could not find any signs of abuse. Subsequently, the Department of Human Services ruled that there were, in fact, licensing violations, and the state charged the program manager and the program owner with child abuse homicide (a second degree felony charge). The program manager was found not guilty of the charges; additionally, it was found that he did not violate the program's license regarding water, nutrition, health care, and other state licensing requirements. Moreover, the court concluded that the State did not prove that the program owner engaged in reckless behavior. Later that year, however, an administrative law judge affirmed the Department of Human Services' decision to revoke the program's license after the judge found that there was evidence of violations. The owner complied with the judge and closed the program in late 2003. About 16 months later, the owner applied for and received a new license to start a new program. According to the Utah director of licensing, as of September 2007, there have been "no problems" with the new program. We could not find conclusive information as to whether the parents of the victim filed a civil case and, if so, what the outcome was.

---

## Case Ten

The victim was a 15-year-old male. According to investigative reports compiled after his death, the victim's grades dropped during the 2003–2004 school year and he was withdrawing from his parents. His parents threatened to send him to a boarding or juvenile detention facility if he did not improve during summer school in 2004. The victim ran away from home several times that summer, leading his frustrated parents to enroll him in a boot camp program. When they told him about the enrollment, he ran away again—the day before he was taken to the program in a remote area of Missouri. The 5-month program describes itself as a boot camp and boarding school. Because it is a private facility, the state in which it is

---

located does not require a license. According to Internet documents, the program costs almost \$23,000 (or about \$164 per day).

Investigative documents we reviewed indicate that at the time the parents enrolled the teenager, he did not have any issues in his medical history. Staff logs indicate that the victim was considered to be a continuous problem from the time he entered the program—he did not adhere to program rules and was otherwise noncompliant. By the second day of the boot camp phase of the program, staff noticed that the victim exhibited an oozing bump on his arm. School records and state investigation reports showed that the victim subsequently began to complain of muscle soreness, stumbled frequently, and vomited. As days passed, students noticed the victim was not acting normally, and reported that he defecated involuntarily on more than one occasion, including in the shower. Staff notes confirmed that the victim defecated and urinated on himself numerous times. Although he was reported to have fallen frequently and told staff he was feeling weak or ill, the staff interpreted this as being rebellious. The victim was “taken down”—forced to the floor and held there—on more than one occasion for misbehaving, according to documents we reviewed. Staff also tied a 20-pound sandbag around the victim’s neck when he was too sick to exercise, forcing him to carry it around with him and not permitting him to sit down. Staff finally placed him in the “sick bay” in the morning on the day that he died. By midafternoon of that day, a staff member checking on him intermittently found the victim without a pulse. He yelled for assistance from other staff members, calling the school medical officer and the program owners. A responding staff member began CPR. The program medical officer called 9-1-1 after she arrived in the sick bay. An ambulance arrived about 30 minutes after the 9-1-1 call and transported the victim to a nearby hospital, where he was pronounced dead.

The victim died from complications of rhabdomyolysis due to a probable spider bite, according to the medical examiner’s report.<sup>8</sup> A multiagency investigation was launched by state and local parties in the aftermath of the death. The state social services’ abuse investigation determined that staff did not recognize the victim’s medical distress or provide adequate treatment for the victim’s bite. Although the investigation found evidence of staff neglect and concluded that earlier medical treatment may have

---

<sup>8</sup>According to the National Library of Medicine, rhabdomyolysis is the breakdown of muscle fibers resulting in the release of muscle fiber contents into the bloodstream.

---

prevented the death of the victim, no criminal charges were filed against the program, its owners, or any staff. The state also found indications that documents submitted by the program during the investigation may have been altered. The family of the victim filed a civil suit against the program and several of its staff in 2005 and settled out of court for \$1 million, according to the judge.

This program is open and operating. The tuition is currently \$4,500 per month plus a \$2,500 “start-up fee.” The program owner claims to have 25 years of experience working with children and teenagers. Members of her family also operate a referral program and a transport service out of program offices located separately from the actual program facility. During the course of our review, we found that current and former employees with this program filed abuse complaints with the local law enforcement agency but that no criminal investigation has been undertaken.

---

Mr. Chairman and Members of the Committee, this concludes my statement. We would be pleased to answer any questions that you may have at this time.

---

## Contacts and Acknowledgments

For further information about this testimony, please contact Gregory D. Kutz at (202) 512-6722 or [kutzg@gao.gov](mailto:kutzg@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this testimony.

---

---

This is a work of the U.S. government and is not subject to copyright protection in the United States. It may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.

---

## GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

---

## Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through GAO's Web site ([www.gao.gov](http://www.gao.gov)). Each weekday, GAO posts newly released reports, testimony, and correspondence on its Web site. To have GAO e-mail you a list of newly posted products every afternoon, go to [www.gao.gov](http://www.gao.gov) and select "E-mail Updates."

---

## Order by Mail or Phone

The first copy of each printed report is free. Additional copies are \$2 each. A check or money order should be made out to the Superintendent of Documents. GAO also accepts VISA and Mastercard. Orders for 100 or more copies mailed to a single address are discounted 25 percent. Orders should be sent to:

U.S. Government Accountability Office  
441 G Street NW, Room LM  
Washington, DC 20548

To order by Phone: Voice: (202) 512-6000  
TDD: (202) 512-2537  
Fax: (202) 512-6061

---

## To Report Fraud, Waste, and Abuse in Federal Programs

Contact:

Web site: [www.gao.gov/fraudnet/fraudnet.htm](http://www.gao.gov/fraudnet/fraudnet.htm)

E-mail: [fraudnet@gao.gov](mailto:fraudnet@gao.gov)

Automated answering system: (800) 424-5454 or (202) 512-7470

---

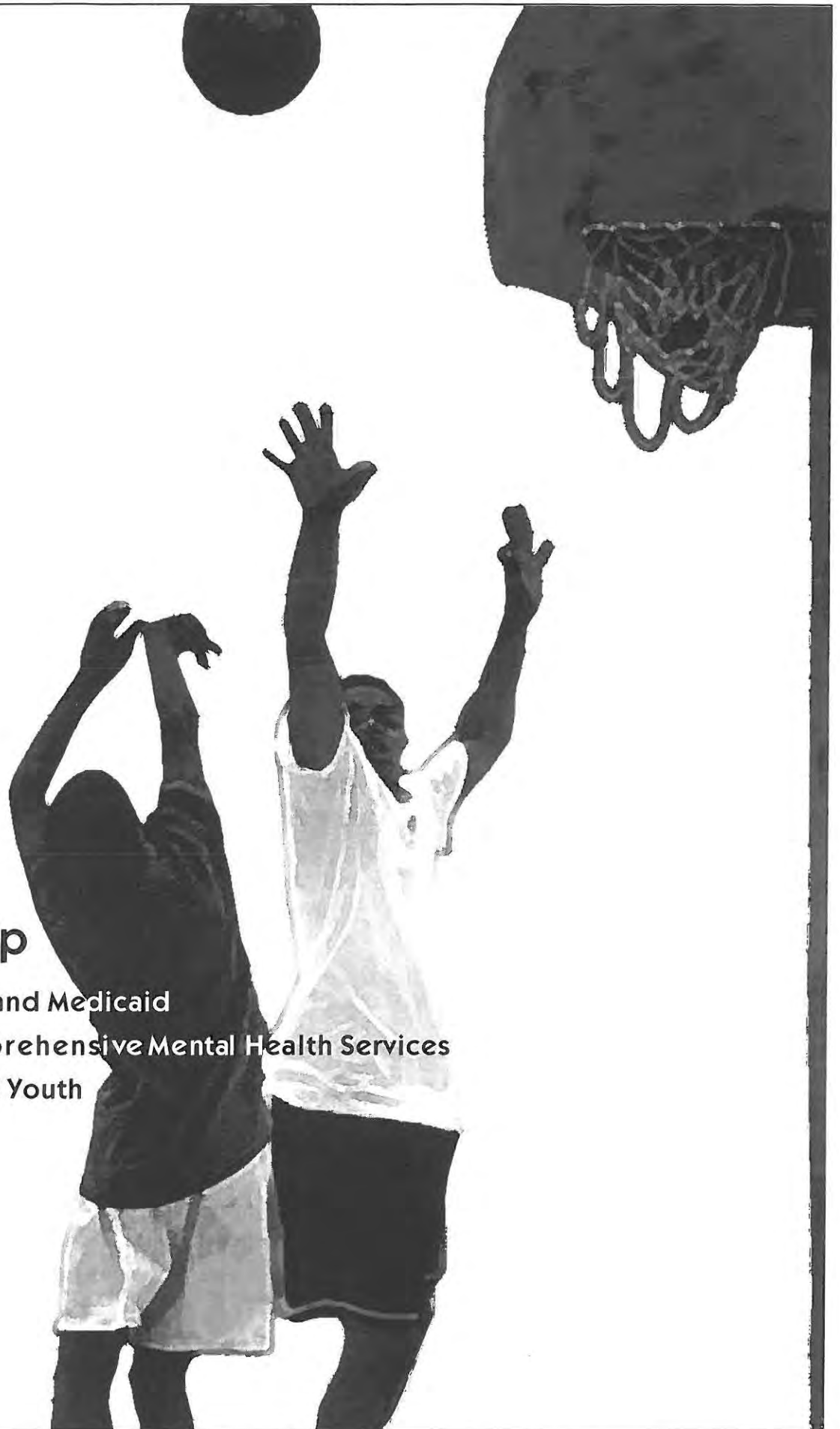
## Congressional Relations

Gloria Jarmon, Managing Director, [JarmonG@gao.gov](mailto:JarmonG@gao.gov), (202) 512-4400  
U.S. Government Accountability Office, 441 G Street NW, Room 7125  
Washington, DC 20548

---

## Public Affairs

Susan Becker, Acting Manager, [BeckerS@gao.gov](mailto:BeckerS@gao.gov), (202) 512-4800  
U.S. Government Accountability Office, 441 G Street NW, Room 7149  
Washington, DC 20548



## Teaming Up

Using the IDEA and Medicaid  
to Secure Comprehensive Mental Health Services  
for Children and Youth

August 2003

BAZELON CENTER FOR  
MENTAL HEALTH LAW  
1101 15th Street N.W.  
Suite 1212  
Washington D.C. 20005  
202-467-5730  
202-223-0409 fax  
info@bazelon.org  
www.bazelon.org



© August 2003 Judge David L. Bazelon Center for Mental Health Law, Washington D.C., June 2003. Reproduction of this paper all or in part is authorized for noncommercial advocacy or educational purposes with full attribution to the Bazelon Center for Mental Health Law.

The paper was written by staff attorney Tammy Seltzer with assistance by law intern Rebekah Parker, and was edited and designed by communications director Lee Carty. Its development was funded by the William T. Grant Foundation and the Marion E. Kenworthy-Sarah H. Swift Foundation, with additional support provided through the Bazelon Center's general program by the John D. and Catherine T. MacArthur Foundation, the Evenor Armington Fund and the Public Welfare Foundation.

The Bazelon Center is the leading national legal advocate for adults and children with mental disabilities. Its mission is to protect these individuals' rights to exercise meaningful life choices and to enjoy the social, recreational, educational, economic, political and cultural benefits of community life. The staff uses a coordinated approach of litigation, policy analysis, coalition-building, public information and technical support for local advocates to end the segregation of children and adults with mental disabilities and assure them of the opportunity to access needed services and supports.

**Teaming Up** is available on the Bazelon Center's website, [www.bazelon.org](http://www.bazelon.org). Print copies may be obtained from the online bookstore or by sending check or credit card authorization for \$6 per copy (includes postage; bulk discounts are available) to:

Publications Desk  
BAZELON CENTER FOR MENTAL HEALTH LAW  
1101 15<sup>th</sup> Street NW, # 1212  
Washington DC 20005  
(202) 467-5730  
Fax: (202) 223-0409  
[pubs@bazelon.org](mailto:pubs@bazelon.org)  
[www.bazelon.org](http://www.bazelon.org)

# Teaming Up

## Using the IDEA and Medicaid to Secure Comprehensive Mental Health Services for Children and Youth

### Contents

|                                                                   |    |
|-------------------------------------------------------------------|----|
| Introduction .....                                                | 1  |
| What the Two Laws Cover, for Whom .....                           | 3  |
| The IDEA .....                                                    | 3  |
| Medicaid .....                                                    | 3  |
| Using the IDEA and Medicaid Strategically .....                   | 4  |
| Using the IDEA for Access to Mental Health Services .....         | 6  |
| Class Actions for Systemic Change .....                           | 6  |
| Individual Claims for Out-of-School Mental Health Services .....  | 8  |
| (1) Parental and family therapy outside of the school setting     |    |
| (2) In-home services and behavior management                      |    |
| (3) Recreational activities outside of school                     |    |
| (4) Extended-year services                                        |    |
| Coverage of Residential Treatment under the IDEA .....            | 11 |
| The student's history in a day program                            |    |
| Stigma and blame                                                  |    |
| Medicaid Cases Seeking Access to Comprehensive Services .....     | 14 |
| Fee-for-Service Programs .....                                    | 14 |
| Reforming Medicaid Managed Care Systems .....                     | 16 |
| Challenging Managed Care's Denial of Mental Health Services ..... | 17 |
| Using the IDEA and Medicaid Together—An Example .....             | 19 |
| Conclusion .....                                                  | 20 |
| Notes .....                                                       | 21 |

# Teaming Up

## Using the IDEA and Medicaid to Secure Comprehensive Mental Health Services for Children and Youth

Anthony has an extensive family history of serious mental illness. Now 13, he has always had problems in school. He can't read even the simplest material and has explosive outbursts, both at home and at school. He is in a middle school special education program for students identified as emotionally disturbed and has often been suspended for fighting and other disruptive behavior. He spends his reading and math classes in a self-contained classroom, but attends regular art, music and science classes. Anthony loves sports, especially basketball, but the school does not have any recreational facilities. Anthony's worst behavior problems occur in his regular education classes and in the transition between classes, and his mother says she can no longer cope with his behavior at home. After a recent altercation with an older cousin, when Anthony pulled out a kitchen knife and ran barefoot down the street with it, he was hospitalized and treated for psychotic episodes. His former school will not allow him to return. Once Anthony has become stabilized on medication, the hospital wants to release him with a recommendation that he attend weekly outpatient therapy sessions and a therapeutic day program for schooling. Anthony is eligible for Medicaid.

**L**ike Anthony, many children with emotional and behavioral problems do not receive adequate services and supports, if they receive any at all,<sup>1</sup> and most who do, get them through special education.<sup>2</sup> But these children and youth often need assistance outside of school hours and their families, like Anthony's mother, may also need help in understanding and addressing their child's disability. Two federal entitlement programs—Medicaid and the Individuals with Disabilities Education Act (IDEA)—have the potential, albeit with some limitations, when used together to address these needs for children who qualify for both. They were used thus to resolve Anthony's situation, as described in the example at the end of this document.

Although Medicaid and the IDEA do not cover identical populations, many children do qualify for both.

- ◆ The IDEA is a school-based entitlement, intended to address states' failure to provide educational services to children with disabilities. Services are provided regardless of family income.
- ◆ Medicaid is designed as a health insurance program for low-income children and children with serious disabilities.

**When used on behalf of children who qualify for both programs, the two statutes offer an effective way to build the comprehensive and intensive "wraparound" service package now widely understood to be necessary for many children with serious emotional or behavioral problems.**

Both laws have strong entitlements to services that can benefit children with emotional and behavioral disorders. When used on behalf of children who qualify for both programs, the two statutes offer an effective way to build the comprehensive and intensive "wraparound" service package now widely understood to be necessary for many children with serious emotional or behavioral problems.<sup>3</sup>

Unfortunately, few advocates for children with disabilities utilize either law to its fullest potential. Most lawyers who represent children with emotional and behavioral disorders are familiar with the IDEA, primarily because attorneys can obtain fees when they are successful in litigation.<sup>4</sup> Also, parents and advocates can turn to federally funded Parent Training and Information Centers for resources about the IDEA.<sup>5</sup> So far, however, relatively few attorneys practice Medicaid law, and those who do usually represent children who have physical conditions; they rarely know how Medicaid's provisions apply to children with emotional and behavioral disorders. Most systemic Medicaid litigation has been brought on behalf of children with physical health problems.<sup>6</sup>

This publication is designed to inform practitioners—IDEA attorneys and advocates who are not familiar with Medicaid, and Medicaid attorneys and advocates who do not know the IDEA or who have little experience in using Medicaid—how they may obtain the services and supports needed by children with emotional and behavioral disorders.

The information in this document is particularly timely because both Medicaid and the IDEA are under attack from those who, in the name of maximizing school districts' and states' "flexibility," seek to reduce the number of children served by these programs and to limit the scope of—or even entirely eliminate—these entitlements.<sup>7</sup> Because how these programs can be used together to improve services and supports, it is critically important to protect both programs and to expand Medicaid coverage for children with serious emotional and behavioral problems who are not adequately served through private insurance.

**Teaming Up** explains the benefits and limitations of each program as highlighted through litigation around the country. Although many of the cited cases are not precedent-setting, they demonstrate how families and their advocates have succeeded (and sometimes failed) in pushing the boundaries of each law to secure the services that children need.

## What the Two Laws Cover, for Whom

### The IDEA

The IDEA was originally passed by Congress more than 25 years ago as the Education for the Handicapped Act (EHA). The law entitles children with disabilities to “a free appropriate public education which emphasizes special education and related services designed to meet their unique needs.”<sup>8</sup> To accomplish this goal, the IDEA calls for states to implement individualized educational programs (IEPs) for all students who qualify under the law as disabled, including children with emotional disorders.<sup>9</sup>

This law has been used to obtain a range of non-academic services needed by children who are identified with “emotional disturbance,” including counseling, day treatment and residential care. However, it limits services to those required to assist a child in benefitting from special education—a significant restriction. School districts often use it to deny payment for some services, including room-and-board costs for residential treatment, and to exclude critical family supports, such as respite care and evening and weekend crisis services. Here is where Medicaid can come into play when a child is eligible for it, as a health program that covers many of these services.

### Medicaid

The Medicaid program (Title XIX of the Social Security Act) provides public health insurance to indigent families and, at state option, to “medically needy” individuals who meet less stringent income criteria. Many children with severe mental or physical disabilities qualify, even when their parents do not, if they qualify for federal supplemental security income (SSI) benefits for children with severe disabilities.

The state pays part of the cost of Medicaid services and the federal government contributes a matching percentage, which varies by state. In exchange for the match dollars, states must comply with the federal law and regulations.

Traditionally, state Medicaid programs have operated on a fee-for-service basis, with providers reimbursed by the state for each service provided to an eligible consumer. Recently, many states have contracted with managed care entities, which instead receive a fixed sum per beneficiary, then contract with providers.

Under either financial mechanism, eligible children have an extremely important right under Medicaid—an entitlement to early and periodic screening, diagnosis and treatment (EPSDT). The EPSDT provision requires a state to provide “necessary health care, diagnostic services, treatment, and other measures ... to correct or ameliorate defects and physical and mental

**School districts often use the IDEA to deny payment for some services, including room-and-board costs for residential treatment, and to exclude critical family supports, such as respite care and evening and weekend crisis services. Here is where Medicaid can come into play when a child is eligible for it, as a health program that covers many of these services.**

**Although states can choose not to provide certain Medicaid services to eligible adults, they must provide all “medically necessary” services to eligible children.**

illnesses and conditions....”<sup>10</sup> Although states can choose not to provide certain Medicaid services to eligible adults, they must provide all “medically necessary” services to eligible children. The statute also requires states to provide outreach and information to eligible families about their child’s entitlement to medical screens to uncover any conditions needing treatment.

The EPSDT statute provides an exceptionally comprehensive entitlement for Medicaid-eligible children. However, implementation of the program is very erratic and, more often than not, Medicaid-eligible children do not receive either the mental health screens or any treatment to which they are entitled.<sup>11</sup> Furthermore, many children are not eligible for Medicaid because their parents’ income is too high. Parents’ total income is automatically considered available or “deemed” to the child when the child lives in the same household as the parents.<sup>12</sup>

Two federal programs under Medicaid can overcome the parental-income limit for some children who do not otherwise qualify and help them secure in-home or community services: 1) the “Katie Beckett” option<sup>13</sup> and 2) the home- and community-based waiver.<sup>14</sup> These programs should allow many more children to receive comprehensive community-based services.

To take advantage of either, the child must be at risk of hospitalization and the cost of the community-based services provided must be no more than the cost of hospitalization.

Neither approach is mandatory; states must elect the option or apply for the waiver. Unfortunately, while most states have chosen to use options or waivers or both for children with serious medical needs, to date very few employ either approach to serve children with mental or emotional disorders. The Bazelon Center has produced materials explaining the programs in detail and has supported efforts by advocates and policymakers to encourage their states to use the option or waiver.<sup>15</sup>

## Using the IDEA and Medicaid Strategically

To secure services that are clearly within the school’s purview, the IDEA is the obvious first choice for attorneys and advocates representing children with emotional or behavioral disorders. Case law under the IDEA is more developed, while Medicaid litigation on behalf of children with emotional or behavioral disorders is more recent.

Because it is compulsory, school is the ideal venue for identification and intervention. In fact, most children who receive mental health services receive them in school.<sup>16</sup> In addition, children are assured more intensive advocacy under the IDEA—first, by their parents, because the process for developing services and supports also mandates parental participation in almost every key decision.<sup>17</sup> Also, attorneys who prevail in litigation under

the IDEA may receive fees, an important consideration for many solo practitioners, nonprofits, law schools and small firms that must produce income-generating litigation to continue their public-interest work.

Even when the services a child needs are not within the school's purview, attorneys and advocates should consider representing parents of children with emotional and behavioral disorders. If a child is already receiving special education services at school, additional services to the family and those sought for the child outside of school hours will probably be better coordinated if they are all part of the same service plan, the IEP. The IDEA ensures that IEP team members will meet at least annually to set goals and review the child's progress.<sup>18</sup> Also, as discussed below, some attorneys have been successful in extending the boundaries of IDEA services—systemically, to require coordination with other child-serving systems, and individually, to access services such as summer programs, recreational activities, and parental and family therapy outside of the school setting.

If the IDEA route is unsuccessful, Medicaid advocacy can be a backup. For access to some services and supports, however, Medicaid is probably the first choice. For example, in-home services and behavior management, so important for children with serious emotional and behavioral disorders, are very difficult to obtain through the IDEA. Attorneys have had some success in obtaining intensive home- and community-based services and supports under Medicaid, particularly for children at risk of hospitalization or other institutional care.

Neither law prevents an attorney or advocate from seeking services simultaneously from both IDEA and Medicaid. Parents and advocates can often obtain Medicaid-covered assessments and services, such as a psychological evaluations and outpatient therapy, more quickly than they are able to secure the same services using the somewhat lengthy process dictated by the IDEA. But the parent may have to travel to a hospital or mental health clinic to obtain services. For reasons of coordination and convenience, parents often want to secure services through the IDEA so that they will be provided to the child in school.<sup>19</sup>

Evaluations obtained using Medicaid are often very helpful for IDEA advocacy. IEP teams must "consider" what the IDEA refers to as "independent evaluations."<sup>20</sup> An outside evaluation can often be obtained more quickly than one requested under the IDEA. It may also be superior to the evaluation conducted by a school district. An outside evaluator presumably has no interest in limiting recommendations about services that the child's school should provide. Because of the disparity in pay, prestige and working conditions, hospital- and/or university-affiliated evaluators often have better credentials than evaluators in school districts and may take more time to evaluate a child. Sometimes, too, independent evaluators may agree to

**If the IDEA route is unsuccessful, Medicaid advocacy can be a backup. For access to some services and supports, however, Medicaid is probably the first choice.**

appear as witnesses in IDEA due process hearings when eligibility or necessary services are contested by school districts.<sup>21</sup> Prior to obtaining an independent evaluation, attorneys and advocates may want to ask potential evaluators about their availability and willingness to testify should the special education advocacy become contentious.

The following sections will describe both successful and unsuccessful uses of the IDEA and Medicaid to obtain necessary services and supports for children who have emotional and behavioral disorders.

## Using the IDEA for Access to Mental Health Services

### Class Actions for Systemic Change

Advocates have brought lawsuits under the IDEA to compel school systems to coordinate with other state agencies in providing an array of mental health services, often using class actions to address system-wide deficiencies. Perhaps the best known of these is *Willie M.*, a suit filed more than 20 years ago in response to a crisis in North Carolina's juvenile court system.<sup>22</sup> Judges and lawyers were increasingly frustrated by the lack of treatment alternatives for violent and assaultive youth with emotional disorders, and advocates brought claims under the Fourteenth Amendment, the IDEA and state law. A landmark settlement of the litigation mandated individualized services planning with an emphasis on family-based care for children with serious emotional disorders.

Now, as then, the vast majority of the children affected by this lawsuit are adjudicated through the juvenile justice or child welfare systems. The relief provided is not a preventive program or one designed to keep children out of state custody.<sup>23</sup> However, unlike many children in state custody, those in the *Willie M.* class receive comprehensive mental health services and supports. In fact, the state has been so successful in building a system of care for these children that a district court dismissed the action in 1998.<sup>24</sup>

Subsequent class actions have sought an integrated approach to a state's services for all children with serious behavioral health needs served by the public sector. Most have relied on other constitutional and statutory provisions, but one, in Hawaii, invoked the IDEA and Section 504 of the Rehabilitation Act. The suit claimed that the state had failed to provide required educational and mental health services to eligible children. The court found the state liable, largely on the basis of its own admissions as to the inadequacies of services.<sup>25</sup> The order was followed by a consent decree jointly drafted by the attorneys for the children and the state, which included:

- ◆ a set of operating principles and standards to guide the system;
- ◆ timelines for developing more specific implementation procedures based

**Advocates have brought lawsuits under the IDEA to compel school systems to coordinate with other state agencies in providing an array of mental health services, often using class actions to address system-wide deficiencies.**



on these standards;

- ◆ agreement by the Department of Education to provide all educational services needed by the plaintiff class and by the Department of Health to provide all of the mental health services the children required to benefit from those educational services; and
- ◆ appointment of a monitor to assess progress and assist with implementation.

Such system-reform cases inevitably require intensive advocacy over a long period. The parties in the Hawaii class action developed an elaborate implementation plan, including establishment of community children's councils to foster local integration of services and involvement in planning. Four years later, after the state had failed to comply, the parties agreed to and the court approved 141 benchmarks by which the state's compliance was to be monitored. A year later, although the state had complied in some areas, the court found that it had failed to take "every reasonable step" to comply with the decree and held the state in contempt.<sup>26</sup>

After the contempt finding, the state made greater efforts to comply with the decree. In 2002, the court found the state was in substantial compliance with the consent decree in most areas.<sup>27</sup> This moved the litigation into a "sustainability" phase, which required the state to provide evidence it was maintaining compliance. The court and the plaintiffs' attorneys are currently receiving quarterly reports on the various performance indicators the state has to meet. Although the performance-indicators requirement expires at the end of 2003, the state will remain subject to the court's jurisdiction. A monitor has also been appointed to ensure compliance and to attend to the areas where the defendants are not meeting performance indicators.

The IDEA has also been used successfully to address one of the most common barriers to special education services, the long delay between the time children are identified as needing special education services and when they can access the services—especially private school placements, when the public system lacks appropriate programs. Parents and guardians in Pennsylvania who brought such a case told of children with emotional disturbance stuck for months at home or in inappropriate placements. The compelling facts—children's deteriorating mental conditions, high fees for public services, parents' having to relinquish custody of their children to obtain mental health services, and the lack of appropriate, less restrictive public programs—convinced the court that the children were being deprived of the education to which they were entitled by law. The court ordered the state educational agency to develop additional public and private placements.<sup>28</sup>

**Compelling facts—  
children's  
deteriorating mental  
conditions, high fees  
for public services,  
parents' having to  
relinquish custody of  
their children to  
obtain mental health  
services, and the lack  
of appropriate, less  
restrictive public  
programs—convinced  
the court that the  
children were being  
deprived of the  
education to which  
they were entitled by  
law.**

## Individual Claims for Out-of-School Mental Health Services

Although IDEA cases have been successful in obtaining school-based mental health services,<sup>29</sup> many children with serious emotional and behavioral disorders require more comprehensive interventions, including in-home services and recreational programs. The class actions discussed above invoked the IDEA in combination with other federal and state laws to seek a comprehensive set of services for a class of children. For individual children, however, before proceeding to other claims,<sup>30</sup> advocates often explore use of the IDEA alone to access out-of-school mental health services.

### (1) Parental and family therapy outside of the school setting

Hearing officers and administrative law judges routinely require schools to provide counseling to students as a related service and to reimburse parents for their child's private counseling when the school district's program is found inadequate.

Hearing officers and administrative law judges (ALJs) routinely require schools to provide counseling to students as a related service and to reimburse parents for their child's private counseling when the school district's program is found inadequate. For example, a school in Pennsylvania was ordered to reimburse parents for private behavior intervention therapy because its services were not well-defined, did not take into consideration the child's need for continuity and were not individually tailored to the child's educational needs.<sup>31</sup>

The IDEA explicitly contemplates that schools will provide "counseling and training" to parents of children with disabilities to help them understand their child's disability and better assist the child in school.<sup>32</sup> It is far less common, however, for schools to be required to provide therapy to the family or the parents outside of the school setting.

Decisions on this topic are mixed. They generally depend on whether it has been established that the counseling is necessary for the child's educational progress. A California school district was required to fund the entire cost of parental counseling while the student was in an out-of-state residential placement because counseling was necessary for the child to benefit from the educational placement.<sup>33</sup> But a Massachusetts decision went the other way, holding that the parents of a 15-year-old with post-traumatic stress disorder, depression and learning disabilities were not entitled to private family counseling because counseling addressed family issues, not school matters.<sup>34</sup>

The IDEA does not limit services to those provided by or through the school system. Parents may seek reimbursement for services obtained privately if a school does not offer an adequate option as part of a student's IEP.<sup>35</sup> The Sacramento, California school district, for example, was obligated to reimburse parents for individual and family counseling because school officials knew that the student needed such counseling to benefit from his education and yet failed to provide it.<sup>36</sup>

## **(2) In-home services and behavior management**

In-home behavioral health services are an important element in a system of wraparound services for children with emotional disorders. So far, Medicaid appears the preferred route to advocacy for these services because no order under the IDEA that a school district pay for them has yet held up. For example, in a case where an ALJ awarded additional occupational, speech and language therapy, an extended day program and an at-home behavioral management program designed by an experienced psychologist, the district court upheld the added speech and language therapy but declined to rule on the other services.<sup>37</sup>

A court in Washington rejected the parents' request for an attendant at their house before and after school for a blind, quadriplegic student who was experiencing psychosis because of uncertainty about his environment.<sup>38</sup> The student was given an attendant only for school hours and on the bus. And in Connecticut, a hearing officer ruled that the school district was not required to provide a mentor to supervise study at home and in the community because this was not considered an educational support service.<sup>39</sup>

Cases for children with autism and other developmental disabilities are mixed. In a Massachusetts case, the school was ordered to provide 10 to 15 hours of in-home applied behavioral analysis training.<sup>40</sup> But the Fourth Circuit held that in-home behavior management services were not necessary to achieve an educational benefit when the student had showed progress without them and when such services were the responsibility of the state department of human resources.<sup>41</sup> However, a hearing officer in Illinois ordered the school to provide in-home "transitional services," such as counseling and occupational and physical therapy, to enable a student to move from home schooling to public school.<sup>42</sup> And an Indiana school district, at a parent's request, was ordered to provide an aide before and after school to help with transportation and coordinate a behavioral management plan to transition the student from home to the school environment.<sup>43</sup>

Because hearing officers and courts have been reluctant to hold schools responsible for providing in-home and behavior management services, attorneys and advocates must make a strong case that these services are necessary for educational purposes. Securing the services of an expert who can present such evidence seems absolutely necessary if such a claim is to have any chance of success.

## **(3) Recreational activities outside of school**

The few decisions on recreational activities suggest that hearing officers and judges are less concerned about individualizing these services, perhaps because they were not convinced of the services' therapeutic and educational benefits. Parents have been unsuccessful in seeking recreational services when the school provides some alternatives, even when the alterna-

**Because hearing officers and courts have been reluctant to hold schools responsible for providing in-home and behavior management services, attorneys and advocates must make a strong case that these services are necessary for educational purposes.**

tives are not tailored to the students' needs and interests.

For example, a court in California held that a high school student with emotional disturbance who sought physical release through a boxing and weight-training program did not require these services to benefit from his education because the school provided other sports and physical education classes, even though the child was not interested in them.<sup>44</sup> And a Connecticut decision held that a student with a physical disability was not entitled to a horseback-riding program because the school's physical therapy program was deemed adequate.<sup>45</sup>

However, a Massachusetts school district was forced to reimburse the parents for an after-school program at the local Boys and Girls Club for a student with post-traumatic stress disorder, depression, bipolar disorder and behavioral problems because the school did not provide an adequate after-school program to address the student's needs on school days.<sup>46</sup>

Various standards or extended-school year qualification have been established by judicial precedent, including a likelihood of academic regression during periods when schools are closed, slow recovery of skills or professional predictions that the child's education will suffer.

#### (4) Extended-year services

The IDEA regulations call for districts to provide extended-school year (ESY) services whenever they are determined necessary for a special education student.<sup>47</sup> However, the standard for a student to qualify for extended-year services is stricter than the standard for qualifying for special education services during the school year. The Department of Education expressly allows state educational agencies to determine the precise standard for ESY qualification.<sup>48</sup> As a result, various standards have been established by judicial precedent, including a likelihood of academic regression during periods when schools are closed, slow recovery of skills or professional predictions that the child's education will suffer.<sup>49</sup>

Cases show that the stricter standard for ESY services often leads to denial of services such as in-home behavior management, family therapy and recreation outside of school during the summer, even when those services are provided during the school year. For example, a reviewing officer upheld a New Jersey school district's denial of payment for summer performing arts camp for a student with multiple academic and social disabilities who was entitled to ESY.<sup>50</sup> The decision noted that the primary function of ESY is to prevent a student's reversion to a lower level of functioning, not to help her self-esteem.

However, in some cases students have overcome the higher standard even when the summer service is not academic in nature. A Massachusetts school district was ordered to pay for a student with oppositional disorder and low self-esteem to attend recreational day camp.<sup>51</sup> And in California, a school district was ordered to provide transportation for 13 students with emotional disorders to and from their counseling services between the end of ESY services and the start of the school year because without continued counseling the students risked regression and irreparable harm.<sup>52</sup>

## Coverage of Residential Treatment under the IDEA

Parents seeking residential treatment often find their private insurance inadequate, so they turn to the IDEA and Medicaid to fund this expensive care.<sup>53</sup> The cases in this area appear mixed, with parents having to surmount many legal hurdles to seek coverage for residential services under the IDEA. When they are unsuccessful, some turn to the child welfare system. Far too often, parents whose child is not eligible for Medicaid must relinquish custody of the child to obtain residential services paid for by the state.<sup>54</sup>

When seeking residential services for a child, parents must meet both prongs of a two-prong test.<sup>55</sup> First, they must establish that the child's IEP does not meet the standard set by the U.S. Supreme Court in 1982 in its *Rowley* decision—that the IEP be “reasonably calculated to enable the child to receive educational benefits.”<sup>56</sup> Then the parent must demonstrate that the proposed placement is appropriate.

Most cases do not reach the second stage because the *Rowley* standard is fairly easy for school districts to meet. For example, the 10th Circuit upheld a decision denying a residential placement for a student who met some, but not all, of her IEP goals,<sup>57</sup> and a district court in Kansas found no support for residential placement when a student is “progressing academically, engaging in no violent behavior at school, and functioning on par with his grade level academically.”<sup>58</sup>

If the case does reach the second stage, “appropriateness” must be shown. A California court described three possible tests to determine the appropriateness of residential placement: “(1) where the placement is ‘supportive’ of the pupil’s education; (2) where medical, social or emotional problems that require residential placement are intertwined with educational problems; and (3) when the placement is primarily to aid the student to benefit from special education.”<sup>59</sup>

### The student’s history in a day program

Successful cases tend to document a child’s serious school failure in a day program prior to the residential placement and subsequent progress in the residential setting.<sup>60</sup> In the California case mentioned above, the student was hospitalized after she attacked her mother and broke windows in an outburst over a homework assignment. Her behavior worsened during the next four placements in day programs—including incidents of criminal behavior and attacks against family members—and culminated with another hospitalization. At the administrative level, the hearing officer concluded that there was “‘simply no evidence to establish that [the student] made any progress toward the goals in her IEP.’”<sup>61</sup> The facts were so strong that the court found a residential placement appropriate under any of the three tests.<sup>62</sup>

**Successful cases seeking coverage of residential treatment tend to document a child’s serious school failure in a day program prior to the residential placement and subsequent progress in the residential setting.**

**The court concluded that the “fact that a residential placement may be required to alter a child’s regressive behavior at home as well as within the classroom, or is required due primarily to emotional problems, does not relieve the state of its obligation . . . so long as it is necessary to insure that the child can be properly educated.”**

A somewhat less dramatic example is a Connecticut case in which a mother, Mrs. B., sought reimbursement for the educational expenses of residential placement for her 17-year-old daughter, who had been diagnosed with learning disabilities and serious social and emotional problems. (The noneducational expenses were already being paid by the Department of Child and Youth Services, which had placed the child.<sup>63</sup>) The student’s “history in the public school [prior to her residential placement] . . . was marked by very limited academic progress, and serious regression in the year prior to placement.”<sup>64</sup> The court concluded by noting that the “fact that a residential placement may be required to alter a child’s regressive behavior at home as well as within the classroom, or is required due primarily to emotional problems, does not relieve the state of its obligation . . . so long as it is necessary to insure that the child can be properly educated.”<sup>65</sup>

At least one circuit has held that a school district does not have to try a day program and require student failure before having to fund a residential placement. A Seattle, Washington student was first referred for an evaluation in 1990. Although she exhibited serious behavioral problems, the district’s professionals did not classify her as entitled to special education services under the IDEA, but instead undertook interventions that proved ineffective. In December 1992, when the student “became so verbally and physically assaultive that she was placed in restraints and taken to [the hospital],” the school expelled her.<sup>66</sup> The student remained out of school for the rest of the year and was not reevaluated until five months after the expulsion. The school provided no educational services for six months until ordered by an administrative law judge (ALJ) to provide tutoring, and later a residential placement.<sup>67</sup> The parents prevailed again, both in the district court and on appeal.

The appellate court rejected the school district’s arguments that it was being held to a standard higher than *Rowley* or that a residential placement violated the provision of the IDEA that children with disabilities be educated in the least restrictive environment (LRE). The court concluding that the IDEA “does not require [a student] to spend years in an educational environment likely to be inadequate and to impede her progress simply to permit the School District to try every option short of residential placement.”<sup>68</sup>

Parents seeking a residential placement often face the challenge made by the Seattle school district, that they are attempting to avoid mainstreaming or to get around the LRE preference in the IDEA.<sup>69</sup> Sometimes that argument prevails. A Maine court, for example, denied a residential placement even though the parents provided evidence that their eighth-grader was making little or no academic progress.<sup>70</sup> The court found that “a student ‘who would make educational progress in a day program’ is not entitled to a residential placement even if the latter ‘would more nearly enable the child to reach his or her full potential.’”<sup>71</sup>

### **Stigma and blame**

Caregivers of children with psychiatric disabilities also must surmount the stigma and blaming associated with these disabilities. Although the appellate court in Mrs. B's case, discussed above, found in favor of her daughter, the administrative decision contains some disturbing language that reveals continuing bias about children with emotional and behavioral problems. The hearing officer denied reimbursement for the residential placement, reasoning that "where predominantly and significantly the child's problems grow out of the home situation rather than the school environment, the school cannot be taken to task" and concluding that the child was responsible for her own failure to learn.<sup>72</sup>

Parents in a New York case faced similar attitudes by the hearing officer when they sought reimbursement for a private day program for their child with serious emotional problems. Although the parents ultimately prevailed on appeal, the hearing officer ruled against them, concluding that the girl's problems were the result of "family issues."<sup>73</sup>

A finding of delinquency increases the likelihood that parents will be denied reimbursement for a residential placement using the IDEA. Parents in Missouri were denied reimbursement because the judge concluded that the reason for initiating the residential treatment—an assault on another child—was "psychological," not educational.<sup>74</sup> The ruling did not take into account that the student's first incident of violent behavior occurred at school, when he threatened to kill a teacher. The judge appeared to rely heavily on the family court's adjudication of delinquency and its placement of the student in the residential facility pursuant to the delinquency finding.

Creating a detailed factual record that includes the emotional costs to families and children may be helpful in combating this stigma. In the District of Columbia the parties made the court aware that a denial of services would lead to custody relinquishment. The court relied heavily on the testimony of the child's treating physician, who stated that "a neglect proceeding in Superior Court would have a devastating impact on plaintiffs' course of treatment."<sup>75</sup> The physician also testified that the child's disability had been exacerbated by his perception that his parents had abandoned him. The court was influenced by "the unrefuted medical opinion ... that the stigma of having his parents adjudicated neglectful and unwilling to care for him would seriously cripple efforts to deal with his problems and to reunite his family."<sup>76</sup> Based on this testimony, the court ordered the school district to pay for residential treatment.

**Caregivers of children with psychiatric disabilities also must surmount the stigma and blaming associated with these disabilities.... Creating a detailed factual record that includes the emotional costs to families and children may be helpful in combating this stigma.**

## Medicaid Cases Seeking Access to Comprehensive Services

Advocates have only recently begun to use Medicaid's EPSDT entitlement to address behavioral health needs, and most of the cases have settled or are currently in litigation. Accordingly, only a few decisions have been issued so far on access to comprehensive behavioral health services under Medicaid.<sup>77</sup> Three important cases have addressed the lack of such access in fee-for-service programs,<sup>78</sup> and several more suggest that Medicaid has a powerful role to play in holding managed care systems accountable for serving children with emotional disorders appropriately.

**The state agreed that the Medicaid program would pay for medically necessary residential treatment and wraparound mental health services for children and adolescents. This means coverage of virtually any in-home support and therapy, counseling or clinically supervised activity that is designed to keep children with behavioral disorders at home or in a community setting.**

### Fee-for-Service Programs

One of the first challenges to a state's failure to comply with the EPSDT entitlement for mental health services is the story of Larry, 8, who had attention deficit hyperactivity disorder and conduct disorder and was confined to a mental hospital because the state refused to pay for residential treatment.<sup>79</sup> The complaint noted that if Larry's parents turned their child over to the foster care system, his care would be funded. But his parents did not want to relinquish their parental rights and responsibilities and sued the three relevant state agencies.

The case settled out of court when the state agreed that the Medicaid program would pay for medically necessary residential treatment and wraparound mental health services for children and adolescents. This means coverage of virtually any in-home support and therapy, counseling or clinically supervised activity that is designed to keep children with behavioral disorders at home or in a community setting.

The settlement also addressed the underlying problem that Pennsylvania, like many states, did not include several needed services in the state Medicaid fee schedule. As a result, providers had no way to bill for reimbursement and the services were unavailable, even though children were entitled to them under the EPSDT mandate. The settlement provided that the Department of Public Welfare would issue bulletins explaining to providers the requirements and procedures to be reimbursed for a comprehensive array of mental health services. The department issued two bulletins:

- ◆ The first added important wraparound services to the fee schedule and specified the procedures for receiving payment.
- ◆ The second clarified the procedures for residential treatment facilities to qualify for payment.

The additional list of home and community services included: mobile therapy, therapeutic staff support, behavioral specialist consultant, individual diagnostic personality evaluation, comprehensive neuropsychological



evaluation, cognitive retraining and psychological evaluations.

Building on the Pennsylvania experience, advocates in California filed a case seeking similar relief—a procedure for and the actual provision of home- and community-based wraparound services.<sup>80</sup> The plaintiffs were children with intense mental health needs who were placed in or being considered for placement in a psychiatric facility or who have had at least one emergency hospitalization. They sought wraparound services such as behavior management services, a one-on-one therapeutic aide, attendant care, crisis intervention, case management and transportation assistance.

The court issued a preliminary injunction, finding that the two state agencies were required under Medicaid law to provide “preventive and rehabilitative services” to children and that “therapeutic behavioral health services could be considered both preventive and rehabilitative as contemplated by the statute.”<sup>81</sup> Noting that the state had voluntarily opted into the federal Medicaid program, the court ordered the state to implement procedures for the plaintiffs to request and access therapeutic behavioral services and to inform class members about the procedures. On March 30, 2001, the court issued a permanent injunction.<sup>82</sup> The case has helped to educate state and local officials about the scope of the mental health entitlement in EPSDT.

In addition to building on prior work in Pennsylvania, the California attorneys relied on a successful class action in Maine, brought on behalf of Medicaid-eligible children who needed home-based mental health services but could not obtain them because the state agencies provided insufficient funds to match the federal share.<sup>83</sup> In addition, the state refused to provide any coverage for personal care-attendant services, failed to provide sufficient reimbursement to recruit and retain qualified providers of home-based services, and used an assessment tool that was not designed to evaluate episodic mental impairments. Many of the children were on a waiting list for home- and community-based waiver services, but in the meantime received no services.

As occurred in the California case, the plaintiffs moved for preliminary relief to get immediate help in obtaining services and the state entered into negotiations to avoid a trial. Negotiations were successful, and the case settled. The state agreed to issue new rules and regulations so that children with behavioral health needs and mental retardation receive:

- ◆ timely case management services;
- ◆ the presumption of medical necessity for services developed in a treatment plan by a provider after an assessment;
- ◆ prompt services, generally provided no later than six months after the date an assessment was requested;
- ◆ services which are not denied or delayed based on lack of seed money;
- ◆ a resource directory of services for case managers and the state’s best efforts to develop additional resources where needed; and

**Noting that the state had voluntarily opted into the federal Medicaid program, the court ordered the state to implement procedures for the plaintiffs to request and access therapeutic behavioral services and to inform class members about the procedures.**

- ◆ removal of the annual cap on day habilitation services.

Other provisions of the agreement address outreach, screening, provider training, monitoring and quality improvement, and include the outline of a comprehensive state plan for the provision of mental health services. The parties recently renegotiated a settlement.

### Reforming Medicaid Managed Care Systems

The advent of managed behavioral health care has added a new dimension to litigation of EPSDT claims. Two statewide class-action lawsuits for children in managed care have initiated overall reform of state mental health systems for children.

Arizona is one of the oldest statewide managed care systems, having refused to join the Medicaid program until it was allowed to do so under managed care. A lawsuit was filed in 1991, alleging that some 20,000 Medicaid-eligible children identified as needing mental health services were not receiving them as required by EPSDT.<sup>84</sup> The state's first response was to deny responsibility for the program because it had contracted with private entities for the provision of services. The district court flatly rejected this argument, holding "it is patently unreasonable to presume that Congress would permit a state to disclaim federal responsibilities by contracting away its obligations to a private entity."<sup>85</sup>

After this early decision, the parties began an extended discovery process. A December 1997 interim settlement agreement required the state to appoint an independent expert panel to study whether children in Maricopa County (the Phoenix area), home to half of all class members, were receiving medically necessary mental health services. The study, directed by a nationally recognized children's mental health expert,<sup>86</sup> found that more than half of the children were not receiving necessary care and confirmed that children were being forced into state custody because of the mental health system's failures.

Ultimately, after a second expert report documented continued failings, a new settlement was negotiated and signed in March 2001, based on 12 key principles for the delivery of mental health services to children.<sup>87</sup> The results of a pilot program have received favorable reviews.<sup>88</sup> The history of this case illustrates the value of studies conducted by independent experts, which can provide objective evidence to state policymakers, help educate community stakeholders and galvanize interest in changing the status quo.

Settlement of a second EPSDT class action, in Tennessee, also required independent studies documenting the managed care provider's failure to provide outreach, screening and treatment for both physical and mental conditions to Medicaid-eligible children in the state's foster care system.<sup>89</sup> The state, as a result of the suit, amended its managed care contracts to

**The history of the Arizona class action illustrates the value of studies conducted by independent experts, which can provide objective evidence to state policymakers, help educate community stakeholders and galvanize interest in changing the status quo.**

include a minor financial penalty for managed care entities whose refusal to provide necessary services leads to custody relinquishment to the state. However, the amendment failed to address the overall lack of adequate services, and the state did not submit an adequate remedial plan to address the studies' findings and refused to comply with consent decrees.

Following a trial, the court held in December 2001 that the state's managed care system had failed to adequately meet EPSDT requirements mandated by federal law and the consent decree.<sup>90</sup> The court ordered the state to carve out the under-21 population from the larger pool of managed care recipients and appointed a special master to facilitate implementation of an EPSDT-compliant state Medicaid plan for the youth population.

### **Challenging Managed Care's Denial of Mental Health Services**

Individual cases have also been brought on behalf of children denied appropriate mental health services by Medicaid managed care plans. In at least one, a Tennessee case, attorneys have directly sued the managed care entity that failed to provide needed mental health services.

Christopher B., 15, has autism, developmental delays, Tourette's syndrome, major depression with psychotic features, and post-traumatic stress disorder (PTSD). When Christopher appeared suicidal, his mother had to wait 10 hours for the managed care plan to approve his hospitalization. While she waited, her son grew violent toward her and incessantly repeated that he wanted to end his life. Christopher finally entered the hospital. But a few days later, Mrs. B. was called and told to pick him up because he no longer needed acute care. The staff readily acknowledged that he needed residential treatment, but said it was his mother's responsibility to find the treatment.

Mrs. B called a representative from the managed care company, who then told her to have the hospital call. That same night, she went to visit Christopher and found him very upset. The doctor informed her that her son had been sexually victimized by a roommate the night before. Although the staff knew that Christopher had been diagnosed with PTSD as a result of prior sexual abuse in a hospital, they had put him in an unsupervised room with a roommate.

The next day, the managed care company finally certified Christopher for residential treatment, but they limited the authorization period to one day. The hospital could not get any center to take him with such a short authorization period. Hospital staff threatened Mrs. B. that if she did not pick up her son, he would be placed in state custody due to abandonment. After an attorney intervened, the hospital agreed to keep him for further evaluation but they told Christopher that his mother refused to pick him up so he could not go home. With this news, he went out of control, screaming

**The managed care company finally certified Christopher for residential treatment, but they limited the authorization period to one day. The hospital could not get any center to take him with such a short authorization period. Hospital staff threatened Mrs. B. that if she did not pick up her son, he would be placed in state custody due to abandonment.**

**In Christopher B.'s case, the managed care company has agreed to pay for a residential treatment facility specifically designed for children with co-occurring developmental disabilities and serious emotional disturbance, and is planning to contest the school district's failure to pay the educational part of the placement.**

that he hated his mother and never wanted to see her again. The hospital kept him for six more weeks before he began a series of moves from placement to placement without an adequate assessment or proper discharge planning.

The complaint includes contract, tort (negligence, outrageous conduct/intentional infliction of emotional distress), consumer protection act, due process and Medicaid EPSDT claims.<sup>91</sup> The case is in litigation and will be closely watched as one of the very few to challenge private managed care companies' inadequate provision of behavioral health services.

Even when facts are as compelling as these, plaintiffs have faced the problem of determining whom to sue because managed care entities frequently subcontract to have some services provided by other organizations. With these complex corporate relationships, it is easy for companies to avoid accepting responsibility. In Christopher B.'s case, the managed care company has agreed to pay for a residential treatment facility specifically designed for children with co-occurring developmental disabilities and serious emotional disturbance, and is planning to contest the school district's failure to pay the educational part of the placement. These developments may provide an opportunity for settlement.

An individual action in Pennsylvania, brought to secure both mental and physical health services for children and adults, offers strategies for monitoring denials and preventing arbitrary rejection of service requests.<sup>92</sup> The settlement agreement includes a mechanism for plaintiffs' attorneys to review copies of all notices of denials, reductions and terminations of services by the managed care entity and a requirement that the state conduct a random review of 10 percent of these notices at least every three months. The Pennsylvania agency also is required to conduct a random telephone survey to determine whether the HMOs are verbally denying claims without giving plan members or their families written notice of their decisions. Another useful provision is the requirement that an individual's case manager cannot also have responsibilities for reviewing requests for outpatient services.

## Using the IDEA and Medicaid Together— An Example

Anthony's situation—hospitalized and rejected by his school because of his behavior, as described at the beginning of this paper—offers an example of steps that advocates can take to coordinate Medicaid services and education-related services under the IDEA.

### **Challenge the hospital's recommendation.**

First, the hospital's recommendation for Anthony's discharge plan should be challenged. On a common-sense level, it seems unrealistic that he can transition successfully from round-the-clock care to a day program with only weekly outpatient counseling. When Anthony's advocate engaged the social worker in a conversation about the proposed discharge plan, it became apparent that the plan was based on services the social worker knew existed, not on what was medically or educationally necessary for Anthony.

### **Obtain an individualized discharge plan.**

Advocacy should lead to an individualized discharge plan that is specific about what the educational program should include (e.g., intensive assistance for reading disorder, not just therapy) and a treatment plan based on what is "medically necessary," not just what a psychiatrist or social worker knows is available. Taking such an approach, the discharge plan might include in-home therapy, three times weekly for Anthony and once a week for his mother and siblings, with a recommendation that the therapist also be in contact with Anthony's school to coordinate his treatment. The plan might also call for a recreational program, such as basketball, to help Anthony build self-confidence and learn to socialize with his peers without fighting. Such detailed documentation is critical to securing services through both the IDEA and Medicaid.

### **Pursue a therapeutic day program.**

A therapeutic day program with services that address Anthony's learning difficulties should be pursued through the IDEA. There is ample evidence in his school record that he is unable to benefit educationally in classes that are not part of a therapeutic setting. His advocate could argue that the recreational activity should also be provided by (or paid for by) the school. Anthony's inability to interact constructively with his peers has severely impaired his ability to benefit from educational services. If the school offers a recreational program other than basketball that would still provide the socialization benefits he needs, Anthony may have to accept. However, Anthony's advocate should emphasize the IDEA's mandate for individualized services to argue that the recreational activity should match

**Advocacy should lead to an individualized discharge plan that is specific about what the educational program should include (e.g., intensive assistance for reading disorder, not just therapy) and a treatment plan based on what is "medically necessary," not just what a psychiatrist or social worker knows is available.**

Anthony's interest and abilities. To be a reimbursable service under Medicaid, the recreational activity must be more clearly defined as therapeutic recreation and/or social skills training.

### **Design a program of in-home therapy services.**

In-home therapy services are much more likely to be obtained through the EPSDT provisions of Medicaid. Counseling is a typical Medicaid service, although providing it in the home must be determined medically necessary.

The advocate should elicit more detail from Anthony's treating psychiatrist to determine the purpose of in-home services. For many children and youth, therapy can be more effective if it takes place in the setting where they are having behavioral problems. In addition to making the child more comfortable, the therapist can observe the family dynamics and intervene to address behaviors as they occur. With teenagers, in-home therapy may make them more likely to participate.

One could also argue that the family therapy is a related service under the IDEA, depending on its purpose. If the therapy sessions are meant to help the family understand Anthony's disability and improve their interactions with him—and this assistance will help him benefit from his educational services by, for example, enabling him to complete his homework and attend school more regularly—then the IDEA may cover the service. This is a case in which the advocate may choose to pursue services through both Medicaid and the IDEA to see which route is successful sooner.

Utilizing both Medicaid and the IDEA, the advocate can increase the chances of obtaining a more comprehensive package of mental health services than Anthony would receive through either entitlement alone.

**Utilizing both Medicaid and the IDEA, the advocate can increase the chances of obtaining a more comprehensive package of mental health services than a child would receive through either entitlement alone.**

## **Conclusion**

The IDEA provides an important entitlement to educational services for children with serious emotional disturbance and is a useful tool for securing school-based mental health services such as attendant care, counseling and other supports. It has the added benefit of serving children where they are—at school. This broad entitlement, however, has several major limitations.

First, services are limited to those that provide some educational benefit. Case law indicates that judges tend to use the school day as a proxy for educational benefit, so that services before and after school or in the home are often rejected.

Next, residential services are only available after surmounting several legal hurdles and are most often awarded in response to egregious neglect by a school district.

Finally, parents have the extra burden of battling the stigma and nega-

tive attitudes associated with psychiatric disabilities, particularly in a climate where schools are fixated on potential violence or disruption and zero-tolerance policies proliferate.

Although Medicaid claims can work only for children who are eligible for the program, the EPSDT requirements remain one of the strongest entitlements to behavioral health services. Advocates are just beginning to realize the potential of this statute to generate intensive and comprehensive community-based mental health services. The cases that have been litigated offer guidance on how to work with state agencies to expand access to services through administrative changes and how to use independent studies to galvanize change. For Medicaid-eligible children and youth, EPSDT can fill in gaps left by the IDEA.

Attorneys and advocates working with families of children and youth with emotional and behavioral disorders should become familiar with the benefits and limitations of both the IDEA and Medicaid. Using these strong entitlements together can produce more intensive and comprehensive mental health services for children and youth who need them. Better prevention and intervention services can reduce the need for traumatic and disruptive hospitalizations and long stays in residential treatment facilities.

## NOTES

1. U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Chapter 3 (1999), [www.surgeongeneral.gov/library/mentalhealth/home.html](http://www.surgeongeneral.gov/library/mentalhealth/home.html) (hereinafter Surgeon General's Report). According to the Surgeon General's report, 75-80% of children with mental health issues fail to receive the help they need.
2. *Id.* Seventy percent of children with mental health issues receive treatment in school, 40% receive services from the mental health system, 16% from child welfare, 11% from the health care system, and 4% from juvenile justice. (The percentages total more than 100% because some children receive services from more than one system at a time.) For half of the children, school is the sole source of mental health treatment. *Id.*
3. Lourie, I.S., Katz-Leavy, J. & Stroul, B.A., Individualized Services in a System of Care, in B.A. Stroul (Ed.), *Children's Mental Health: Creating Systems of Care in a Changing Society*, Baltimore MD: Paul H. Brookes Publishing Co, 1996; Rosenblatt, A., Bows and Ribbons, Tape and Twine: Wrapping the Wraparound Process for Children with Multi-System Needs, *Journal of Child and Family Studies*, 5, 1, 101-117, 1996.
4. 20 U.S.C. §1415(i)(3)(B).
5. 20 U.S.C §1482. A directory of the centers can be found at the website of the Technical Assistance Alliance for Parent Centers, [www.taalliance.org](http://www.taalliance.org).
6. See e.g., *Frew v. Gilbert*, 109 F. Supp.2d 579 (E.D. Tex., 2000) (Class consisting of poor children sought enforcement of consent decree resolving suit claiming that State of Texas did not adequately provide medical and dental care to poor children under Medicaid Early Screening, Diagnosis and Training program (EPSDT)).
7. Congress is currently taking up legislation to reauthorize the IDEA. The version passed by the House of Representatives, H.R. 1350, would allow schools to unilaterally suspend or expel students who have violated any school "code of conduct." The Senate version maintains

the mandate that a school consider the impact of a disability on the child's conduct but weakens the requirement of a behavioral assessment. See Bazelon Center *Action Alerts* of April 24, 2003 and July 9, 2003. Medicaid has been targeted by both the Administration for conversion from an entitlement to a capped grant program. See Bazelon Center *Action Alert* of May 5, 2003. All Bazelon Center Action Alerts are available at [www.bazelon.org/takeaction/alerts](http://www.bazelon.org/takeaction/alerts).

8. 20 U.S.C. § 1400(c).

9. 20 U.S.C. § 1401(a). Some states have expanded the definition of "emotional disturbance" and serve a broader group of children than required by the federal law. Conversely, students with serious emotional problems often do not receive the services to which they are entitled because states' narrowly interpret the federal definition or for other reasons. For more information on this topic, see the Bazelon Center's Issue Brief, *Failing to Qualify: The First Step to Failure in School?* (January 2003)

10. 42 U.S.C. § 1396(r)(5).

11. See National Health Law Program, Executive Summary, *Children's Health Under Medicaid: A National Review of Early, Periodic Screening, Diagnosis and Treatment*, August 1998 (noting that of the 22.9 million EPSDT-eligible children in 1996, only 37% received a medical screen). See Bazelon Center for Mental Health Law, *Where to Turn: Confusion in Medicaid Policies on Screening Children for Mental Health Needs* (September 1999) and Semansky, R., Koyanagi, C., and Vandivort-Warren, R., *Behavioral Health Screening Policies in Medicaid Programs Nationwide*, *Psychiatric Services* 54:2, May 2002, p. 736.

12. Under the deeming rules, an institutionalized child is no longer considered to be living with his or her parents after the first full month of institutionalization; after one month, only the child's income is considered in determining eligibility for SSI and thus, Medicaid.

13. The "Katie Beckett" option was originally a waiver program designed as a response to the plight of a technology-dependent child who was required to reside in an institution in order to qualify for Medicaid and receive medical services. Her parents' income exceeded Medicaid guidelines, but was insufficient to pay for her extensive health care needs. The program was converted into an option, known as the TEFRA 134 option because it was enacted under section 134 of the Tax Equity and Fiscal Responsibility Act of 1982 (P.L. 97-248).

14. This waiver, codified at 42 U.S.C. § 1396n(c), is designed to cover the cost of home- and community-based services for individuals who without such services, would require hospitalization services, which would otherwise be reimbursed by Medicaid.

15. Bazelon Center for Mental Health Law, *Avoiding Cruel Choices* (November 2002) and *An Advocate's Guide to Overcoming State Barriers and Obtaining a Home- and Community-Based Waiver for Children with Mental Health Needs*. Both are available online at [www.bazelon.org/issues/children](http://www.bazelon.org/issues/children) and hard copies of both are available for purchase through [www.bazelon.org](http://www.bazelon.org).

16. Surgeon General's Report.

17. See, e.g., 20 U.S.C. §1414, requiring informed parental consent before evaluations and reevaluations, parental participation in IEP team, and parental participation in all education-placement decision making.

18. 20 U.S.C. §1414(d)(4)(A)(i).

19. For Medicaid-eligible children, the school can often seek reimbursement for Medicaid services. 20 U.S.C. §1412(a)(12). Although this is an important source of revenue for states, parents and their attorneys and advocates need only be aware for strategic purposes that schools have such opportunities.

20. 20 U.S.C. §1415(b)(1).

21. Although Medicaid covers the cost of the evaluation, the evaluators may require a fee for their time preparing and testifying for a due process or court hearing.

22. *Willie M. v. Hunt*, No. CC-79-294 (W.D.N.C. 1980)(consent decree); see also *Willie M. v. Hunt*, 657 F. 2d 55 (4th Cir. 1981).



23. For a detailed discussion of this lawsuit, see Soler, M. & Warboys, L., *Services for Violent and Severely Disturbed Children: The Willie M. Litigation*, in Sheryl Dicker, et al, *Stepping Stones: Successful Advocacy for Children* 61 (1990).
24. No. 3:79-CV-294-MU (W.D.N.C. Jan. 22, 1998)(order terminating class action).
25. *Felix v. Waihee*, No. 93-00367DAE (D. Haw. May 24, 1994)(on file with authors).
26. *Felix v. Cayetano*, 32 I.D.E.L.R. 230 (D. Haw. 2000).
27. *Felix v. Cayetano*, No. 93-00367DAE (D. Haw. September 13, 2002)(on file with authors).
28. *Cordero v. Pennsylvania Dept. of Educ.*, 795 F. Supp. 1352 (M.D. Pa. 1992).
29. For example, the functional behavioral assessment and positive behavioral interventions and supports mandated by the IDEA for children who evince problem behavior in school. Decisions affirming children’s entitlement to these services are described in *Suspending Disbelief: Moving Beyond Punishment to Promote Effective Intervention for Children with Mental or Emotional Disorders*, Bazelon Center for Mental Health Law, May 2003. Available via [www.bazelon.org/issues/children](http://www.bazelon.org/issues/children).
30. Exhaustion requirements under IDEA also make it difficult to combine other statutory claims for an individual child. See 20 U.S.C. § 1415(l).
31. *Tredyffrin/Easttown Sch. Dist.*, 33 IDELR ¶ 254 (SEA PA 2000).
32. 20 U.S.C. §1400, *et seq.*; 34 C.F.R. §300.300, *et seq.* “[P]arent counseling and training” is defined as “assisting parents in understanding the special needs of their child and providing parents with information about child development.” 34 C.F.R. § 300.16(b)(6). See also with regard to parent counseling, 34 C.F.R. § 300.16(b)(8)(v), (12)(ii) and (iii), and (13)(v).
33. *San Lorenzo Unified Sch. Dist.*, 26 IDELR 331 (SEA CA 1997).
34. *Belcherton Pub. Sch.*, 26 IDELR 961 (SEA MA 1997). See also *Bd. of Educ. of the Portage Pub. Sch.*, 23 IDELR 667 (SEA MI 1995)(ordering school to pay for family counseling so family could “gain a better understanding of how [the child’s] abilities and disabilities will impact him in the future and how the education he is provided now must be directed toward this end”); *New Prairie United Sch. Corp.*, 30 IDELR 346 (SEA IN 1999)(ordering the district to pay for twice monthly family counseling sessions including travel to/from out-of-state residential facility, as recommended by a mental health clinician, because therapy was necessary for student with autism/Asperger’s disorder to receive FAPE); *In the Matter of T.*, 32 IDELR ¶ 219 (SEA CT 1999)(awarding residential placement with group, individual and family therapy to student with SED because psychologists found that student’s emotional difficulties significantly affected her education).
35. *Burlington Sch. Comm. v. Massachusetts Dept. of Educ.*, 471 U.S. 359 (1985).
36. *San Juan Unified Sch. Dist./Sacramento County Mental Health*, 28 IDELR 47 (SEA CA 1997).
37. *Krichinsky v. Knox County Sch.*, 963 F. 2d 847 (6th Cir. 1992).
38. *Seattle Sch. Dist.*, 16 EHLR 1091 (SEA WA 1990). See also *St. Tammany (LA) Parish Sch. Bd.*, 31 IDELR ¶ 144 (OCR 1999), in which the Office of Civil Rights (OCR) failed to sustain a complaint against the school district for failing to provide in-home family therapy and behavioral management for a student with multiple disabilities, including autism, because the child’s IEP did not call for them. This action was brought as a complaint before the U.S. Dept. of Education’s OCR as a Section 504 claim, not as an IDEA claim. From a strategic perspective, however, it illustrates the importance of effective advocacy during IEP development.
39. *In re Child with a Disability*, 21 IDELR 753 (SEA CT 1994).
40. *Taunton Pub. Sch.*, 27 IDLR 108 (SEA MA 1997).
41. *Burke County Bd. of Educ. v. Denton*, 895 F. 2d 973 (4th Cir. 1990).
42. *Hunger v. Leininger*, 15 F. 3d 664 (7th Cir. 1994).
43. *Metropolitan Sch. Dist. of Lawrence Township*, 36 IDELR 282 (SEA IN 2002). The outcome of this case, like many IDEA cases, may have affected by the school district’s extreme neglect—i.e., inappropriately leaving the student in homebound placement for two years.

44. *San Lorenzo Unified Sch. Dist.*, 26 IDELR 331 (SEA CA 1997).
45. *East Windsor Bd. of Educ.*, 20 IDELR 1478 (SEA CT 1994). See also, under Extended Year Services below, *Margate City Bd. of Educ.* (the outside recreational program was denied during the summer because the school provided an alternative summer program that the hearing agency ruled was adequate, and based on the higher standard required for ESY services); and *Dracut Public Schs.* (student granted payment for recreational daycamp to address his self-esteem during period that school did not provide ESY services).
46. *Medford Pub. Schs.*, 27 IDELR 1020 (SEA MA 1998).
47. 34 C.F.R. § 300.309(a)(1).
48. See 64 Fed. Reg. 12406 at 12575-12576. See also, 34 C.F.R. § 300.309(b)(2).
49. The regulations cite several cases as establishing these higher standards, including: *Johnson v. Bixby Indep. Sch. Dist. No. 4*, 921 F. 2d 1022 (10<sup>th</sup> Cir. 1990); *Crawford v. Pittman*, 708 F. 2d 1028 (5<sup>th</sup> Cir. 1983); and *Georgia Ass'n of Retarded Citizens v. McDaniel*, 716 F. 2d 1565 (11<sup>th</sup> Cir. 1983).
50. *Margate City Bd. of Educ.*, 35 I.D.E.L.R. 57 (SEA NJ 2001).
51. *Dracut Public Schools*, 35 IDELR 134 (SEA MA 2001).
52. *Brent v. San Diego Unified Dist.*, 25 IDELR 1 (S.D. Calif. 1996). In another ESY case, a class of parents filed a complaint before the OCR, seeking to have the district reinstate its ESY communication and social-skills program on the grounds the program's elimination violated the rights of children with autism and related disorders under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. The OCR and the district agreed that the district would reinstate the program until it could provide an appropriate alternative. *Greenwich (CT) Pub. Schs.*, 34 IDELR 69 (OCR 2000).
53. A thorough analysis of this topic is beyond the scope of this paper because of the volume of cases.
54. Giliberti, M. & Schulzinger, R., *Relinquishing Custody: The Tragic Result of Failure to Meet Children's Mental Health Needs*. Bazelon Center for Mental Health Law (March 2000).
55. *Burlington v. Department of Educ.*, 471 U.S. 359 (1985).
56. *Board of Educ. v. Rowley*, 458 U.S. 176, 206-07 (1982).
57. *O'Toole v. Olathe Dist. Sch. Unified Sch. Dist. No. 233*, 144 F. 3d 692, 707-08 (10<sup>th</sup> Cir. 1998).
58. *Hall v. Shawnee Mission Sch. Dist.*, 856 F. Supp. 1521, 1530 (D. Kansas 1994).
59. *San Diego v. California Special Educ. Hearing Office*, 93 F. 3d 1458 (9<sup>th</sup> Cir. 1996) at 1467 (citing *Clovis Unified v. Office of Administrative Hearings*, 903 F. 2d 635 (9<sup>th</sup> Cir. 1990)). See also *Kruelle v. New Castle County Sch. Dist.*, 642 F. 2d at 693 (basing decision on determination of whether residential placement is "necessary for educational purposes, or . . . a response to medical, social or emotional problems that are segregable from the learning process"); *North v. District of Columbia Bd. of Educ.*, 471 F. Supp. 136 (D.D.C. 1979)(adopting intertwined test).
60. See, e.g., *Mrs. B. v. Milford Bd. of Educ.*, 103 F. 3d 1114 (2<sup>nd</sup> Cir. 1997); *Kruelle v. New Castle County Sch. Dist.*, 642 F. 2d 687 (1981); *California Special Educ. Hearing Office*, 93 F. 3d 1458 (9<sup>th</sup> Cir. 1996).
61. *CSan Diego v. California Special Educ. Hearing Office*, 93 F. 3d 1458, 1462 (9<sup>th</sup> Cir. 1996) at 1464.
62. *Id.*, at 1468.
63. Sometimes costs are divided into educational and medical costs to be apportioned among the parties. See, e.g., *Drew P. v. Clarke County School Dist.*, 877 F. 2d 927, 929 (11<sup>th</sup> Cir. 1989)(costs of residential placement apportioned between school district and parents); *Doe v. Anrig*, 651 F. Supp. 424, 430-32 (D. Mass 1987)(costs apportioned between school district and father). The Supreme Court ruling in *Cedar Rapids Community Sch. Dist. v. Garret F.*, 526 U.S. 66 (1999), may have resulted in greater allocation of non-educational costs to school districts to the extent the apportionment is based on a "medical" versus "educational" distinction.

64. *Mrs. B.*, 103 F. 3d 1114 (2<sup>nd</sup> Cir. 1997) at 1121.
65. *Id.*
66. *Seattle Sch. Dist., No. 1 v. B.S.*, 82 F. 3d 1493 (9th Cir. 1996) at 1497.
67. *Id.*, at 1498.
68. *Id.*, at 1501 (citations omitted).
69. See, e.g., *Kruelle*, 642 F. 2d at 695 (“before ordering residential placement, a court should weigh the mainstreaming policy embodied in the [IDEA]”).
70. *Lenn v. Portland Sch. Committee*, 998 F. 2d 1083 (1st Cir. 1993) at 1085 (progress had “slowed to a crawl” for two school years and the student was two years behind in reading and six years behind in math).
71. *Id.*, at 1086 (citing *Abrahamson v. Herskman*, 701 F. 2d 223, 227 (1<sup>st</sup> Cir. 1983); accord *Hampton Sch. Dist. V. Dobrowski*, 976 F. 2d 48, 52 (1<sup>st</sup> Cir. 1992)).
72. *Mrs. B.*, 103 F. 3d at 1119.
73. *Muller v. East Islip Union Free Sch. Dist.*, 145 F. 3d 95 (2<sup>nd</sup> 1998) at 100.
74. *Reiman v. Waynesville R-VI Sch. Dist.*, 36 IDELR 265 (W.D. Mo. 2002).
75. *North v. District of Columbia*, 471 F. Supp. 136 (D.D.C. 1979) at 140.
76. *Id.*
77. As previously noted, this report cannot substitute for legal research. Because of the ongoing nature of the litigation, this information may become incomplete after the date of publication.
78. Additional cases that may be useful for policymakers and advocates seeking access to comprehensive mental health services under Medicaid include:
- *D.R. v. Concannon*, No. 90-483 DA (D. Or. 1991) (requiring the state to promptly provide medically necessary behavioral health services for children who previously have been screened and found in need of such services);
  - *Kirk T. v. Houston*, 2000 WL 830731 (E.D. Pa.) (finding state was not providing behavioral health services in a timely manner), *sub nom. Delong v. Houston*, 2000 WL 1689077 (E.D. Pa.) (refusing to dismiss claims asserting that the state’s failure to provide waiver services violated “reasonable promptness” requirement and the failure to use the full 3,382 waiver slots violated the “in effect” requirement);
  - *Scott v. Snider*, No. 91-CV-7080 (E.D. Pa. 1992) (EPSDT case for all conditions and services; a settlement required outreach, complete screening, increased participation in EPSDT program, and expanded services);
  - *Visser v. Taylor*, 756 F. Supp. 501 (N. Kan. 1990) (holding that the state violated Medicaid by refusing to provide clozapine to an adult who needed that specific drug);
  - *Bond v. Stanton*, 655 F. 2d 766 (7th Cir. 1981) (holding that Indiana did not sufficiently define the content of the screening package to ensure that needy children receive the thorough screening intended by Congress);
  - *Tallahassee Memorial Regional Medical Center v. Cook*, 109 F. 3d 693 (11th Cir. 1997) (requiring the state to pay for inpatient psychiatric care for adolescents even when such care exceeds the medically necessary time period when the state has failed to provide less restrictive placement due to funding constraints or bureaucratic hurdles);
  - *Collins v. Hamilton*, 231 F. Supp. 2d 840 (S.D. Ind. 2002) (requiring the state to provide long-term residential treatment for children for whom the treatment has been determined medically necessary by EPSDT screening); and
  - *Salazar v. District of Columbia*, 938 F. Supp. 926 (D. D.C. 1996) (finding that D.C.’s general EPSDT program failed to comply with requirements for informing, screening, follow-up treatment, scheduling and transportation assistance, and due process).
79. *Larry K. v. Snider*, No. 91-680 (E.D. Pa. January 6, 1993).
80. *Emily Q. v. Belshe*, No. 98-4181 WDK(AIJX) (C.D. Cal. May 27, 1998).
81. *Emily Q. v. Belshe*, No. CV-98-4181-WDK (C.D. Cal. Feb. 24, 1999).

82. *Emily Q. v. Bontá*, 208 F. Supp. 2d 1078 (C.D. Cal. 2001).
83. *French v. Concannon*, No. 97-CV-24-B-C (D. Me. July 16, 1998). The Bazelon Center provided technical assistance in this case and can provide information and pleadings to advocates interested in replicating it.
84. *J.K. v. Dillenberg*, 836 F. Supp. 694 (D. Ariz. 1993)(decision on early motions for summary judgment and to dismiss the lawsuit). The case is now known as *J.K. v. Allen*. Subsequent interim settlement agreements are on file with the authors.
85. *J.K.*, 836 F. Supp. at 699.
86. The panel was directed by Dr. Ivor Groves and the other members were Narrell Joyner and H.G. Whittington. Dr. Craig Anne Heflinger also provided valuable assistance to them.
87. The principles are available online at [www.bazelon.org/issues/managedcare/jk/jkprinciples.html](http://www.bazelon.org/issues/managedcare/jk/jkprinciples.html).
88. See, e.g., Note of Sanity: Pilot Program Serving Mentally Ill Children Has Proven its Value and Survived, *Arizona Republic*, Feb. 25, 2003.
89. *John B. v. Menke*, No. 3-98 0168 (M.D. Tenn. Feb. 25, 1998)(consent decree on file with authors).
90. 176 F. Supp. 2d 786 (M.D. Tenn. 2001).
91. *Christopher B. v. Premier*, No. 97C-1818 (Circuit Court for Davidson County) (second amended complaint filed May 26, 1998).
92. *Metts v. Houston*, No. 97-CV-4123 (E.D. Pa. Mar. 27, 1998).