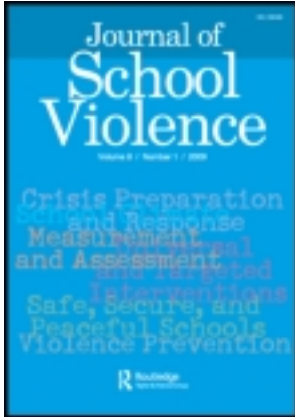


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### School Violence Interventions in the Safe Schools/Healthy Students Initiative

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# School Violence Interventions in the Safe Schools/Healthy Students Initiative: Evaluation of Two Early Intervention Programs

Oliver T. Massey  
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**ABSTRACT.** The Safe Schools/Healthy Students Initiative was designed to encourage collaboration among school districts and local community service providers in the provision of behavioral health prevention and early intervention efforts. These efforts would address the physical safety of students as well as provide mental health, violence prevention, and social skills services. One local SS/HS Initiative brought together community and school collaborators in an ambitious agenda that included 14 distinct programs that addressed the needs of over 110,000 students in a large school district. The purpose of the current paper is to report the results of the evaluation of two of the programs designed to reduce violent and disruptive behavior in schools. The programs include a school-based anger management program and a community-based, alternative-to-suspension program. Working in cooperation with program staff and the school district, quasi-experimental designs were used to measure change over time for students. The two studies demonstrate the application of multiple methodologies in evaluating the effectiveness of prevention

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and early intervention efforts with the aim of providing data to support program improvement and sustainability. doi:10.1300/J202v06n02\_04 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Safe schools/healthy students, school violence, anger management

### **CONTEXT ESTABLISHING THE SS/HS INITIATIVE**

In recent years, violence in the nation's schools has become a central concern to society. Although schools remain relatively safe places for students, with life-threatening violence rare (Annual Report School Safety, 2000), other threats to students' welfare are common. Aggressive and antisocial behaviors including name-calling, bullying, harassment, threats, and intimidation are a regular part of a public school student's experience (Furlong, Morrison, Chung, Bates, & Morrison, 1997; Dwyer, Osher, & Wagner, 1998). Six-month incidence rates for bullying and teasing have been reported at 14% of the student body (DeVoe & Kaffenberger, 2005). These forms of antisocial behaviors negatively impact everyone in the school environment (Batsche, 1997).

Beyond the impact on a student's personal and social well-being, student aggression also affects the quality and success of educational efforts. When students engage in disruptive and aggressive behaviors, learning is disrupted and schools fail to function effectively (Curwin & Mendler, 1997). Violent and disruptive behaviors compromise the instructional time for both the disruptive student and his or her peers (Martini-Scully, Bray, & Kehle, 2000), place the student at risk of academic failure (Frick et al., 1991; Smith, Siegal, O'Conner, & Thomas, 1994), and increase the likelihood of dropping out of school (Costenbader & Markson, 1998).

Disruptive students not only compromise the well-being of other students and staff, but place themselves at increased risk for subsequent problems into adulthood (Armstrong, Dedrick, & Greenbaum, 2003; Epstein, Kutash, & Duchnowski, 1998; Marder & D'Amico, 1992; Patterson, Debaryshe, & Ramsey, 1989). With over 20% of students in the United States coming to schools with diagnosable mental health problems, the need to deliver effective services is obvious (U.S. Department of Health and Human Services, 1999).

Thus, although the principal purpose of the educational system is to teach, dealing with the behavioral problems of students becomes key to the success of the school's primary endeavor (Adelman & Taylor, 1994). It becomes imperative that educators become aware of the dynamics of school aggression and violence and have available prevention and intervention strategies to reduce their incidence.

Partly in response to these concerns, the Safe Schools/Healthy Students (SS/HS) Initiative was funded by the Departments of Health and Human Services, Education, and Justice (Thornton, Craft, Dahlberg, Lynch, & Baer, 2000; U.S. Department of Education, 1999). Under this Initiative, funding was provided to local school districts for programs in cooperation with community partners and law enforcement agencies to address the social, behavioral, and mental health issues of students. These grants embraced the emerging consensus of the importance of schools as part of the continuum of behavioral and mental health services that includes prevention, early intervention, and treatment (Huang et al., 2005).

The present study emerged from efforts to implement an array of mental health, violence prevention, and social skills development services under the SS/HS Initiative in a large countywide school district in Florida. This urban county includes approximately one million residents and a school district of over 110,000 students. High rates of student mobility and a significant proportion of low-income families challenge the district. The region is anticipated to continue to grow, further increasing the population density (Weitzel & Shockley, 2001).

When the SS/HS Initiative was announced, the school district marshaled community resources including the county public health department, local mental health and social service agencies, and a tax-based funding organization, the Juvenile Welfare Board, to develop a SS/HS proposal. These agencies collaborated with the school district to develop a proposal that included 14 distinct service programs for students. Built around the principles of primary prevention and early intervention, these programs expanded availability and filled gaps in services for children and families in the district. Programs were designed to address the mental and behavioral health needs of students, address school violence, and offer prevention and early intervention services. Primary prevention efforts included such programs as social skills training, secondary prevention efforts included anger management training, and tertiary prevention efforts included mental and behavioral health services (Armstrong, Massey, Boroughs, Bailey, & LaJoie, 2003). Programs and services were implemented in the fall of 1999. Federal

funding was available for three years, with some programs continued via rollover funds for an additional fourth year.

Of particular interest in current context were efforts to address violent and disruptive behaviors among students. Violent behavior accounted for between 2 and 6% of all disciplinary referrals in the district, with over 25,000 out-of-school suspensions per year (Boroughs, Armstrong, & Massey, 2004; Boroughs, Massey, & Armstrong, 2005). Bullying and teasing were also common, with over 40% of students experiencing some form of harassment or bullying on a daily basis (Henson, Massey, & Armstrong, 2002).

The local Initiative included two programs to address violent and disruptive behaviors. These included the On-Campus Intervention Program (OCIP), and an anger management program that utilized the Think First curriculum (Larson & McBride, 1992). The On-Campus Intervention Program (OCIP) is a three-day program that offers an alternative to out-of-school suspensions. The outstanding features of the program include: (1) a student admitted to the program remains in school but is separated from the rest of the student body for the duration of the period of a suspension (usually three days); (2) a teacher is present to help students complete academic work and stay current with their studies; and (3) a counselor is present to provide individual and group intervention for behavioral and emotional problems that students may be experiencing. The program rationale suggests that while students are not relieved of the consequences of their disruptive or rule breaking behavior, OCIP ensures that students remain on the school grounds where they are supervised, have the opportunity to stay current with academic responsibilities, and obtain needed counseling to correct the behavioral problem that led to the suspension. Although anecdotal evidence suggests that this alternative to out-of-school suspension might work (OCIP, 2005), the role of the evaluation was to identify any evidence of service impact to support efforts to expand and sustain the program through local funding. OCIP was implemented in two schools as part of the local SS/HS Initiative.

Think First (Larson & McBride, 1992), is an anger management and conflict resolution curriculum for secondary students. This skill-building curriculum has two major goals: (1) to promote the emotional and social competencies of students and (2) to reduce the incidence of aggressive and disruptive behaviors in students (Larson, 1992). The curriculum has been empirically tested and is considered a culturally sensitive anger management program for classroom use (Larson, 1994). Research indicates that anger management curricula can effectively change self-reports

of behavioral functioning (DuRant et al., 1996; Farrell & Meyer, 1997; Orpinas, Parcel, McAlister, & Frankowski, 1995). The role of the evaluation for this program was to provide additional evidence of program effectiveness and to identify the most appropriate means of implementing the program in schools. The Think First curriculum was implemented in two schools as part of the local SS/HS Initiative.

### ***FACTORS INFLUENCING THE EVALUATION DESIGN***

Local evaluations of the SS/HS Initiative serve multiple purposes. They offer data for the purposes of improving programs, confirm program fidelity, and document program effectiveness to support sustainability. Evaluations may also provide feedback regarding the acceptability and appropriateness of programs for local stakeholders. For new and promising programs, evaluations may help identify both planned and unplanned consequences of a program. For evidence-based programs, the evaluation can serve to confirm the appropriateness and fitness of the effort in the local educational setting. In each of these cases, evaluations must balance the need for methodological rigor with the limitations imposed by programs implemented in the real world. Most notably, service programs may lack fully documented logic models, random assignment to conditions, and are often developed to fit the exigencies of the local setting, rather than being based on a well-articulated theory of change.

In the local Initiative, the evaluation model was developed to provide both formative feedback regarding program activities, and where available, more quantitative effectiveness data regarding program outcomes. The evaluation model included three components, a contextual analysis that was designed to obtain a greater understanding of the experience of violence and safety in schools through both secondary data analysis and qualitative data collection; a cohort analysis, where students participating in SS/HS program activities were matched to students who were not involved in SS/HS programs and compared on available school indicators; and a targeted evaluation component, where students participating in interventions were assessed for changes over time in quasi-experimental designs.

In the case of the programs reported here, services were not structured as part of a research demonstration and, therefore, random assignment of students to conditions was not possible. In evaluating these programs,

our response was to identify methodological procedures that might offer evidence of program effectiveness and utility in the local setting. If effective, these evaluations should provide information for program refinement, sustainability, and expansion.

OCIP evaluation best fit the cohort evaluation model. As a three-day program, it was deemed unlikely that any measure of individual change could be reasonably expected to show reliable evidence of program effectiveness. It was reasoned that if this program were successful, the impact of the program would most likely be expressed in school indicators such as disciplinary referrals and school retention.

For OCIP, only anecdotal evidence was available regarding program effectiveness. Because random assignment of students to conditions was not feasible in the school setting, evaluators identified a strategy to use extant secondary data to create a matching group of students to serve as a comparison group for those who were referred to OCIP. This demographically matched group of students was used as a non-equivalent control group to compare with the students who were referred to OCIP. Data were retrieved for both groups from the semester previous to program participation to two semesters post program participation. Outcome variables of interest included both disciplinary referrals and dropout status.

As previously discussed, research has demonstrated the effectiveness of the Think First prevention curricula (Larson, 1994). However, as a 10-week, prevention-oriented program, it was unlikely that school indicators would prove to be a fair measure of program impact. The likely impact of this program would be found in changes in student attitudes towards violence and classroom demeanor. This program was a more natural fit to a quasi-experimental design. The emphasis of this targeted evaluation was on the nature of program delivery and teacher ratings of behavioral functioning. The twofold implementation of the program served as a natural opportunity to compare results of a class-based program, using teachers as curricula instructors, with the results of a pull-out program that removed the participating students from class and provided instruction by trained social skills specialists.

## ***PRIMARY RESEARCH DESIGNS AND STRATEGIES***

### ***On-Campus Intervention Program***

*Participants.* The evaluation of this program included participants who were referred to the program during two semesters, spring 2000



(Wave 1), and fall 2000 (Wave 2), and a matched comparison group of students. Wave 1 was composed of 139 secondary school students with 51 program participants and 88 matched controls. Wave 2 was composed of 307 students, with 96 program participants and 211 matched controls.

In Wave 1, the matched groups included approximately 46% females and 54% males. In terms of ethnicity, 48% of the group was African American, 47% Euro American, 2% Hispanic, and 3% self-identified as "multi-ethnic." An indicator of poverty or lower socioeconomic status was that 50% of participants had either a free or reduced-price lunch. In Wave 2, the matched groups included approximately 36% females and 64% males. In terms of ethnicity, 29% of the group was African American, 63% was Euro American, 5% was Hispanic, 2% was Asian, and 1% was "multi-ethnic." Thirty-eight percent of the participants had either a free or reduced-price lunch. The matching process produced equivalent comparison groups, such that no demographic differences occurred between the program participants and their matched comparison group.

*Measures.* Three variables were measured in the analysis of student participation in OCIP. These variables included absolute frequency of disciplinary referrals, the frequency of referrals for violent behaviors or those requiring mandatory suspensions, and status as a dropout one semester after the end of their participation in the program.

*Procedure.* To obtain a matched comparison group of students, OCIP participants were matched with similar students using five criteria including: (1) frequency of disciplinary referrals, (2) severity of disciplinary referrals, (3) sex, (4) race, and (5) socioeconomic status. The comparison group was selected retrospectively using the following procedure: (1) at the end of the semester of interest, all students who participated in OCIP were identified; (2) demographic and behavioral data were collected for these students, including their history of disciplinary referrals; and (3) students were selected from the district to obtain a matched comparison group based on their characteristics in the semester prior to program participation. Thus for each wave, the referral characteristics of program participants in the semester prior to program participation were used to identify and select a matched student comparison group.

For purposes of identifying a matched comparison group, referral frequency was trichotomized as having either "no," "one," or "two or more" referrals. Referral severity was dichotomized as "severe," defined as the presence of either violence or mandatory suspension; or as



“not severe,” including referrals for classroom behavior, violation of campus rules, or bus misconduct. The result of this process was a matched participant group that mirrored the treatment group on these important student demographic and behavioral characteristics.

### ***Anger Management Program***

*Participants.* The evaluation of this program included participants who were provided the Think First (Larson & McBride, 1992) anger management curriculum in either a class-based environment, or in a separate pullout program. Class-based groups were made up of ninth-grade students enrolled in an elective peer mediation course. This class was chosen as an appropriate course, already in progress, for the integration of the Think First curricula. The pullout groups were populated by students referred by their teachers for the program based on the student’s history of disruptive and aggressive behaviors. Students in both groups were from regular, general education classrooms, without serious emotional disabilities. Data were collected over three semesters.

Of the 100 students who participated, data were available for 84 students in the pullout group, where 50% were male, 67% were white Non-Hispanic, and 29% were in a free or reduced-price lunch program. In the semester prior to participation in the program, these students averaged approximately five disciplinary referrals each. Data were available for 50 of the 65 class-based group participants, of which 45% were male, 68% white Non-Hispanic, and 44% in a free or reduced-price lunch program. In the semester prior to participation in the program, these class-based participants averaged approximately 2.5 disciplinary referrals each.

*Measures.* Two behavioral measures were utilized to assess program effectiveness. The *Behavioral and Emotional Rating Scale* (BERS; Epstein & Sharma, 1998) was selected to assess the behavioral and emotional strengths of student participants. The BERS is a 52-item rating scale that measures five domains of emotional and behavioral competencies in children and youth from ages 5 to 18 years. These domains include: Family Involvement, Interpersonal Strength, Intrapersonal Strength, Affective Strength, and School Functioning. The BERS provides an overall strength score as well as scores in the five domains. It has been described as a useful tool for both planning interventions and to document progress following a special intervention, and has good published internal, test-retest, and inter-rater reliability (Epstein & Sharma, 1998).

Because parents instead of teachers completed the Family Involvement Scale, Cronbach's alpha was computed to provide an estimate of the reliability of the scale. Reliabilities were computed for the pretest and posttest pullout and class-based groups for the Family Involvement Scale separately. The average reliability of the four sets of scores was .84, (range .82-.86), which compares favorably with alpha values (.81-.92) reported for the BERS in previous research for children with emotional or behavioral disorders (Epstein & Sharma, 1998).

An additional self-report measure, the Agree to Disagree Scale (Smead, 2000), was selected by program staff to provide feedback about the students' feelings, thoughts, and beliefs about anger. This instrument utilizes a Likert scale from one to five to measure students' responses toward anger or anger provoking situations. This measure was developed for use by counselors to get a sense of what youth were feeling and thinking before being selected for the anger management training, and again after participating in the group. No published psychometric data are available for this instrument.

*Procedure.* The Think First curriculum was implemented over 10 sessions in both the pullout and class-based groups. The intervention for each group was identical. Students in the pullout group were removed from their classes and participated in the intervention conducted by the anger management team (AMT). Students in the class-based group remained in their peer mediation class and participated in the intervention facilitated by their teacher and a member of the AMT. Teachers participating in the program were trained by the AMT specialists, and then co-led sessions with them.

To ensure that the programs were equivalent, both the pullout and class-based groups received the curriculum each week over the course of 10 weeks. Topics included self-control, social competency, positive peer relationships, and interpersonal problem solving skills. Through the course of the curriculum, students learned to identify and build upon personal strengths, set goals for academic and behavioral success, and used a problem-solving approach to resolve conflicts. Students learned how their anger was triggered, to be assertive, to determine consequences for their actions, to interpret social cues, to understand the perspective of others, and to use verbal and non-verbal communication skills. Skills were modeled, practiced by the students in role play, and reinforced with assignments to be completed outside of the group.

The instruments were administered by the program staff prior to and upon completion of the intervention. With the permission of the author, the BERS protocol was adjusted so that parents rated items making up

the Family Involvement domain, whereas teachers rated the remaining items (Epstein, personal communication, March 2000). This adjustment was made in light of recent research that suggests that teachers may not be as good informants as parents for family and community oriented questions (Friedman, Leone, & Friedman, 1999). Therefore, the Family Involvement items were taken from the original BERS protocol and re-recorded on a separate form that was mailed to the parents for completion before and after the intervention. Telephone contacts were made following the intervention to increase return rates.

Teacher-rated domains of the BERS consisted of the interpersonal, intrapersonal, affective, and school functioning domains. Teachers were given the original BERS protocol pre-and post-intervention, with the 10 family involvement items excluded.

Students' responses to the Agree to Disagree Scale were collected during the first session and final session of the intervention. To maximize data collection efforts, program staff conducted follow-up telephone calls to parents and contacted teachers to encourage participation in the data collection effort. Pre-and post-intervention data were collected for all students with parental consent. Complete data were available for 84 of the 100 students in the pullout program and 50 of the 65 students in the class-based program.

## **PRIMARY FINDINGS**

### ***On-Campus Intervention Program***

Analysis of OCIP program showed different trends over time based on the wave being analyzed. For Wave 1, the treatment and comparison groups were similar in their average referrals rates in the semester prior to the intervention. The average number of referrals during the period for the treatment group was 3.69 and for the comparison group, 3.86. These pre-program averages were not significantly different.

During the following three semesters, which included one semester of treatment and two semesters of post-treatment follow-up data, the mean differences were statistically significant for all semesters. Differences were found for the treatment semester as well as the two semesters post-treatment. During the semester of treatment, the average number of referrals for the treatment group and comparison groups were 8.50 and 2.97, respectively,  $t(85) = 6.705, p < .001$ . For the first semester post-treatment, the average number of referrals for the treatment and comparison groups

were 4.57 and 1.45, respectively,  $t(72) = 4.365, p < .001$ . For the second semester posttreatment assessment, the treatment group average was 2.90 compared with 1.28 for their comparison group,  $t(84) = 3.064, p < .01$ . Overall, results indicate a peak in referrals for the treatment group during their first semester of participation, followed by a decline. The treatment group improved from the semester of treatment forward, with average referrals lowest in the second semester post treatment. That pattern can be contrasted with a steady decline and better improvement for the control group. These results indicate that OCIP did not act to reduce disciplinary referrals among program participants.

For Wave 2, program participation commenced in the fall of 2000. The mean referrals from the matching semester were 5.48 for the treatment group and 4.80 for their matched control group. The semester of treatment had average referrals of 5.94 for the treatment group and 2.80 for their matched control group,  $t(177) = 6.158, p < .001$ . For the first semester post-treatment, the averages were 4.78 for the treatment group and 2.73 for their matched control group,  $t(137) = 3.311, p \leq .001$ . The second semester post-treatment showed averages of 3.78 for the treatment group and 1.97 for their matched control group,  $t(133) = 3.256, p \leq .001$ . As with Wave 1 data, the matched control group improved more quickly than the treatment group, but overall, both groups improved significantly. No differential advantages were found for OCIP participants with regard to the total number of disciplinary referrals.

We next analyzed changes over time in the number of violent and mandatory suspension referrals for the treatment and matched comparison groups. For Wave 1, the treatment group appears to experience a surge in referrals during the semester of treatment, followed by a decline for the two semesters following treatment. In contrast, the matched comparison group experienced a steady decline in referral frequency across the four semesters. The overall trend is down for both the total number of referrals and the number of violent referrals for both groups from the semester of treatment forward. However, the number of violent referrals as a proportion of all referrals dropped more dramatically for the matched comparison group than for the treatment group.

Students in Wave 2 produced similar results. The treatment group appears to have a surge in referrals during the semester of treatment followed by two semesters of declining referrals, whereas the matched comparison group had a steady decrease in referrals across the span of four semesters. The downward trend in referrals for the matched comparison group in each of these two waves is consistent with trends in the district as a whole. An analysis of districtwide referrals found

that although the district census had gone up from 1998 to 2001, total referrals, the number of students being referred, and the number of violent referrals have all decreased.

In the next analysis, the number of students in the treatment group and the matched comparison group who were present during the semester prior to treatment (at the time of match) were compared with the number of students present in each of the respective groups at the end of the study. We found that students participating in OCIP program dropped out of the school system at roughly half the rate of matched comparison group who did not participate in OCIP. In Wave 1, OCIP participants accounted for 18.3% of the total group during the semester previous and by study's end, the program participants accounted for 36.7% of the total,  $\chi^2(1, N = 489) = 22.64, p < .001$ . For Wave 2, program participants accounted for 25.4% of the group during the semester previous and 31.3% by the study's end,  $\chi^2(1, N = 827) = 5.50, p < .001$ . Students in OCIP program have a greater likelihood of remaining in school than their non-participating student matches.

### ***Anger Management Program***

Paired samples *t*-tests were conducted for each of the five domains and the composite score of the BERS for pullout and class-based groups separately. For the pullout group, scores on four of the five domains of the BERS and the overall composite significantly improved. For the class-based group, scores for four of the five domains and the overall composite also significantly improved. No significant differences were found from pretest to posttest for the parent-completed Family Involvement Scale for either group.

To assess the practical significance of the improvement on the BERS, a measure of effect size, Cohen's *d* (Cohen, 1969) was computed for each of the significant BERS scales. Cohen's *d* compares the average change to the pooled standard deviation of the group (Thompson, 2002). Effect sizes for the class-based group ranged from .85 to .96, a relatively large effect size. For the pullout group, effect sizes were in the moderate range, ranging from .38 to .62. Improvements on the BERS for the class-based group were consistently larger than for the pullout group for the teacher-completed domains and for the overall composite score. No differences were found for the parent domain.

As may be expected, students who were specifically referred for intervention via the pullout group generally scored about the same or lower on the BERS pretests than those in the class-based program.

These students had been specifically identified for program participation based on their teacher's concern for their behavior. From the available data, greater improvement was found for students in the class-based program.

The Agree to Disagree measure (Smead, 2000) was completed by the students at the start and at the end of the program. A paired samples *t*-test was conducted for the pullout and class-based programs separately. A significant difference was found for students in the pullout group,  $t(83) = 2.63, p < .01$ ; however, the effect size was small (.23). No significant changes were found post-treatment for the class-based group. Results indicate larger effects for the class-based group in teacher assessments of functioning, and student self-reports suggest a small measure of improvement for students in the pullout groups.

### ***IMPLICATIONS FOR SCHOOL VIOLENCE PREVENTION AND INTERVENTION***

Seventy-eight percent of public schools have some form of violence prevention or violence reduction programs (Heaviside, Rowand, Williams, & Farris, 1998). Yet, if these programs are to reduce violence in the nation's schools, they must both be effective and effectively implemented. Recent research has shown that significant barriers exist in successfully implementing behavioral interventions in the schools (Massey, Armstrong, Boroughs, Henson, & McCash, 2005). Rones and Hoagwood (2000) have suggested that program success can be attributed to multiple factors including consistent program implementation, the integration of program content into the general classroom, and including teachers and other stakeholders in program processes. Even the widely recognized evidence-based programs depend on delivery systems that fit the needs of the local setting. The results for the Anger Management Program that utilized Think First demonstrate the advantages of integrating program content into regular class curricula and of including teachers in program activities. Programs must be designed with an awareness of the limits and needs of the implementing organization. They must also remain flexible enough so that implementing professionals can tailor elements as needed to adjust to their individual school cultures.

Previous research had established the effectiveness of the Think First curriculum in changing self-reports of behavioral functioning. The current study confirmed improvements in both the pullout and class-based groups in teacher ratings of social, emotional, and behavioral



functioning. Significant improvements were also found for the pullout group in a self-report measure of behavioral self-control. However, the most effective implementation of the program involved its implementation in the classroom. Larger effect sizes were found for students in the class-based group. Teachers and parents of the class-based group also reported higher levels of overall satisfaction with the class-based intervention, making it more likely to be adopted by the school system.

The evaluation demonstrated that the class-based curricula produced better outcomes and was better accepted than the approach that removed students from their regular classroom routine. The curriculum in the class-based setting may have produced greater improvements because presentation in the classroom setting meshes better with the normal demands of routine school activities; producing less disruption to both students being removed for services and those remaining in class. An additional benefit includes the use of the classroom teacher who already had rapport with the students. This supports a model of collaboration between teachers, program specialists, and administrators in order to deliver the curricula in the least intrusive way. We believe this approach encouraged program support among stakeholders.

For OCIP, the evidence suggests that the program significantly reduced dropout rates for high-risk students. Results of the evaluation showed a decrease in both the total number of referrals and the number of violent referrals for the two semesters post-treatment for both service recipients and their matched comparisons. However, participants in OCIP were significantly less likely to drop out of school. Without the benefit of OCIP, students with comparable numbers of referrals were lost to the school system at almost twice the rate as students participating in the program. This information, with support from principals and teachers, led to the sustainability of the program through local funding efforts. Principals felt that even in the absence of fewer referrals, keeping students on school grounds and offering academic and behavioral supports was superior to suspending the student into an uncertain level of supervision in the community. The reduction in dropout rates was interpreted as evidence that the program made a significant impact on students who may otherwise be lost to the school system.

The results of the evaluations of these programs suggest that behavioral health efforts such as OCIP and the Think First curriculum offer useful alternatives to standard school disciplinary procedures for disruptive students and offer promise as part of a comprehensive and coordinated system of supports and services that include prevention, early intervention, and treatment.



### **IMPLICATIONS FOR RESEARCH AND PRACTICE**

The SS/HS Initiative provides temporary, time-limited funding to local school districts to address pressing problems in the emotional health and safety of students. The collaborative nature of the program at the federal level has proved to be an effective model of collaboration and compromise at the local level. This Initiative provides an opportunity to discover not only what works and does not work, but also what works for stakeholders in local communities. The outcome for this district was an array of programs made available to students to address complex behavioral problems. Our results suggest that the funding mechanism can work to increase collaboration among community stakeholders and schools.

Second, the purpose of the two evaluations was to provide evidence of the effectiveness of services and to investigate how to best implement the programs. In each case, programs were evaluated for their impact and contribution to student success. Although not definitive evaluations, the data provided in these studies offer useful guidance to the school district in determining a future course for student services. The flexibility of these programs, and the measures used to assess them, allowed for tailoring of the interventions so that programs with proven success could be adapted in a way that allowed for operation in the local setting.

Finally, evaluation efforts that provide careful documentation to support the effectiveness of such programs are critical to continued program improvement and sustainability efforts. The evaluation findings from OCIP and the Think First curriculum identified not only the expected consequences of participation, reductions in referral rates (OCIP) and improvement in teacher behavioral ratings (Think First), but also discovered two findings that could be critical for future implementation efforts and funding. Student OCIP participants showed lower dropout rates than their matched comparison group, meaning that one effect of the program was that they remained in school, a key finding to support sustainability of that approach. In the case of Think First, teacher ratings of students' behavior showed more improvement when anger management training was delivered within classrooms that were co-facilitated by teachers. For Think First, these results led to sustainability by training teachers who integrated the curricula with existing classes. Through evaluation of these programs, information sharing is allowed for necessary modifications to improve program efficacy and support sustainability. Either through further integration into the school curriculum or with new and available external funds, students and families continue to benefit from these services.

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