



## Jonesboro, Arkansas

Located in the heartland of the United States, Jonesboro, Arkansas, is an example of an “all-American” community facing escalating social risk factors. In March 1998, two middle school students shot numerous people, killing four students and a teacher. In addition, crime rates for juveniles (e.g., use of alcohol and other drugs, physical force, and weapons) have increased by 41% since 1990. At the beginning of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative, the local education agency (LEA) was serving 20,460 young people under the age of 18 in Craighead County, an area that includes four school districts: Jonesboro, Westside, Nettleton, and Valley View. While the county historically has been primarily homogeneous, 21% of the young people in the Jonesboro School District were minority students (primarily African American) at the time of SAFE SCHOOLS/HEALTHY STUDENTS funding. Annually, approximately 5,500 families received food stamps and 1,750 received public assistance. Thirty-five percent of the children in Craighead County schools participated in the free or reduced-price lunch program, with several schools qualifying as many as 80% of their students.

### Project Title

Jonesboro Safe Schools/Healthy Students Grant Initiative

### Primary Partners

Jonesboro Public Schools LEA  
Rivendell Behavioral Health Services  
Jonesboro Police Department

### Program Focus

- Decrease the risk and incidence of drug use and violence
- Improve the mental health of students through expansion of mental health services
- Create an alternative school for students needing behavioral management
- Improve the school climate

### Examples of Program Outcomes

- Conducted more than 15,000 individual contacts by case managers to at-risk students and over 4,900 individual therapy sessions
- Established Rivendell Day School as an alternative school for students needing intensive, focused behavioral management
- Sustained (beyond the grant) Schools United in Craighead County Educating and Serving

Students (SUCCESS) to continue the work of the Rivendell Day School

- Increased teachers’ positive perception of school climate over the three years of the initiative

### Lessons Learned

- When attempting to change something about a school, one needs to recognize that a lot of variables affect what is being measured. For example, in Jonesboro, the high mobility rate among students may have played an unanticipated negative role in students’ assessment of school climate.
- Developing a link between the community and school, while time-consuming, in the end proved to be critical to sustaining the majority of Jonesboro’s programs. These partnerships provide students with enhanced opportunities to succeed, as well as the “developmental assets” needed to help them make the right decisions when it comes to drugs, alcohol, violence, and other crucial issues they face.



## Los Angeles, California

If the Belmont Family of Schools were an independent school district, it would be one of the largest districts in the state of California. At the beginning of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative, the Belmont Family of Schools served approximately 37,000 children, from age 2 through age 18, at 34 schools and children's centers within its 19 square miles. Almost all of the students received free or reduced-price lunch (97%), and most were Hispanic (87%) and English-language learners (76%). Belmont Family of Schools students reside in an area just west of downtown Los Angeles. The population of this area comprises many diverse ethnic groups (63% Hispanic, 18% Asian, 14% white, 2% African American), more than half of whom are new immigrants.

### Project Title

Project SECURE (Safe, Empowered Communities Using Resources and Education)

### Primary Partners

Belmont Cluster, Los Angeles Unified School District  
Los Angeles County Department of Mental Health  
Los Angeles Unified School District Police Department

### Program Focus

- Improve students' sense of safety at school by increasing safety efforts on the school campuses
- Improve students', teachers', and schools' capacities to focus on learning (i.e., increase students' academic achievement)
- Decrease problem behaviors on campus related to alcohol and drug use and violence
- Increase services aimed at promoting healthy development for at-risk children at early ages

### Examples of Program Outcomes

- Improved students' sense of safety at school overall by 7%. As of Year 3, 82% of surveyed students indicate a high sense of safety at school.
- Improved academic performance throughout all four years of the grant. Average scores on the Academic Performance Index (API)—California's student performance test—improved from 472.9 in the year prior to the grant to 644.8 in Year 4, with growth occurring each intervening year.

(API scores range from 200 [far below basic] to 1,000 [advanced].)

- Reduced incidence of bullying. Both principals and teachers indicated that bullying had become a less serious problem between 2001 and 2002 (Years 2 to 3).
- Reduced problem behaviors through participation in Project SECURE. Students described that participation helped them get along with others, not fight any more, and be more respectful. More than two-thirds of the students surveyed indicated that they learned to take responsibility for their actions (72%), get into less trouble at school (68%), and say “no” when someone pressed them to do something that is not safe or good (68%).
- Provided developmentally appropriate services, including health and mental health prevention services, to more than 1,000 infants, toddlers, and pre-kindergartners.

### Lessons Learned

The grant allowed for flexibility in service delivery and increased the focus on prevention services. These were considered some of the most helpful aspects of the grant, allowing providers to offer services that met the unique needs of schools and students and to spend time developing relationships with school staff.



## Washington, D.C.

Washington, D.C., is a large metropolitan city hindered by environmental and societal realities, such as poverty, drugs, gangs, and child abuse. At the start of SAFE SCHOOLS/HEALTHY STUDENTS funding, the public school population was 65,099, of whom 84% were African American, 9.4% were Hispanic, and 4.6% were white. Sixty-one percent of D.C. students were eligible for free school lunch, and only 63% of D.C. youth graduated from high school. In 1999, 41% of district children were living below the poverty level, 21% under extreme economic deprivation, and 39% in high-risk families. The D.C. Charter Schools were created out of widespread frustration with the public school system's ability to address the social, economic, and behavioral challenges facing D.C. youth. At the beginning of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative, D.C. Charter Schools served 8,400 high-risk students, most of whom were two or more years below grade level.

### Project Title

Charter School Center for Student Support Services

### Primary Partners

Maya Angelou Public Charter School  
District of Columbia Commission on Mental Health Services  
Metropolitan Police Department

### Program Focus

- Improve academic achievement in students
- Promote positive mental health and minimize violent behavior and drug use by students
- Establish safe, disciplined, and drug-free learning environments
- Establish and sustain a comprehensive integrated service system infrastructure

### Examples of Program Outcomes

- Improved Student National Curve Equivalent reading and math mean gain scores; students scored highest during the final year of the initiative
- Decreased trend in alcohol, tobacco, and other drug use, especially among elementary and middle school students
- Dramatically reduced school noise, school fighting, and school suspensions for elementary and middle school students during Year 2 of the initiative

### Lessons Learned

Improved academic performance proved to be a corollary factor and potential outcome of youth resiliency. Therefore, program components designed to target student academic performance (e.g., mental health services, after-school programs) combined with effective Early Intervention Teams are likely to create an environment in which children grow academically.



## Pinellas County, Florida

With a population of about one million, Pinellas County ranks highest in the state in population density. At the beginning of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative, approximately 107,000 students were enrolled in 149 schools in the 7th largest school district in Florida and the 22nd largest in the United States. Minority students comprised 30% of the school population. Forty-eight percent of the elementary students were eligible for free or reduced-price lunch, and one-third of Pinellas County youth were living in single-parent homes. The school district is concerned about high rates of student violence, juvenile crime, gang-related issues, and alcohol and other drug use. Additional issues of concern include suicide, runaways, and suspension or expulsion from school.

### Project Title

Pinellas County Safe Schools/Healthy Students Grant Initiative

### Primary Partners

Pinellas County Schools  
Juvenile Welfare Board  
Pinellas County Health Department  
Pinellas County Sheriff's Office  
Local Mental Health Providers  
University of South Florida

### Program Focus

- Provide prevention and intervention programs to support school safety and healthy students
- Reduce disciplinary problems and school drop-out rates
- Sustain effective programs funded by the initiative after grant funds are exhausted

### Examples of Program Outcomes

- Drop-out rates for participants of the On-Campus Intervention Program were reduced to roughly half the drop-out rates of the comparison group at the end of the 18-month study.
- Teachers who were trained in delivering the social skills curriculum and collecting data were better able to address the behavioral problems of their students, and they reported student progress in a consistent and accurate way.

### Lessons Learned

- The earlier that school and community professionals are actively engaged in the process of program development and implementation, the more likely they are to invest time and effort in the sustainability of the program once grant funding ends.
- Evaluation plays a critical role in sustainability efforts, not only by providing evidence of the acceptability, appropriateness, and effectiveness of programs, but also by providing practical assistance in instrumentation, organization, and formative feedback.



## Cook County, Illinois

The J. Sterling Morton High School District is one of Illinois State's largest districts, serving the Chicago border communities of Berwyn, Cicero, Lyons, McCook, and Stickney in Cook County, Illinois. This suburban district has two main high school campuses—Morton East in Cicero and Morton West in Berwyn—that serve more than 6,000 of the district's students. Prior to the SAFE SCHOOLS/HEALTHY STUDENTS Initiative, the Morton East district was 91.5% Latino (predominantly Mexican), and 23.9% of the students had limited English proficiency. At Morton West, 39% of students were Hispanic, and 4.5% had limited English proficiency. More than 38% of the students in the district qualified for free or reduced-price school lunch. The truancy and drop-out rates for the area were higher than the state average. During the 10 years prior to SAFE SCHOOLS/HEALTHY STUDENTS funding, there was a 70% increase in the number of persons living below the poverty level in Cicero, and the number of families qualifying for public assistance in Cicero increased by 80%.

### Project Title

Cook County Safe Schools/Healthy Students Initiative

### Primary Partners

J.S. Morton High School District  
Filmore Center for Human Services  
Berwyn and Cicero Police Departments

### Program Focus

- Reduce angry and disruptive student behavior
- Strengthen connections between families, youth, and schools
- Decrease violent incidents at school
- Improve the average daily attendance and overall drop-out rates by 2%

### Examples of Program Outcomes

- Significantly decreased the mean number of aggressive behaviors in children through implementation of family case management. Anxious and depressed behaviors exhibited by children also significantly decreased.
- Decreased the number of early elementary classroom (grades 1–3) disruptions by more than 60% while using a classroom intervention called the PAX Game (a game designed to promote good behavior).

- Decreased gang-related school violence incidents from a high of 81 to fewer than 9 over the three-year period of the initiative.
- Increased average daily attendance from 87% to 90% over the three-year period of the initiative.
- Reduced the drop-out rate from 10.8% to 5.3% over the three-year period of the initiative.

### Lessons Learned

- Implementing and sustaining school-wide interventions is difficult, due to the large number of teachers and school personnel needed to implement such interventions. This was further complicated by the high turnover in principals and teachers, which also meant the loss of trained personnel and “institutional memory.”
- Classroom interventions were less difficult to sustain. However, they did require commitment from the principal and staffing support for continual training of new teachers.



## Hays, Kansas

Ellis County is a rural community in western Kansas. The SAFE SCHOOLS/HEALTHY STUDENTS Initiative in Ellis County served 5,500 students, the majority of whom attended school in Hays Unified School District, which served 3,630 students (96% non-Hispanic white) at the start of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative. Of county residents, 11% were living in poverty. Since 1989, the number of economically disadvantaged students in the Hays School District had increased by 27%; the number of juvenile court filings had also increased substantially. Risk factors in the community included births to single teens (an 81% increase since 1990) and out-of-home placements of children age 18 or under (a 51% increase since 1996). Twenty-nine percent of DUI (driving under the influence of alcohol) arrests in 1998 were of minors. The graduation rate in the school district fell from 95% in 1994 to 85% in 1998, and the drop-out rate increased from 1.5% in 1994 to 3.3% in 1998.

### Project Title

Rural Underpinnings for Resiliency and Linkages (RURAL)

### Primary Partners

Hays Unified Schools District #489  
High Plains Mental Health  
Ellis County Law Enforcement

### Program Focus

- Improve student academic performance
- Improve student social and emotional skills
- Decrease juvenile substance abuse, violence, and crime rates

### Examples of Program Outcomes

- Increased algebra mastery rates and advanced math passing rates by 7% and 3%, respectively.
- Increased awareness of and willingness to utilize school-based social workers, Functional Family Therapy, and the Learning Center (25% of parents and teachers).
- Increased awareness of and willingness to utilize social and mental health services. Approximately 10% of Ellis County families (about 400) had received some form of RURAL intervention services by the end of the initiative.

- A decrease in positive attitudes toward unhealthy behaviors in Ellis County students, as measured by responses to the Kansas Communities That Care survey questions: ease of getting cigarettes (from 47% to 41%), getting alcohol (from 37% to 33%), chances of not getting caught by police for drinking (from 73% to 68%), and peer approval of drinking (from 17% to 15%).

### Lessons Learned

- RURAL brought mental health services to Ellis County that had previously been unavailable.
- The number of programs implemented in a school seemed to be associated with trends in school climate—the more programs, the more positive the school climate.
- Prevention programs need time for their effects to accumulate, and systemic change rarely occurs quickly. More emphasis probably should be placed on qualitative evaluation and cataloguing impacts on individuals and organizations rather than looking for community-wide outcomes in relatively short time periods.
- There is often stigma associated with receiving mental health services within a rural community, and this makes it difficult to achieve full cooperation from all clients. Clients who recognized that change needed to occur were much more successful than those who did not.



# Jefferson County, Kentucky

Located in an urban area that includes inner-city Louisville, the Jefferson County Public School District is the largest school district in Kentucky and the 27th largest school district in the nation. At the beginning of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative, the district served more than 98,000 students in 87 elementary schools, 24 middle schools, 21 high schools, and 23 other learning environments. Approximately 30% of the students were African American, and more than 50% of students participated in the free or reduced-price lunch program. The Jefferson County SAFE SCHOOLS/HEALTHY STUDENTS Initiative, called Project SHIELD, was implemented in 12 elementary schools, 4 middle schools, and 2 high schools, serving approximately 19,000 students. One-third of the selected schools were located in the Enterprise Community, in which more than half the students were economically disadvantaged, and 60% of elementary school, 70% of middle school, and 80% of high school students received free or reduced-price lunches. Truancy, low academic performance, and disciplinary problems were all concerns in this community.

## Project Title

Project SHIELD (Supporting Healthy Individuals and Environments for Life Development)

and sustainability actions (e.g., planning, fund-seeking) for participating partners in the initiative

## Primary Partners

Jefferson County Public Schools  
Seven Counties Services, Inc.  
Louisville Police Department

## Lessons Learned

### Program Focus

- Increase school attendance
- Decrease disciplinary referrals and other disruptive behaviors
- Strengthen community partnerships that support safe, disciplined, and drug-free schools

- Strong leadership at the district administration level is a key element of building capacity and sustaining new infrastructures associated with school-based intervention efforts.
- Policy-relevant outcomes are important to stakeholders in a high-stakes accountability environment, and can be used as a basis for deciding which interventions to sustain by providing justification for their continued support.
- Getting school personnel to focus on building and sustaining infrastructure, in addition to prevention programming, was a major challenge.
- Potent collaboration between external and internal evaluators can enrich all facets of the evaluation research process, such as defining research questions, measures, and reporting.

## Examples of Program Outcomes

- Decreased unexcused absences by 65.4% in students participating in the Louisville Education and Employment Partnership (LEEP) relative to controls over two years of the initiative
- Decreased number of days suspended by 75.5%, total number of suspensions by 67.4%, and unexcused absences by 38.4% for students participating in Multi-Systemic Therapy
- Increased infrastructure development (e.g., increased resource allocation, formal linkages)



# Lansing, Michigan

Lansing, the capital of Michigan, is a mid-sized city located in the Lower Peninsula. Prior to SAFE SCHOOLS/HEALTHY STUDENTS funding, the school district served students in 34 elementary schools, 4 middle schools, and 3 high schools. The student population was 44% non-Hispanic white, 36% African American, 13% Hispanic, 5% Asian, and 1% Native American. More than a quarter of the district's students lived at or below poverty level. Lansing school children are at an elevated risk for nearly every negative social indicator, including high rates of alcohol and illicit drug use, school violence, truancy, suspension, expulsion, drop-out, and teen pregnancy.

## Project Title

Lansing Safe Schools/Healthy Students Project

## Primary Partners

Lansing School District  
Clington-Eaton-Ingham Community Mental Health Board  
Ingham County Sheriff's Department

## Program Focus

- Increase student academic achievement
- Improve school attendance
- Improve student behavior
- Reduce criminal activity in common areas of the school
- Increase parental knowledge of child development, parenting, and child-family functioning
- Improve school climate
- Increase personal attitudes against cigarette use, marijuana use, and violent behaviors

## Examples of Program Outcomes

- Improved student behavior that led to improved academic achievement. The most notable improvement made by the Student and Family Empowerment (SAFE) program was in the area of student behavior. Students who participated in the SAFE program were also more likely post-treatment to receive A's and B's in their classes.
- Improved school attendance through the Attendance Advocacy Program. Two-thirds of the high-risk and more than three-quarters of

the low-risk students achieved an acceptable attendance record within a year of receiving services.

- Increased involvement by students in peer mediation. Over the two years of the intervention, students were more likely to request peer mediations. Male students reached parity with female students in peer mediation. The resolve rate hovered around 85% over the two years.
- One-hundred percent of the families enrolled in the Jump Start program were connected with a primary health care provider. Rates of up-to-date immunizations ranged from 72% to 98% over four years.
- Decreased reports of arson, malicious destruction of property, and physical assault cases.
- A 50% reduction in criminal activity, which resulted from funding of an additional School Resource Officer and the purchase of closed-circuit televisions in schools.

## Lessons Learned

- The desire to deal with such problems as school violence and substance abuse in a comprehensive manner is understandable, but it cannot be completely accomplished with a single three-year grant.
- Ideally, sustainability should have focused on programs that were showing results, but it was difficult to document good results by the end of the second year, when sustainability efforts were initiated.



## Nassau County, New York

The Freeport and Westbury school districts, both located in urban Nassau County, Long Island, New York, serve more than 10,000 students, representing diverse cultures, interests, abilities, and educational experiences. Prior to SAFE SCHOOLS/HEALTHY STUDENTS funding, the student population was 42% black, 39% Hispanic, and 19% white, and 44% of all Freeport students received free or reduced-price lunch. In Westbury, the student population was 58% black, 29% Hispanic, and 9% white, and 72% of all Westbury students were eligible to receive free or reduced-price lunch. In 1990, single mothers under 18 years old comprised 25% of households in Freeport and 13% of households in Westbury. Rates of alcohol and drug use, school violence and threatening behaviors, gang involvement, school suspensions, suicide ideation, and other emotional and behavioral disorders had been increasing until 1998, but according to the January 1, 2003 issue of Newsday, "Murder on Long Island dropped by almost 10% in Nassau County . . . since 1998," and student infractions in participating schools were reported to be reduced by 2003.

### Project Title

Nassau County Safe Schools/Healthy Students Project

### Primary Partners

Board of Cooperative Educational Services of Nassau County  
South Shore Child Guidance Center and North Shore Child and Family Guidance Center  
Freeport and Westbury Police Departments

### Program Focus

- Decrease risk factors for students through implementation of an after-school mentoring program in grades 3–5
- Improve student school achievement and attendance records through implementation of a mentoring program

### Examples of Program Outcomes

- Improved academic achievement. Fifth graders who were mentored for three consecutive years showed statistically significant improvements in almost all aspects of their achievement and behavior
- Decreased suspension rates over the grant period in Freeport Schools—in one school district, by as much as 50%

### Lessons Learned

- Implementing an existing program, such as Second Step, which was already approved by the federal government as a violence prevention curriculum, saved a great deal of time and money that might have been spent on curriculum development.
- Mentor qualification was an important facilitating factor of the after-school mentoring program. Those mentors who spent the day in the same school in which they mentored, and improved their mentoring skills through staff development, achieved the best results with students.
- Competence and commitment of the program administrators was probably the most important facilitating factor. A comprehensive and multi-faceted program, such as SAFE SCHOOLS/HEALTHY STUDENTS, could have failed badly without the necessary administrative competence to deal with all aspects of the program.
- The commitment made by district-level school administrators to the SAFE SCHOOLS/HEALTHY STUDENTS program facilitated program implementation. Not only did they convey the importance of the program by their presence at meetings, they took necessary steps to provide the program with the necessary administrative support at every juncture.



# Deschutes County, Oregon

The Crook Deschutes High Desert Education Service District, located in rural central Oregon, is composed of three school districts (Bend/LaPine School District #1, Redmond School District 2J, and Sisters School District #6), which at the beginning of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative served 20,000 students in grades K–12. The county is projected to have the fastest growing youth population in Oregon. The youth population is predominantly white; prior to SAFE SCHOOLS/HEALTHY STUDENTS funding, only 4.5% of students were Hispanic, 1% were Asian American, 1% were Native American, and .3% were African American. Deschutes County is fraught with social problems, including homelessness, poverty, crime, and substance abuse. During the 1997–98 school year, there were more than 15,350 behavior-related incidents of serious and violent crime. Total juvenile crime soared by 38% between 1987 and 1996. The overall suspension and expulsion rate was alarming and consistent. Other serious indicators included a 134% increase in students referred to probation from 1990 to 1998, and a rise in the number of students in juvenile justice placements and in child abuse and neglect cases.

## Project Title

Deschutes County Safe Schools/Healthy Students Initiative

## Primary Partners

Crook Deschutes High Desert Education Service District  
Deschutes County Commission on Children and Families  
District Attorney's Office

— Increased collaboration between schools and the local mental health agency. All Family Access Network sites continue to operate. The Safe School Alliance—a collaboration among schools; mental health, juvenile justice, and law enforcement agencies; and the district attorney—which responds to serious threats and/or school violence incidents, continues to meet.

## Program Focus

- Reduce violence and juvenile crime in schools and the community
- Increase the mental health of and health access for all students and families
- Decrease high school drop-out rates

## Examples of Program Outcomes

- The drop-out rate decreased 48% for Deschutes County during the three-year project period.
- Increased mental health access for all elementary, middle, and high school students, from 56 students receiving mental health services prior to project implementation to 1,713 students receiving services during the four years of the project.
- The juvenile arrest rate for person and property crimes decreased by 33% during the project period.

## Lessons Learned

- Training staff in each agency about the philosophy of the project and each agency's roles and functions is an important step toward building partnerships.
- The development of a coordinated data system is critical for self-evaluation and providing feedback to oversight committees.
- Prior to this project, county mental health administrators perceived school-based mental health services as prevention and were reluctant to commit Oregon Health Plan dollars and resources to school-based services. However, the results of the final project year convinced these officials that school-based mental health therapists served students with diagnosable and, in some cases, severe mental health disorders.



## Portland, Oregon

Portland Public Schools, the largest district in the Pacific Northwest, serves students from inner-city, suburban, and rural communities. The 1998–99 enrollment at the start of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative was 55,831 students from pre-kindergarten through grade 12. The district operated 90 elementary, middle, and high schools, 11 special focus and alternative schools, and 24 support facilities. Minority students comprised 35% of the enrollment, and 38% of this population qualified for the federal free or reduced-price meals program. This area is home to Oregon’s largest concentration of African American families, with a significant influx of students from Latin America, southeast Asia, and the former Soviet Union. More than 60 different languages are spoken in the district, and students whose home language is not English represent 8% of the enrollment.

### Project Title

Portland Safe Schools/Healthy Students Initiative

### Primary Partners

Portland Public Schools, District 1  
Multnomah County Community and Family Services  
Multnomah County Juvenile and Adult Community Justice

### Program Focus

- Reduce the incidence of major discipline referrals in the district
- Increase school performance (e.g., attendance, credits earned) through the Reconnecting Youth program
- Decrease drug involvement through the Reconnecting Youth program
- Decrease suicide risk by decreasing related risk factors (e.g., depression, anger control) and increasing protective factors (e.g., personal control, social support) through the Reconnecting Youth program
- Increase parent involvement in the school and community through the Families and Schools Together (FAST) program
- Increase service integration among partnering agencies

### Examples of Program Outcomes

- Reduced major discipline referrals in each year of the SAFE SCHOOLS/HEALTHY STUDENTS grant funding. The total reduction over this five-year period was 35.8%.
- Doubled the amount of academic credits earned by Reconnecting Youth program participants during the school year in which they began the program, compared to their performance prior to participation in the program.
- Reduced 30-day use of a variety of substances, with significant reductions in the use of beer or wine and hallucinogens for high school students participating in the Reconnecting Youth program.
- Improved behaviors related to conduct disorder (a 21% decrease), socialized aggression (a 40% decrease), anxiety and withdrawal (a 27% decrease), motor excess (a 28% decrease), and attention problems (a 27% decrease) demonstrated by middle school students participating in the FAST program.
- Increased parental involvement (a 13% increase) in middle school as a result of the FAST program.
- Established the Portland Partnership to increase service integration, resource sharing, and communication.

### Lessons Learned

The greatest obstacle to sustainability is providing time in the instructional day for “non-academic” programming.



# Springfield, Oregon

Eugene-Springfield-Bethel is the urban core of Lane County, Oregon, an area roughly the size of Connecticut. Even though the metropolitan area is separated into three school districts and two municipalities, it is effectively one city. In the spring of 1998, Springfield was the site of a tragic event in which a student shot and killed fellow students and his parents. At the time of the SAFE SCHOOLS/HEALTHY STUDENTS Initiative, more than 14% of families with children under 18 were living below the poverty line. The percentages of students on free or reduced-price lunch were near 27% in Eugene, 36% in Bethel, and 33% in Springfield. Alcohol, tobacco, and other drug use by youth was a persistent problem in Lane County, as was juvenile problem behavior. Risk factors for youth included child abuse and neglect, poor academic performance, and economic deprivation.

## Project Title

Springfield, Eugene, and Bethel Safe Schools/  
Healthy Students Project

## Primary Partners

Springfield School District 19  
Lane County Health and Human Services  
Department, Mental Health Division  
City of Springfield Police Department

## Program Focus

- Reduce the incidence of violence in local schools and communities
- Increase academic, behavioral support, mental health, and health service access for all students
- Improve the safety of the school environment
- Establish and enhance partnerships with local law enforcement

## Examples of Program Outcomes

- Decreased incidence of office discipline referrals for violent and aggressive behavior. In addition, there was a reduction in general office discipline referrals, out-of-school suspensions, and the percentage of students suspended out of school.
- Increased by 11% the number of students receiving school-based mental health services. Overall, 399 students received mental health services, and 1,782 visits to mental health clinicians occurred.

- Decreased the perception of overall risk (-9.69%) and increased the perception of the presence of overall protective factors (+4.63%) in schools during the period that the initiative was in place.
- Reduced illegal weapons (-35.6%), gang activity (-35.9%), illegal drugs and alcohol (-9%), and bullying and harassment (-4.2%).
- Decreased major discipline referrals by 24%, including a 24% decrease in fighting and physical aggression.
- Increased staff satisfaction with school facilities improvements as measured by the Crime Prevention Through Environmental Design Program. Staff reported that the improvements made them feel safer and were worth the cost.

## Lessons Learned

- The SAFE SCHOOLS/HEALTHY STUDENTS project provided a unique model by placing mental health therapists within school-based health clinics. One advantage of placing students in this environment is the reduced stigma for the student, as “going to the health center” is more innocuous than “going to the office.”



# Houston, Texas

Houston Independent School District is the largest school district in Texas, made up of two contiguous school feeder patterns. Prior to SAFE SCHOOLS/HEALTHY STUDENTS funding, the district was serving 212,000 students from 90 countries, of whom 53% were Hispanic, 34% were African American, 11% were Caucasian, and 2% were Asian American. There were 59,000 limited-English-proficient students, a population larger than 90% of all school districts in the nation. The SAFE SCHOOLS/HEALTHY STUDENTS grant included 24 elementary schools, 5 middle schools, and 3 high schools in the Austin and Yates feeder patterns. Approximately 14,000 students attended school in the Austin feeder pattern, 90% of whom were eligible for free or reduced-price lunch. In the Yates feeder pattern, 80% of students were eligible for free or reduced-price lunch. The district was burdened by poverty, juvenile crime, violent behavior, delinquency, truancy, alcohol and drug use, and other adverse social conditions. Student involvement with alcohol and drugs was over-represented at every grade level. Even at the elementary school level, rates of marijuana use doubled from 2% in 1996 to 4% in 1998. The school district also had high rates of school violence and victimization, suspensions, dropout, truancy, and expulsions.

## Project Title

Houston Safe Schools/Healthy Students Initiative

## Primary Partners

Houston Independent School District  
Communities in Schools, Houston  
Families Services of Greater Houston  
Harris County Juvenile Probation Department

## Program Focus

- Reduce violence and other delinquent behaviors
- Improve positive mental health and pro-social behaviors
- Improve perceptions of school safety among students and school staff
- Reduce substance use

## Examples of Program Outcomes

- Decreased negative behaviors by middle school students, including hitting a teacher or parent (7% decrease), stealing (4% decrease), intentionally damaging school property (9% decrease), gang fights (4% decrease), trespassing (6% decrease), arson (7% decrease), and trouble

with police (4% decrease), between baseline evaluation and third-year follow-up

- Decreased proportion of high school students reporting participation in unlawful behaviors, including stealing (8% decrease), arguing with parents (9% decrease, Austin only), gang fighting (5% decrease), and lying (13% decrease) from baseline to third-year follow-up
- Decreased proportion of elementary school students who reported missing school one or more days in the past month because of safety concerns by 11%, from baseline to all three follow-up years
- Decreased substance use by elementary school students, including cigarettes (4% decrease), alcohol (4% decrease), marijuana (2% decrease) from baseline to third-year follow-up

## Lessons Learned

The effectiveness of individual services and program strategies is enhanced by participation in a comprehensive and coordinated plan of action where expectations and outcomes are clearly articulated.