

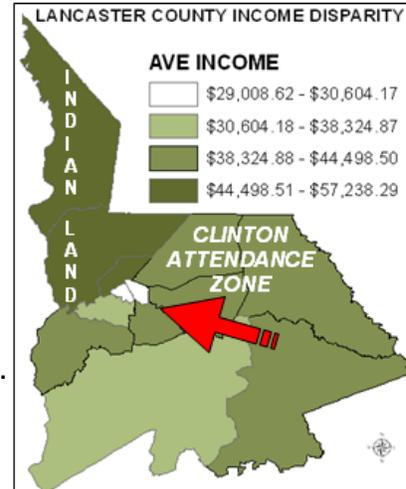


I. QUALITY OF THE PROJECT DESIGN

A. Students, Family Members, Community Served, Demographics, Need & Number

Lancaster, South Carolina is a small rural area in the upstate of one of the most economically depressed states in the nation. Although unknown to most, the area gained national notoriety during the global financial collapse, when Forbes Magazine published a list of the Top 10 most vulnerable towns in America. Lancaster topped the list. Forbes cited unemployment of 12%, twice the national average, and poverty level exceeding the U.S. rate by 50%. Although many may define drug use, violence, or gang affiliation as an urban concern, the rate of such problems in many rural towns is severe, often exceeding larger cities or boroughs. Such is the case in Lancaster, South Carolina.

Lancaster County, SC	
Total Population	80,458
White	74%
African American	24%
Hispanic/Other	2%



The proposed project represents an important next step for a partnership formed in 1998 to address critical problems facing children and families, promote collaboration, and formulate strategies to address education, health, and poverty. This grassroots network has grown to over 40 public, private, civic, and faith-based entities, including:

Lancaster School District	Dept. of Social Services	Partners for Youth
Hope Center Church of God	NAACP	Las Fuerte Familias
The Children’s Council	Adult Literacy Center	United Way
Univ. of SC-Lancaster	Health Department	Hope on the Hill
Catawba Mental Health	Alcohol & Drug Services	Learn TV
Lancaster Sheriff’s Dept.	Communities in Schools	First Steps



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Over the past decade, the work of this coalition has been staggering. Armed with a rigorous annual community needs assessment the Coalition secured over \$20 million



dollars in new services including a Fatherhood Engagement Program that has reconnected over 500 absent fathers back into lives of their children; an award winning Truancy Prevention project that has reduced the number of truancy petitions to family court by 90%; the first Early Head Start program in South Carolina; a minority achievement gap initiative that produced a 60% increase in Black student enrollment in rigorous Advanced Placement coursework; and an aggressive fundraising campaign that raised \$1.5 million dollars to fund college scholarships to low-income students.

Throughout this time, while significant need has been evident throughout the community, one school has remained in the hearts and minds of coalition members—**Clinton Elementary**. What was once the pride of the African American community has fallen into disarray. Located in the census track with the highest poverty rate in the county (46.9%), Clinton serves the attendance zone known as “The Hill,” primary source

of drug trafficking and prostitution in the county, and bordered by a large

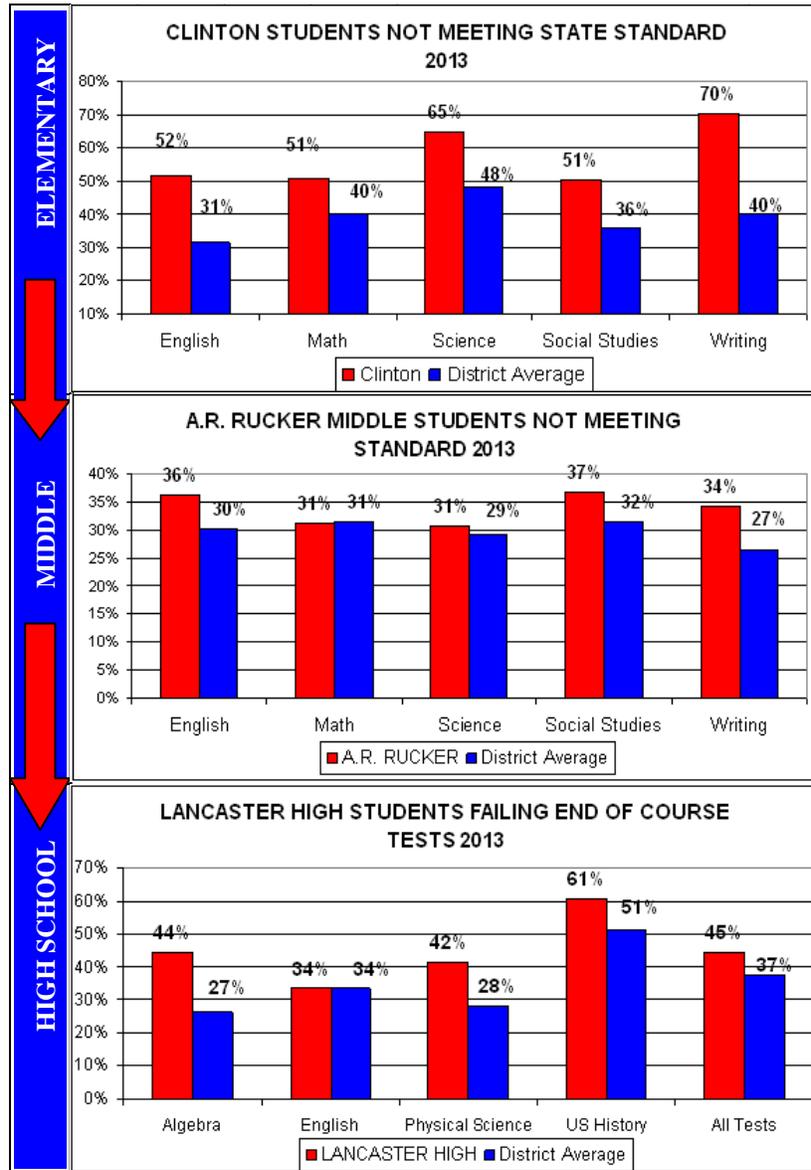
Students	Poverty	Black	White	Hispanic	Disabilities
399	93%	73%	21%	6%	9.7%

public housing complex (Pardue Housing). Prior to court-ordered desegregation of schools in South Carolina in 1964, this attendance zone served only African-American students, and today is still the most minority isolated school in the district. After a devastating collapse of the chief economic engine (textile mills), more affluent families relocated in search of jobs, leaving behind the poor, unemployed, and often illiterate families residing on “The Hill”. It is this backdrop that the proposed program will operate.



Unfortunately, that pattern of academic failure for students at Clinton continues well

into high school. The chart to the right depicts students failing to meet state standard on core subjects. After three consecutive years with a Below Average state rating, the school has now been placed in the Critical Risk category. With almost double the number of children older than usual for grade level, and a free and reduced lunch rate of 93%, Clinton serves some of the neediest children in the community.



In planning the proposed project, a detailed assessment was conducted comprised of surveys administered to every teacher and administrator, every student in grades 3 through 5, and grades 7-12 (attendance zone middle and high schools), and Parent Survey, mailed home to every household to solicit input and identify service gaps.

Sadly, the assessment reveals that many youth unable to perform in the classroom often fall prey to problem behaviors such as substance abuse, violence, and

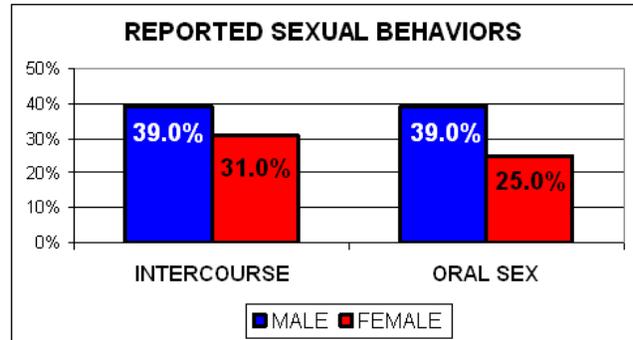
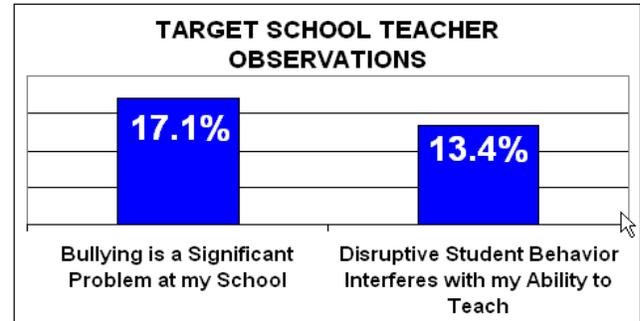
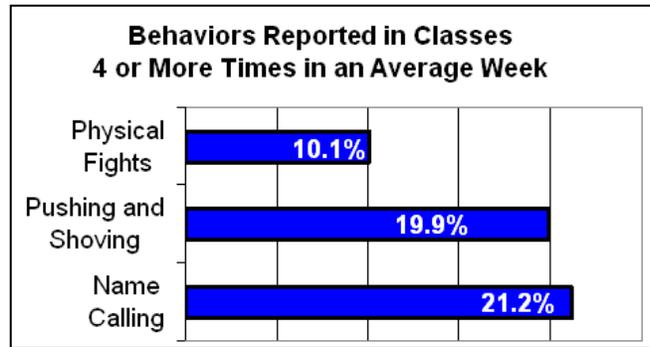


gang affiliation. The charts below illustrate the rate of disruptive behaviors at Clinton, which significantly exceeds the district average. Likewise, as these students age, the incidence of substance use surpasses the national average, with 66% having used alcohol in their lifetime and 32% in the past 30 days. Data reveal that African American males initiate use earlier and are a third more likely to use marijuana compared to white male counterparts.

High risk behaviors are not limited however to the use of alcohol and drugs.

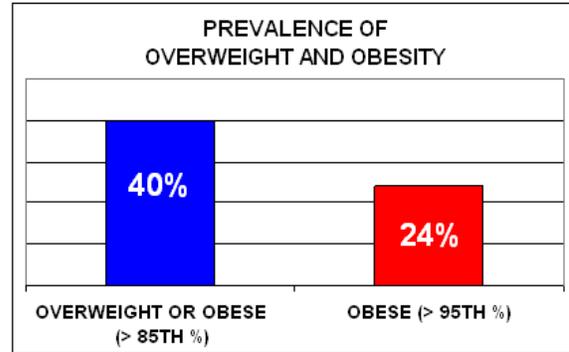
The rate of teen pregnancy in the target community (46.3 per 1,000 females) now exceeds the U.S. average by 25%. The problem for African American youth is even more dire, with a teen birth rate of 73.1, almost twice the rate for whites. Survey data reveal Black youth in Lancaster have a higher reported rate of both intercourse and oral sex, are more likely to report future sexual intent, and are more sexually active than white youth.

Problems at Clinton are not confined to academics and behavior, but also overall health and wellness, specifically related to poor eating habits and sedentary lifestyle. Although 80% of Clinton students do not meet the RDA guidelines for fruits, vegetables or dairy, 32% report eating fried foods six times a week, and 41% spend five or more

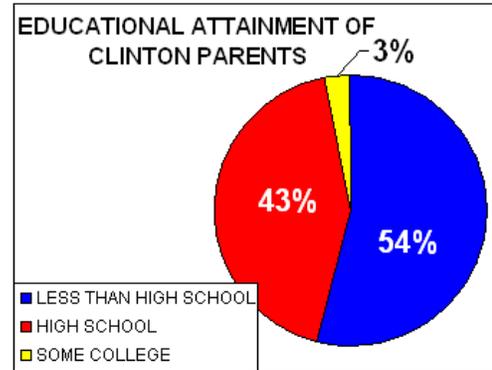




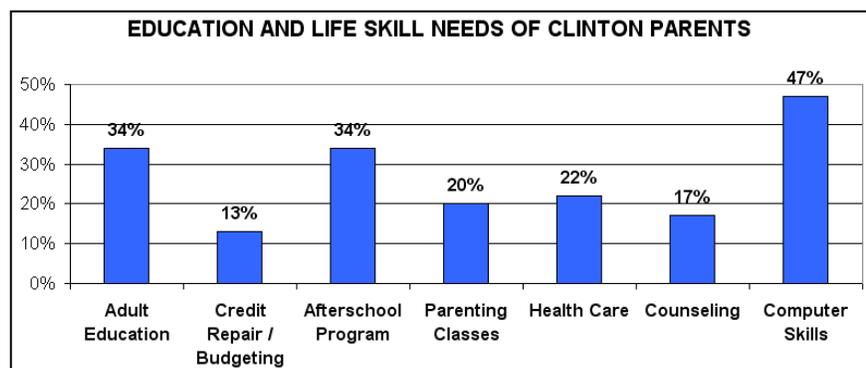
hours a day watching TV, playing video-games, or on computer. The Body Mass Index of every student was computed and compared with CDC charts, with Clinton exceeding the NHANES levels with 40% of students overweight.



Much of the problem begins early, and at home. Using census data for the attendance area, adult educational attainment was computed and reveal a staggering 54% of adults lacking a



high school degree. Likewise, 41% of homes are headed by single women, four times more likely to be poor than a home with both parents. Parent survey data depicted in the chart below reveals the top needs identified for inclusion in the program. This data is supported by both school staff and service providers, who view adult education, medical care, employment skills, and parenting as most needed. Based on the assessment, a



service model has been devised to address each of the aforementioned needs. Each program element will be

described, with the following service levels projected for year one:

Clinton Students	Clinton Parents / Families	Neighborhood Residents
399 (100% of enrollment)	250	50



These estimates are based on survey data and partner agency service logs.

Given the rural nature of the community, the proposed school is likely to become a valuable resource to children, parents, and residents of the surrounding area.

B. Eligible Services to be Provided, How Services will Meet Needs, & Frequency

Based on the aforementioned needs assessment, a menu of services has been devised that includes a summary of each element, relationship to identified need, and **estimated frequency** (see chart on pages 9). Year one services includes:

Primary Health/Dental	Adult Education/Literacy	Job Training/Career Counseling
Early Learning	Remediation Education	Family Engagement/Parenting

Several proposed components will be further elaborated, including the research base.

• **Primary Health and Dental Services**



The proposed Full Service School begins with one of the most needed services. With one hospital, 93 physicians, (for 80,000 residents), and no public transportation, access to healthcare is critical, especially for the poor. In the past year, a non-profit partner, **CareNet**, provided medical and dental care to 7,000 clients and \$1.3 million in free medications. CareNet has agreed to set up a satellite clinic at Clinton to serve children and families in the attendance zone. With grant funds, a part-time physician will be added, with nursing services, dental care, pharmacist, and prescriptions provided as match.

• **Adult Education and Literacy**



As outline earlier, the educational, vocational, and economic stressors facing adults in the area are considerable. For that reason, a local non-profit organization, The Literacy Center, will establish a Training Lab at Clinton, operating four evenings a week,



providing GED instruction, ESL Classes, Employment Readiness and Career Planning, Computer Classes, Family Finance, and Credit Repair. In addition, an evidence based program will be employed in the Adult Training Lab, as well into the Clinton curriculum. Established through a series of independent evaluations, **Read Right** received national notoriety when named "Best Program Available" for reading improvement by Hewlett Packard, and named a best practice by the National Center on Response to Intervention for RTI, listed as effective at the elementary, middle school, high school, and adult education levels, and with ESL and special education populations.

Full Service grant funds will be employed to secure training and certification in Read Right for instructors at the Adult Training Lab, as well Clinton reading teachers.

- **Remediation Education & Classroom Support**



During planning of the project, Coalition members grew disturbed over the growing number of disruptive behaviors documented at Clinton. The search of several evidence based program models resulted in selection of a program with demonstrated capacity to reduce acting out, bullying, and improve academic achievement. The Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive disruptive classroom behaviors. The first published study of the GBG employed a multiple-baseline design in a difficult classroom. Trained observers coded student behavior every minute for an hour a day, for several weeks. Prior to implementation of the GBG, the children were out-of-seat or disruptive 80–96% of each period, making



instruction nearly impossible. The Game was introduced and the rate of disruptions fell immediately from about 91% to 10% in the hour. Elimination of the game, and disruptive behaviors returned. Allow the game to continue and behavioral problems all but disappeared. Full Service Grant funds will enable on site training from PAX Inc. and a full time GBG Coach required by the model to coach teachers and observe.

In addition to GBG, Clinton teachers and administrators argued



strongly for additional supports to assist children in meeting rigorous South Carolina standards, ranked third highest in the nation by the Hoover Institute. To address this gap, an afterschool program, staffed by certified teachers and operating five days a week will provide tutoring in core academic subjects, fitness, and nutrition. Afterschool staff will communicate regularly with the child’s classroom teacher to ensure alignment with the curriculum. In addition, another Coalition member, United Way of Lancaster, has agreed to replicate a popular community garden project at the target school. United Way volunteers will construct 100 raised bed garden plots at Clinton, provide plant stock and seeds, garden tools, and instruction to students, parents, and community members who sign up for a designated plot.

• **Early Childhood Education Services**



Next to healthcare, the area that received the most attention during planning was early childhood education services. Early brain development research emphasizes the critical role birth to age three plays in language, motor skill and socio-emotional learning. Given the scarcity of quality early care programs and lack of transportation, many rural communities have come to rely on home-based models to support child development.

(Continued on Page10)



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SUMMARY OF SERVICE MODEL

SERVICE CATEGORY	RELATIONSHIP TO NEED	FREQUENCY
Primary Health & Dental Care On-Site Medical/Dental Clinic	One-fourth of children at the target site do not see the dentist annually. 10% do not have a family physician.	Clinic is <u>5 hours a day</u> , 2 days a week, year-long.
Adult Education and ESL Read Right, GED, ESL, Computer , Workforce Dev.	54% of parents lack high school diploma. Unemployment is twice the state average. Computer classes was the 1 st most requested service, followed by adult education.	<u>4 hours a day</u> x 3 days a week, plus 3 hours on Saturday, year-long.
Early Childhood Education Parent – Child Home (PCH)	25% do not test ready for school. Only a third of children are enrolled in pre-school. No public transportation.	<u>One hour</u> home visits twice a week, 48 weeks
Remedial Education & Support Good Behavior Game Afterschool Tutoring Community Garden	Behavior reports exceed district average, over 50% of students do not meet state standard. 40% are overweight, and 80% do not meet RDA for fruit, vegetables and dairy.	<u>3 hours per day</u> , five days a week, 48 weeks. GBG embedded in classroom instruction.
Parent Support & Involvement Parenting Classes	Parenting classes were the 5 th most requested service. Survey data reveals a number of problem practices (e.g., spanking children under age one).	<u>2.5 hours per week</u> x 14 week cycles for each model.



A Coalition partner, The Children’s Council, will implement **Parent–Child Home**, a nationally recognized home visitation program whereby families with children age 2-3 are visited twice weekly for two years by staff who train parents to shape physical, verbal, and sensorial cues to help facilitate early brain development.

- **Family Engagement and Parenting**



Since the inception of the coalition, the capacity of parents to care for their children has been decried by teachers, law enforcement, and clergy. Local data (e.g., abuse and neglect cases, domestic violence, etc.) supports the call for an effective intervention. However, research has highlighted the failure of traditional models to address the needs of minority families, especially African American. One model, **Strong African American Families** has received national attention for effectiveness and emphasis on Pride in Blackness—a thoughtful recognition of the contributions of African Americans and significance of family as the cornerstone of Black socialization. A Coalition member, The Hope Center will implement SAAF, along with Los Ninos Bien Educados and Confident Parenting, two other evidence-based models, with open enrollment for all parents. Also, the curricula employ recruitment strategies shown to maintain retention of 85%. Strategies include: home visits, childcare, transportation, refreshments, graduation ceremony, with strong cultural components, and incentives (e.g., gift certificates, household items, etc.) earned for attending classes and completing homework.

C. Potential and Planning for Incorporation of Project Beyond End of Grant

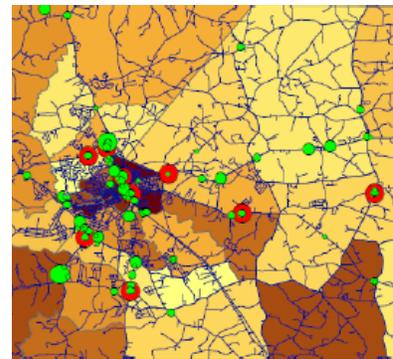
The program model is based on research related to the effective operation of Full Service Schools (Dryfoos, 2000), designed to “fix the system” rather than “fix the child”



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by developing strong partnerships with community agencies to provide school-based services. Because of this, a key theme raised throughout planning was an emphasis on building a full service community school as if no grant funding were available, with a project designed to impact the service delivery infrastructure by promoting partnership with service providers, reducing duplication, and reallocating current resources. For example, United Way operates a community garden project that has served 54 families in the past three years. Project leaders requested registration data to be employed in a Geographic Information System (GIS) Map, with one layer depicting poverty by census tract and other, geo-coded address of individuals enrolled in the garden. The result—poor families drive longer distances to tend garden than more affluent. The solution—establish a satellite garden at Clinton, the highest poverty area in the county. This same level of analysis has produced seven partners (page 15) that have agreed to relocate or create satellite projects at Clinton Elementary, at no cost to the grant. Even without FSCS funding, the project has already yielded a significant benefit to children and families in area.



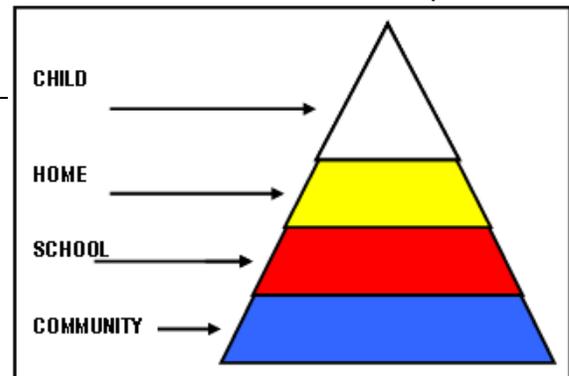
In addition to streamlining the service delivery network, the Coalition has participated in extensive training designed to promote sustainability. A significant strength of the proposed project lies in the Coalition's ability to mobilize public, private, civic and faith based entities in Lancaster, and which has gained statewide attention. Throughout this process, the focus has remained on four key values: true collaboration, reliance on best practices, culturally competent service models, and rigorous evaluation.

Lancaster County is fortunate to have five major foundations with capital in excess of \$90 million dollars, and with sole funding responsibility for the county. With outcome data provided through the proposed project, it is believed that these potential funders would respond positively to sustainability requests. It is also important to note that the Coalition has an exemplary record in sustaining projects once grant funds have lapsed, including a juvenile drug court, fatherhood program, and child advocacy center.

D. Extent to Which Project will Integrate or Build on Similar Related Efforts

Research underlying Full Service Schools is consonant with the values that have guided the Coalition since its inception: focus on the most fragile children and families through coordinated service delivery and reduce participation barriers. While no similar effort has been attempted in Lancaster before, the service model is consonant with previous coalition priorities, including:

- **Promotion of Family Engagement.** (Communication between parents and school, attendance at school meetings, and parent volunteer hours).
- **Increased Community Vitality & Well-Being.** (Knowledge of community resources, strengthened community pride, and increased access to medical services for students and their families).
- **Improved Student Learning.**
- **Positive Development.** (Improved attendance and behavior).
- **Positive School Environment.** (Safer and more cheerful school climates).



II. ADEQUACY OF RESOURCES

A. Support, including Facilities, Equipment, Supplies and other Resources

A key element linked to future success of Full Service Schools is strong buy-in at the school and district level (Dryfoos, 1994). From the outset, the Principal, teachers, staff and parents at **Clinton Elementary** have been enthusiastically involved and supportive, as are the Superintendent and school board. As such, a wide range of resources have been made available to the program including:



- Full access to the school, cafeteria, media center, playground, and classrooms.
- Storage space for program materials and supplies
- Operating space for all program services (Clinic, Adult Training Lab, offices, etc.)
- All utility costs (heating, cooling, internet, phone, etc.) for extended program hours
- Access to student (coded anonymous), teacher and school data for evaluation plan

It is interesting to note, that the school district is not applicant or fiscal agent for the grant. During the development of any project, Coalition members discuss which partners are best suited to oversee and participate in the endeavor. From the outset, **Partners for Youth** was suited to mobilize partners, broker new and existing services, ensure positive communication, while overseeing all phases of implementation, management and evaluation. PFY is a private foundation that provides capacity building training and support, funding for local projects, and operates programs for at-risk youth. With a \$5 million dollar corpus, the organization represents





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a significant resource, greatly facilitating sustainability. PFY has significant experience in grants management, collaboration, and evidence-based services. As such, they will serve as fiscal agent, hire and supervise the Project Coordinator, oversee reporting, subcontract management, and monitor implementation, operation, and evaluation.



In addition to the aforementioned resources, **Hope on the Hill**, a non-profit founded by President of the local NAACP, currently owns a large gymnasium and auditorium located next door to Clinton. HOTH has been involved in the planning and has committed to allow full access to this facility, an optimal resource for school talent shows, family recreation nights, Step Team competitions, and other events.

Another important resource is a local cable access station, **Learn TV**, which has agreed to develop ten public service announcement and ten 30-minute broadcasts related to the project. Using a mobile studio, the station will work with teachers and students in the pre and post-production, scripting, editing and taping shows related to the school, including information on health, education, and parenting. In addition, students will be involved both behind and in front of the camera.



B. Relevance and Commitment of Partners

The proposed FSCS will include a number of important partners to assist with implementation, management, and operation. The table below summarizes each partner, including those that have agreed to relocate or create a satellite project at the school at no cost to the grant. Partners and duties include



	PARTNER	COMMITMENT AND DUTIES
SUBCONTRACT PARTNERS - FEDERAL FUNDS	Partners for Youth	Oversee implementation, site management, subcontracting, reporting, and data collection. Lead sustainability planning.
	CareNet Health	On-site medical, dental, nursing, pharmacy (400 clients/ year)
	Literacy Center	Adult Literacy Lab (Read Right, GED, etc.) (75 clients/year)
	Lancaster Schools	Afterschool tutoring (70 children / week), Good Behavior Game in all 1st and 2nd grade classrooms (150 children)
	Children’s Council	Parent Child Home visitation component (50 families)
	United Way	Build 100 raised bed gardens, plants, seeds, and training
	Hope Center Church of God	Three cycles of parenting/year, on site childcare, and transportation assistance. (75 families per year)
	Hope on the Hill	Monthly enrichment, fitness & cultural activities (100 children)
NO FEDERAL FUNDS (MATCH)	Learn TV	10 public service announcement & ten 30-minute broadcasts
	Counseling Services	Satellite outpatient counseling clinic, one day a week.
	Hope in Lancaster	Safety net services (food, rent, utility assistance) one day/wk
	Christian Services	Food & Clothing Bank, housing & utility support, one day/ wk
	Dept. of Social Serv.	Satellite office for all DSS services, Case Management
	Health & Wellness	Health and nutrition education and promotions.
	First Steps	Free book a month for every preschool age child in zone.

It is important to note that each of these entities currently serves on the Coalition for Healthy Youth, and have extensive experience in working collaboratively to improve



the quality of life for children and families in the community. The proposed Full Service Community School represents their most ambitious undertaking and builds on the skills, resources, and commitment of this network of over 40 public, private, civic and faith based entities. The scope of services and contributions of the partners is further supported in the attached budget justification and partnership agreement.

C. Extent to which Costs are Reasonable in Relation to Services Provided

The annual budget of the project is \$464,857, which reflects an average program cost per participant of \$655. With an estimated 699 children, parents and neighborhood residents receiving services, the range of services is extensive and includes:

PARTNER	DELIVERABLES	COST PER CLIENT
CareNet Clinic	480 hours primary care/ dental	\$157 per patient, 400 served
Literacy Center	1,000 hours of adult education	\$312 per adult, 75 adults
Lancaster Schools	3,240 annual hours of tutoring	\$625 per student, 70 total
Children’s Council	50 families, 4,500 home visits	\$9.81 per visit, \$883 per family
United Way	100 raised bed gardens,	\$50 per garden, 100 families
Hope Center	1,050 Sessions of Parenting	\$250 per family, 75 families

All salaries included in the grant are established by board or agency policy, and are comparable and within range of similar salaries as set forth in a United Way community organization salary review. All costs associated with the program are comparable to other rural communities with similar programming. In addition, the costs are especially reasonable given the comprehensive nature of the proposed program.



III. QUALITY OF THE MANAGEMENT PLAN

A. Project includes Planning, Coordination, Management and Oversight

During the review of literature associated with Full Service Schools, several important themes emerged with regards to management, coordination and governance:

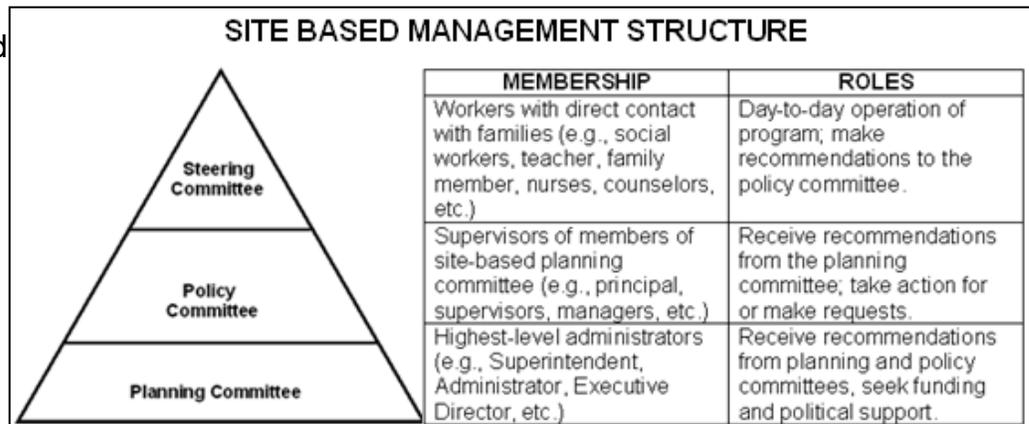
- The most important and central person is the school principal (Dryfoos; 1998).
• Effective programs are likely to have a full time FSCS Coordinator (Quinn; 2005)
• The best way to make a partner part of a team is to invite them to be part of the governance of the project (Dryfoos, Quinn, Barkin; 2005)
• All partners must be involved in development of the plan so that they can own it.

Based on this literature, a program planning team was employed that included a wide range of entities, most of which will continue to serve in operational capacities. The Initial Planning Team included input from school representatives and service providers:

Table with 3 columns and 4 rows listing various entities involved in the program planning team, including School Principal, PTA Chair, School Improvement Council, School Board Chair, Facilities Director, Special Project Coordinator, Dept. of Social Services, Counseling Services, CareNet Health Center, Adult Literacy Center, Christian Services, Children's Council, Partners for Youth, Learn TV, Health and Wellness, Coalition for Healthy Youth, Hope on the Hill, and SCSCD (Evaluation Consultant).

These individuals assisted with the literature review, needs assessment, facility review, parent interviews, teacher forums, and formulation of a service delivery model. To oversee ongoing operations of the project, a full time Site Coordinator will be hired and

work together with the Clinton Principal to coordinate all activities. The governance structure selected for the project is recommended within the professional literature



(Calfee, Wittwer, & Meredith; 1998) and involves three tiers of leadership. The Steering Committee will meet bi-monthly with the Principal and Project Coordinator to coordinate overall operation. One staff member from each service provider will serve on the group, along with the school nurse, guidance counselor, neighborhood association chair, and three parent representatives. The Policy Committee will be comprised of the supervisor representatives from each service provider, Principal, and Project Coordinator, and will meet monthly. Finally, the Planning Committee will meet quarterly and comprised of the School Board Chair, Directors of Department of Social Service, Counseling Services, and Executive Directors and/or Board Chairs of the community based service providers.

In addition to the aforementioned project planning and governance structure, a program implementation and management plan has been established that details specific steps to be taken to fully implement the proposed project and ensure fidelity with intervention strategies. A summary of key implementation tasks are outlined on Pages 20-21, along with designated participants and target dates for completion. Using the Site Based Management Structure outlined above, the Principal, Program

Coordinator and Evaluation Consultant will meet monthly to review each leadership tier, review budgets, and monitor the implementation schedule to ensure timely completion

of tasks. Because inter-agency initiatives can involve individuals with competing agendas, the Coalition has embraced positive participation, open

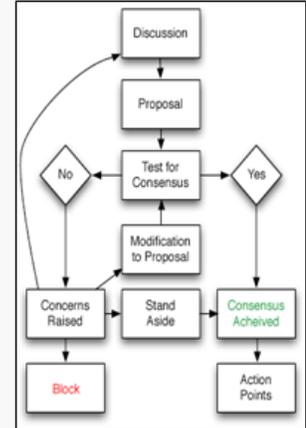
Discussion of the item: The item is discussed with the goal of identifying opinions and information. Potential proposals for action are also identified

Formation of a proposal: Based on discussion, a decision proposal is presented to the group.

Call for consensus: The facilitator calls for consensus on the proposal. Each member usually must actively state their agreement with the proposal, using a hand gesture to avoid the group interpreting silence or inaction as agreement.

Identification and addressing of concerns: If consensus is not achieved, the dissenter presents the concern, potentially starting another round of discussion to address or clarify the concern.

Modification of the proposal: The proposal is amended to address the concerns. The process returns to the call for consensus and the cycle is repeated until a satisfactory decision is made.



communication, and minimize any territorial battles. To facilitate this process, the Coalition has adopted the **Consensus Decision-Making Framework**, a process that seeks the agreement of participants, while mitigating objections of the minority to achieve the most agreeable decision. This process has been employed by the Coalition in the past and is embedded in the management structure of the proposed project.



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MANAGEMENT & IMPLEMENTATION PLAN (YEAR ONE ONLY)

TASK	RESPONSIBLE PARTY	DATE
Notification of funding	Department of Education	10/1/14
Assemble Coalition, review narrative, timeline, tasks	Partners for Youth, Coalition, School District	10/15/14
Advertise Coordinator position, interview, & hire	Partners for Youth, Coalition, School District	10/30/14
Establish evaluation data collection protocol	SCSCD, Office of Research & Development	11/21/14
Finalize subcontracts	Project Coordinator, Coalition	10/22/14
Finalize site plan, relocations to school, set up	Project Coordinator, Principal, Coalition, Partners	11/22/14
Read Right Facilitator Training	Read Right Inc. Clinton Teachers, Adult Ed	12/15/14
Purchase curriculum materials and supplies	Project Coordinator	12/15/14
Establish program review meeting schedule	Project Coordinator, Principal, Coalition	11/15/14
SAAF Facilitator Training, Los Ninos, Confident Parent	Hope Center / Facilitators	12/15/14
Clinic set-up, site approval OSHA and DHEC	CareNet, Health Department	1/2/15
Secure afterschool teachers and aides	Principal, Project Coordinator	10/15/14
Finalize Learn TV production Schedule	Learn TV, Principal, Project Coordinator	11/15/14



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TASK	RESPONSIBLE PARTY	DATE
Begin afterschool component	Teachers, Project Coordinator, Principal	11/15/14
Begin parent & community awareness campaign	Project Coordinator, Coalition, School Staff	11/15/14
Clinic sessions begin	Care Health, Health Department	2/1/15
Set-up adult education lab	Literacy Center, Project Coordinator, Principal	12/15/14
Begin adult education, parent support services	Literacy Center, Project Coordinator	1/10/15
Recruitment of PCH participants	Children's Council, Coordinator, Principal	11/30/14
PCH home visitation begins	Home visitors, Children's Council	12/12/14
Collect baseline data	SCSCD, Evaluation Consultant	11/5/14
Conduct program review meetings	Evaluator, Project Coordinator, Steering comm.	Bi-monthly
Conduct budget review meetings	Project Coordinator, Principal, Planning comm.	Monthly
Review program recommendations	Project Coordinator, Principal, Steering comm.	Quarterly
Year one Annual Report	Project Coordinator, Evaluation Consultant	10/15/15
Year Two Planning Retreat	Project Coordinator, Partners, Coalition, Principal	7/15/15



B. Qualifications, Training and Experience of Coordination and Key Personnel

The agencies and staff to be involved in the proposed project have more than 50 years of experience implementing and overseeing culturally competent, evidence-based programs. All of the principal agencies have worked together on many initiatives and are active members of the Coalition for Healthy Youth. A major key to the success of the Coalition has been an emphasis on evidence based practices, implemented with fidelity, and strong attention to evaluation. The following Key Personnel will be involved:

- **Sharon Novinger (Principal Investigator – Exec. Director, Partners for Youth)**

Ms. Novinger has nearly 20 years of nonprofit leadership experience. As the Executive Director of Partners for Youth she has a strong background in administering and overseeing grants. She administered a \$3.3 million Early Reading First Grant to sixteen pre-kindergarten and Head Start classrooms and respective nonprofit sub-contracts.

- **Rachel Ray, Clinton Principal**

As one of the most accomplished administrators in the district, Ms. Ray was recently given the special assignment to work with the faculty and staff at Clinton to address failing test scores and parent engagement. Ms. Ray has over 16 years of experience in the field and is currently completing her PhD in Educational Leadership.

- **Heather Mueller (Executive Director, The Children’s Council)**

Ms. Mueller has been the Executive Director of The Children's Council for over 12 years. During this time she has ten years experience in the delivery of home based literacy promotion with at risk families. A founding member of the Coalition for Healthy Youth, Ms. Mueller is well suited to deliver the Parent-Child-Home component.



- **Dr. Stewart Barre (President & CEO, CareNet Health)**

Dr. Barre has served CareNet Health since 2013. During that time he has expanded the organization to include three full time physicians, two nurses, two pharmacists, and office staff. Under his leadership, the center significantly streamlined operations, including automation of client records, and recently received FQHC status.

- **Dr. Paul N. McKenzie (Director, SE for Strategic Community Development)**

The evaluation will be coordinated by the Southeast Center for Strategic Community Development. Dr. Paul N. McKenzie, has served as principal investigator or evaluator on over thirty federal grant projects. He is a certified instructor in Effective Black Parenting and has extensive experience in Afrocentric intervention models.

- **Project Coordinator (VACANT – Full Time)**

The job description for the Project Coordinator position requires a Bachelor's Degree (Master's preferred) in education, social work, or related field, five years experience in school related programming, and knowledge of existing resources in the service area. In addition to a three-week orientation training based on the Dryfoos Full Service School model, the coordinator will participate in a week long Community Schools Institute.

IV. QUALITY OF PROJECT SERVICES

A. Extent to which Services Reflect Up-to-Date Knowledge from Research

During the development of the proposed project, the planning team assisted with an extensive review of 1,500 pages of literature associated with the effective operation of Full Service Community Schools. Included in the review were following resources:



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- Growing Community Schools: Role of Cross Boundary Leadership (Blank, 2002)
- Evaluation of the Full-Service Community Schools (Eisenhower Foundation, 2005)
- Building a Full Service School, (Calfee, Wittwer & Meredith; 1998)
- Community Schools in Action (Dryfoos, Quinn, & Barkin; 2005)
- Full Service Community Schools (Kronick; 2005)
- Inside Full Service Schools (Dryfoos & MaGuire; 2002)
- Full Service Schools: A Revolution in Health and Social Services (Dryfoos; 1994)

The proposed program has been guided by this review, especially the work of Dryfoos. As indicated earlier, this research emphasizes several important themes including the centrality of school principal (Dryfoos; 1998), program management (Quinn; 2005); governance structure composition and function (Dryfoos, Quinn, Barkin; 2005), and ensuring initial buy-in and involvement during planning. Nearly all models of community schools have a coordinating services position at either the school site or with a lead non-profit partner. There is a disparity of views on where this position should be housed, but there is consensus around the pivotal role this position plays at the service-level in ensuring the horizontal coordination of services and the leveraging of resources.

In addition to research related to Full Service Schools, recent advances in early brain development and importance of early child care systems also guided planning. Fostering verbal interaction between parents and their young children has been identified as a critical component of healthy child development (Bruner, 1964 and 1966; Vygotsky 1962). The importance of this interaction has been further validated by recent brain and



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language development research (Hart & Risley). This framework underscores the philosophy of the Parent-Child Home Program, which has been validated in over 150 community-based replication sites throughout the world. The Parent-Child Home Program has been successful in helping families who have not had access to educational opportunities to create language-rich home environments and to prepare their children to enter school ready to learn and ready to succeed.

Formative research on program's pilot project affirmed that this critical parent-child interaction could be strengthened by modeling reading, play and conversation for parents and children in their own homes (Levenstein and Sunley 1968). Since then, over thirty years of replication research has been conducted on the model, which has demonstrated the capacity of the program to impact child behavior, learning, and social emotional functioning. Because of this, Parent-Child-Home (PCH) has been named an exemplary program by the South Carolina Department of Education, Winthrop Center for Excellence in Early Childhood, and U.S. Department of Education.

The selection of each service component in the proposed program has emerged from this research as well. The newly formed Coalition for Community Schools (www.communityschools.org) identifies five areas of attention for program and service development in community schools (Coalition for Community Schools, 2000): quality educational services, youth development programs, family support activities, family and community engagement, and community development. When Dryfoos published her original research (1994) approaches to full-service schooling fell into three categories:



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- School-based health clinics that deliver primary health care, counseling, and health education, operated by health departments, hospitals, or community health centers.
- School-based youth service or family service centers that offer health, mental health, counseling, recreation, employment services, parenting education, and/or child care on site and/or through linkages with other community agencies.
- Youth or family service centers that coordinate and refer to community agencies.

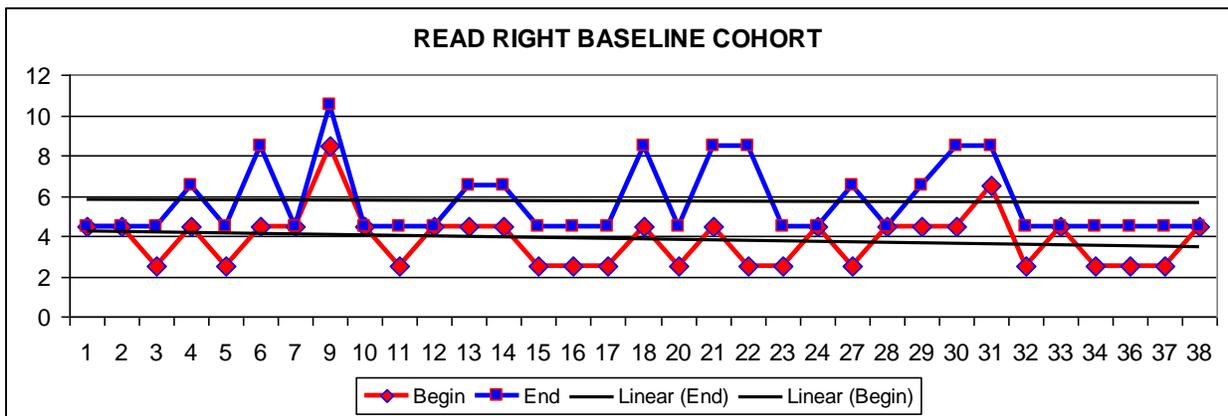
A comprehensive implementation would include a range of on-site and referral services for students, families and the wider community ranging from health care and careers services to employment training, housing and family welfare services. Many services would be accessible during the normal 'school day' while others would be offered before and after school hours, and at weekends and during holidays. In recent years there have been attempts to bring full-service schools into the mainstream (Dryfoos and Maguire 2002; Kronick 2002). Part of the argument made is that the first, experimental "full-service schools" have evolved into highly successful full-service community schools. It was this literature that guided development of the proposed project and from which initial implementation will be gauged to ensure fidelity.

B. Likelihood that Services will lead to Improvements in Achievement

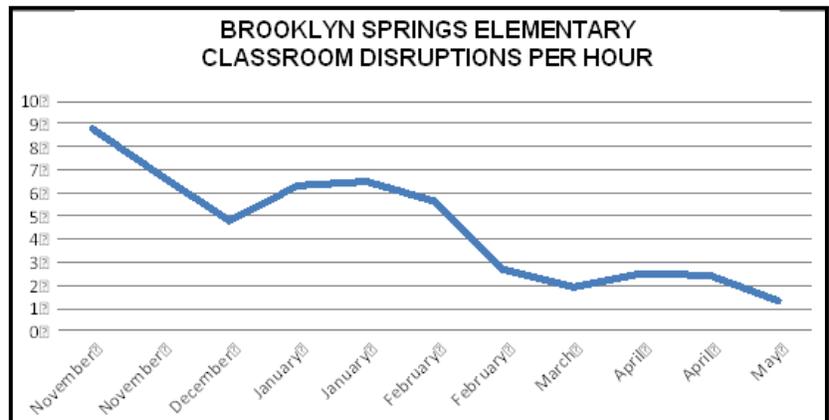
Since inception, the Coalition has believed that the key to successful program outcomes is careful selection of evidence-based strategies, implemented with fidelity, and employing a rigorous evaluation. The proposed Full Service School will employ two especially significant elements projected to have significant impact on academic



achievement. First the aforementioned Read Right has a significant research base, and has already had a positive impact within the district. Two months before the Full Service School grant was to be submitted, a group of 33 students with identified reading problems at one of the district high schools were recruited for a pilot project. At pre-test, the average participant was assessed at reading at a 4th grade level on the Gates McGintie Reading Scale. After two months in Read Right, an average increase was recorded of over two whole grade levels. Full Service School will enable the model to be employed within in the highest need school in the entire district—Clinton Elementary.



Second, the Good Behavior Game was also piloted two years ago at Brooklyn Springs Elementary through a small grant application. After one year, the number of classroom disruptions recorded had decreased significantly. This past year, the school earned a state rating of “A.”





V. QUALITY OF PROJECT EVALUATION

A. Timely and Valid Information on Management, Implementation, and Efficiency

While the purpose of the grant initiative is not applied research, the inclusion of a rigorous evaluation methodology will ensure proper implementation as outlined in the narrative while contributing to the professional literature on Full Service Community Schools. To evaluate the status of program objectives and overall impact on participant knowledge, attitude and behavior, an evaluation will be conducted that includes a quasi-experimental, same subject design, employing quantitative and qualitative measures.

Two system level goals have been established for the project:

- GOAL 1: Improve student academic performance, behavior, health and wellness.
GOAL 2: Improve parent and family functioning including education, vocation, health and wellness, and capacity to support their child at school.

The charts on Pages 29-30 outline objectives, measures, and data collection protocol. In addition to outcome measures and archival data, a service log will be maintained that documents participation in each program component. Attendance and participation level will be documented as part of the process evaluation. In addition, a budget cost analysis will be completed annually to track unit cost for each program service, participation rate, and expended resources necessary to provide the service.

The timetable for data collection is represented below:

Table with 6 columns: Intake Baseline T1, End of 1st Year T2, End of 2nd Year T3, End of 3rd Year T4, End of 4th Year T5, End of 5th Year T6.



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GOAL	OBJECTIVE	MEASURE	PROTOCOL
Improve student academic performance, behavioral compliance, and increase overall health and wellness	<u>Student absences</u> will decrease 10% each year	Powerschool system	Collected monthly
	There will be an average of three <u>grade level improvement in reading</u> by the end of year one.	Gates McGintie Reading Scale	Collected every 6 weeks, compared with baseline
	Students meeting state standard on core subjects will increase 5% by the end of year one	PASS test in math & Language Arts.	Administered annually, compared with baseline.
	The reported <u>incidence of bullying</u> or fighting will decrease 75% by the end of year two.	Communities That Care School Survey	Administered annually, compared with baseline.
	<u>Behavior incident reports & School suspensions</u> will decrease 10% by the end of the first year.	Powerschool database at school.	Collected monthly and compared with baseline
	Observed rate of <u>classroom disruptions</u> per hour will decrease 50% by the end of year one.	Good Behavior Game Spleem Count	Collected Weekly, compared with baseline.
	85% of students will complete a <u>well child visit</u> at the school clinic by the end of year one.	CareNet client registry	Collected monthly, compared with baseline.



GOAL	OBJECTIVE	MEASURE	PROTOCOL
Improve parent and family functioning and capacity to support their child at school.	There will be 30% increase in <u>family management skills</u> by the end of the first year,	Moos Family Engagement Scale.	Pre test prior to first session; posttest at end
	Participants will improve <u>reading ability and comprehension</u> by 20% by the end of year one.	Gates McGintie Reading Scale	Collected every 6 weeks, compared with baseline
	Participants in adult education services will improve <u>basic education and literacy</u> by 2016.	GEDs awarded or TABE test	Data collected quarterly, compared with baseline.
	There will be a 15% reduction in <u>family conflict</u> by the end of the first year	Conflict Tactics Scale for Parent and Child.	Pre test prior to first session; posttest at end
	95% of <u>parents will read /play with their child</u> – developmentally culturally appropriate materials	Verbal Interaction Stimulus (VISM)	Collected monthly, compared with baseline.
	The CareNet Clinic will enroll and serve 100 patients by the end of year one..	CareNet client registry	Collected monthly, compared with baseline.



Prior to initiation of the project, a detailed set of School Baseline Data will be collected and monitored over the course of the evaluation.

School Baseline Data will be collected for the entire school, by grade cohort, and disaggregated by both gender and ethnicity. The following indicators will be collected for the academic year preceding first year of program operation:

Attendance (Ave. Days Missed)	Behavioral Incident Reports	Suspensions
State Performance Tests	Student Mobility	Retention
School Resource Officer Reports		

All data at the target school will be collected by the Program Coordinator, in coordination with Evaluation Consultant, facilitators and teachers. The evaluation will be based on multiple kinds of process, mediator variable and outcome data from school records, student records and surveys, parent surveys, and teacher and administrator surveys. All measures used are well established, often included as part of the evidence based model employed (e.g. Strong African American Families, Good Behavior Game, Read Right, etc) and have been used extensively in prior evaluation studies.

Survey distribution (as opposed to pre and posttest data collection) will take place at the target school on a single day, projected to be early spring of each year. The Coalition usually conducts this activity, with all students in the school completing the survey during that same period. A coalition member reports to a classroom, reads a short script detailing the purpose of the survey, distributes the form, and waits until forms can be collected. Parent pretest data will be collected at the beginning of the first session of Strong African American Families, and again at the conclusion of all



curriculum units. Once baseline data has been collected and intervention strategies commence, updating of school, archival and student survey data will take place annually, usually within the first month of the new academic year. All program survey instruments and measures will be formatted for use with an Optical Mark Reader using the Survey Tracker II software, and then printed on OMR form stock for use in the program. Completed forms will then be scanned on an OpScan 6 Optical Mark Reader for later use in the data analysis. This system allows for accurate tabulation of results and can be used to create specific filters to analyze data (e.g., responses of African American male participants compared to their white counterparts).

Once data is collected it will be aggregated by the Evaluator with all identifiers stripped, but with IDs attached to allow for following cohorts over time. First level of analysis will focus on differences between data cohorts (T1, T2, T3, and so forth). Likewise, differences between pre and posttest scores will be analyzed using a Dependent Student's T Test with an alpha level of $p < .05$ level of significance. A secondary analysis will examine the relationship between outcome data and client demographics, dosage, and intervention strategies. A simple Analysis of Variance (ANOVA) will be employed, if cell size permits adequate analysis.

Analysis of longitudinal preventive-intervention data collected in a real world setting poses a number of challenges, including non-independence of repeated measures, additional non-independence due to nesting of subjects in schools and missing data due to item non-response or subject attrition. Recent innovations in the analysis of longitudinal data offer a rich set of methodological and statistical tools for



evaluating treatment effects with longitudinal and multilevel data with missing values.

The evaluation consultant will employ rigorous data analysis techniques for evaluating the effectiveness of the program and also to explore various mediational hypotheses regarding the mechanism of participation effects (e.g., the link between increased parental involvement and academic achievement).

The implementation process for the project will be carefully monitored for compliance with the implementation and management plan, with special attention given to the following process measures:

- 1) Were all tasks completed within the proposed timeline and on budget?
- 2) Did teachers, administrators, and support staff receive orientation training?
- 3) What are the teacher, administrator, service provider impressions of the project?
- 4) What problems or concerns have been identified that need addressing?
- 5) Does the project have its intended impact on participants?
- 6) Are the subcontract consultants completing tasks as required in the MOUs?
- 7) Are additional recruitment or retention strategies required to support participation?
- 8) Would additional resources increase the overall impact of program operation?

As indicated in the evaluation protocol chart, a range of process and outcome measures will be tracked as part of the evaluation. The project advisory team will meet weekly during the first year to monitor the implementation to determine if key tasks and timeframes are met. This will include an ongoing review of both process and outcome data collected according to the schedule outlined earlier. In addition, Partners for Youth



Business Director will meet quarterly with the Program Coordinator to conduct a budget review, ensuring efficient use of resources.

B. Evaluation Provides Guidance for Replication in Multiple Settings

The capacity of the proposed program to be replicated is significant, as the overall program model to be employed is based on two of the most prominent Full Service Community Schools in the country (Molly Stark School in Vermont and the Eisenhower Foundation FSCS model). However, although this model has received extensive replication and includes training protocols, no comprehensive replication manuals have been established to facilitate implementation in novice settings. A replication manual will be developed that includes the following elements:

Program Overview, Purpose, Structure, Scope and Research Base

Profile of Staff Qualifications and Template Job Descriptions

Inventory of Needed Materials and Supplies

Implementation Timeline Potential Obstacles and Lessons Learned

Video Vignettes of Key Program Elements (with assistance from Learn TV)

Evaluation Package, Tracking Forms, and Scoring Keys

C. Extent to Which Evaluation will Provide Valid and Reliable Performance Data

The proposed project will collect and analyze a wide range of process and outcome data, including several standardized instruments. The strong relationship existing between Coalition partners greatly facilitates access to data necessary to monitor performance. The chart below details each objective and designated measure.



	OUTCOME	MEASURE
STUDENT LEVEL	Student Academic Performance & School Engagement	Grades, State PASS Test Scores Attendance, Behavioral Reports
	Reading Skill and Comprehension	Gates McGintie Reading Scale
	Pro-Social Behaviors (Bullying, etc.)	Communities That Care Student Survey
PARENT AND ADULT LEVEL	Family Management	Moos Family Environment Scale
	Family Conflict	Conflict Tactics Scale for Parent and Child.
	Parent Involvement in Education	Epstein Parent Involvement Scale
	Health Status	Participants w/ medical home, child exams
	Adult Education Attainment and Self-Sufficiency	GED count, Test of Adult Basic Education (TABE), Gates McGintie Reading Scale, Employment Status
SCHOOL	School Milieu and Engagement	WISC School Climate Survey, Teacher Attendance, Turnover Rate

All of the aforementioned data (performance, process and outcome) will be reviewed weekly by the Project Advisory Team. In cases where tasks, timeframes, or objectives are at risk, the team will provide technical support and problem solving to ameliorate the complications. This recursive process of collecting and reviewing data throughout the life of a project has proven highly effective in the past, as a mechanism for identifying potential problems, facilitating efficient solutions, and maintaining progress towards meeting program goals and objectives.