



## Unconditional Care. Unconditional Education.

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## A. SIGNIFICANCE

*Outcomes for Students Classified with Disabilities.* Since the establishment of the Individuals with Disabilities Act in 1975, our nation has strived to increase achievement of students with disabilities within inclusive education settings. Yet nearly 40 years later, the majority of students with disabilities in California score below proficient on state assessments and inclusion rates lag behind that of most other states (LAO, 2013). On a national level, educational outcomes are most compromised for students diagnosed with Emotional/Behavioral Disorders (EBD), who are more likely to fail their courses and drop out of school than other students with disabilities (Cheney & Walker, 2004; Lewis et al., 2010) and who face bleak post-school outcomes including high rates of arrest, unemployment, and substance abuse (VanAcker, 2004; Wagner et al., 2005).

### *The Impact of Trauma on Academic, Behavioral, and Emotional Challenges and Diagnoses.*

Students living in disadvantaged neighborhoods often experience repeated exposure to gang activity, crime, and community and interpersonal violence, and come to school manifesting symptoms of chronic stress and trauma. Youth who experience trauma are often unable to process information, distinguish between threatening and non-threatening situations, form trusting relationships, and modulate their emotions, all of which can have a negative impact on their academic achievement and may increase their referral rates to special education services (Cole et al., 2005). This is the case in Oakland California, where students are classified with EBD at over 1.5 times the statewide rate of .42%. (CDE Dataquest). These numbers highlight the fact that students from disadvantaged neighborhoods are referred more frequently to the highest level of intervention, and that trauma-informed care is a crucial component to preventing and addressing academic, behavioral, and emotional challenges.

## (1) IMPLEMENTATION OF A NOVEL APPROACH

As a mental health and special education provider, Seneca Family of Agencies (“Seneca”) aims to address this need by partnering with schools to implement the *Unconditional Education* (UE) model, utilizing an innovative, multi-tiered intervention framework that **integrates academic, behavioral, and social emotional supports that are universally infused and enhanced by a trauma-informed understanding of the mental health challenges that may underlie students’ needs** (Appendix J: visual summary of the model). It is well established that the “collaborative melding” of multi-tiered behavioral and academic supports holds great promise for addressing the needs of all students, including those with disabilities (Sadler & Sugai, 2009; Sugai & Horner, 2009). Notably absent within this suggested framework is the integration of mental health supports. Traditionally, this responsibility is held solely by a “professional” on campus who works with individual or groups of students referred for therapy. In schools impacted heavily by trauma, this mental health knowledge must be transferred to the whole community. Teachers themselves are increasingly expressing this need; in a recent study, 89% reported that they felt schools should be involved in addressing mental health needs, yet only 34% reported that they had the skills to do so, expressing a desire for training in recognizing and understanding mental health issues, coaching on classroom management strategies, and guidance on working effectively with families (Reinke et al., 2011). The UE model harnesses Seneca’s mental health expertise to fill out a multi-tiered academic and behavioral intervention framework with a spectrum of social-emotional and trauma-informed supports.

For all students to truly benefit from this new approach, school systems need to shift drastically by adopting a philosophy of collaboration and inclusion. Standard practice across the nation is to view students with disabilities as a specific cohort of students for whom intensive interventions must be targeted and delivered in exclusive environments by trained specialists.

The UE model recognizes special education interventions **must involve the whole school community, and benefit *all* students**. This **whole school special education approach** serves three purposes. First, it reinforces an inclusive philosophy where students with disabilities are involved in, and benefit from school-wide initiatives. Second, a whole-school approach addresses students in need of additional support through preventative and early intervention strategies that may mitigate the need for higher levels of service. Finally, timely and accurate identification and treatment frees up valuable resources that can then be used more effectively to ensure truly high-quality, intensive interventions for students with the most critical needs, including students with disabilities (Ebber et.al, 2002; Freeman et al., 2006).

## **(2) DEVELOPMENT AND ADVANCEMENT OF THEORY, KNOWLEDGE, AND PRACTICE**

One asset that Seneca brings to its partner schools is an extensive “toolkit” of evidence-based practices that can be integrated into a school’s intervention framework, based on the needs of students and the school community. One such practice is School-Wide Positive Behavioral Interventions and Supports (SWPBS), a data-informed, decision making framework that guides the implementation of behavioral practices that effectively address the needs of all students (Appendix J: list of evidence-based practices and a summary of SWPBS). The National PBIS Center, in collaboration with the Center for School Mental Health, is piloting 5 initiatives that bring mental health services to the SWPBS framework (Barrett et al., 2012). While these pilots take important steps to connect mental health services with schools, according to Dr. Horner (Co-Director the National PBIS Center), the current integration framework does not reach such sophisticated levels of integration as the UE model, which incorporates a multi-tiered, trauma informed approach that addresses both the insidious, ongoing effects of trauma at the school-wide level, and the more acute, intensive effects of trauma at the individual level. Dr. Horner

sees great potential within the UE model to **enhance the theory and practice** of SWPBS and has committed assisting Seneca in articulating and disseminating this enhanced framework.

While SWPBS has gained recognition for promoting safe and engaging learning environments, one prominent question has surfaced in the field: Are students with disabilities adequately included within the SWPBS framework? (Snell, 2006). As indicated by Sailor et al. (2006), inherent challenges that prevent a holistic implementation of multi-tiered intervention systems like SWPBS include the physical and programmatic separation of students with disabilities and the specialized professionals with the expertise to meet their varied needs. This often has led to a bifurcation of services in which universal intervention (tier one) is seen as the responsibility of general education, intensive intervention (tier three) is seen as the domain of special education providers, and nobody is invested or responsible for early intervention services (tier two) (Brown & Michaels, 2006; Snell, 2006). The UE model will promote the development of **theory, knowledge** and **practice** by testing the hypothesis that an integrated intervention system held by a central multi-service organization (Seneca) can promote an inclusive educational environment where: 1) students with disabilities benefit from *both* universal and intensive intervention services, and 2) general education and special education/intervention staff benefit from interactive and collaborative efforts to jointly support the entire school community.

Seneca is interested not only in the programmatic innovation and impact of the UE model, but also in the processes of effective implementation and replication. The UE project has the potential to inform **knowledge** and **practice** about how local contexts influence the implementation of interventions. This project will add to the understanding of both strength factors and barriers when transferring a holistic model that was designed and incubated within the context of a charter school management organization into the context of a public school

district. Seneca, in collaboration with the external evaluation firm, SRI International (SRI), will track the implementation experiences of our two partnering public schools in order to inform future replication and dissemination efforts regarding the potential hurdles and successful strategies associated with implementation within the context of a public school district.

### **(3) IMPROVEMENT ON THE OUTCOMES ACHIEVED BY OTHER PRACTICES**

Seneca expects to have significant impact on student outcomes by impacting levers documented to improve student achievement. In the early 2000s, researchers identified three early indicators that were better predictors of academic failure (dropping out of school) than demographics or test scores: **attendance** (being absent 10 percent of school days); **behavior** (two or more mild or more serious behavior infractions; and **reading performance** (inability to read at grade level by the end of third grade) (Bruce et.al, 2011).

Research has shown that school-wide components of the UE model positively impact these early indicators of academic achievement: (1) SWPBS significantly reduces problem behavior, including discipline referrals and suspensions (Bradshaw et al, 2008; Bradshaw et al., 2010; Horner et al, 2009; Luiselli et al., 2005); (2) In a recent review of school climate research Thapa et al. (2013) found that evidenced-based character education and social-emotional learning programs lead to higher achievement scores and improved behavior; and (3) In a review of the literature, researchers found that family engagement results in increased attendance, improved behavior, and higher scores on standardized tests (Henderson & Mapp, 2002).

In addition to positively impacting student outcomes, the UE model has evidenced potential to reduce special education costs to local schools and districts. According to a recent report, special education costs covered by local dollars (encroachment) have increased in recent years (LAO, 2013). In this fiscal reality, it is increasingly compelling to measure the cost-

effectiveness of holistic, whole-school special education system. Seneca’s current partnership at Cox Academy in Oakland consists of academic, behavioral, and clinical intervention support, and has resulted in dramatic decreases in the average cost per ADA of special education services. While Oakland Unified School District (OUSD) spends an average of \$1,794 per ADA on special education, Seneca’s fully inclusive program at Cox costs only \$1,052 per ADA. OUSD spends nearly 81% of special education expenses on Separate Classes and Non-Public Schools, isolating students with disabilities away from their peers and communities and eliminating opportunities to build staff’s capacity to work with students with similar needs in the future. In contrast, Cox uses programs like Wraparound and one-on-one Behavioral Intervention Support services to keep youth within their classrooms while providing teachers skills and coaching so they can better serve struggling youth on an ongoing basis.

	Oakland USD		Cox Academy	
	Expenditures	Dollars/ Student (ADA)	Expenditures	Dollars/ Student (ADA)
Separate Classes	\$38,536,159	\$1,076	\$0	\$0
Resource Specialist Instruction	\$7,686,205	\$215	\$223,815	\$425
Aids/Services in Regular Classes	\$18,554	\$1	\$183,643	\$348
Nonpublic Agencies/Schools (NPA/S)	\$13,808,286	\$385	\$0	\$0
Other specialized Instructional Services	\$4,207,909	\$117	\$146,915	\$279
<b>TOTAL</b>	<b>\$64,257,113</b>	<b>\$1,794</b>	<b>\$554,373</b>	<b>\$1,052</b>

Cox has yet to expel or refer a student to a non-public school during their partnership with Seneca, caring for youth who with a traditional approach would undoubtedly be referred to a more restrictive setting. The complete implementation of the UE model with the proposed Unconditional Education Coach will continue to decrease costs as the school community is further empowered with needed skills and resources for successful preventative measures.

## **B. PROJECT DESIGN**

Seneca Family of Agencies (a non-profit, special education and school-based mental health services provider) will partner with Education for Change (EFC) (charter management organization), Lighthouse Community Charter School, and San Francisco Unified School District (SFUSD), to implement the Unconditional Education (UE) model in seven schools, reaching approximately 3500 students and 230 staff each year. Partners are a mix of charter, district, and district/charter partnership schools in the Bay Area and include four elementary, one K-8 grade, one 6-8 grade, and one K-12 campus. Demographics of partner schools show a high level of need, averaging 86% socio-economically disadvantaged, 57% English Language Learners, and 10% students with disabilities (Appendix J: details per school).

Currently, Seneca offers academic, behavioral, and social-emotional interventions at the four EFC schools and will provide academic interventions to Lighthouse in the 2013-2014 school year. SFUSD was selected as a partner based on a shared dedication to innovative, comprehensive student supports. The two selected SFUSD schools, Hillcrest Elementary and Denman Middle, have the need for and capacity to benefit from an integrated, multi-tiered model. Principals from all seven schools recognize the potential of the UE model to address the achievement of students with disabilities within their communities and have committed to providing the time and resources necessary (Appendix G: MOU signed by principals).

UE uses data-informed referrals and progress monitoring to deliver a multi-tiered framework that integrates academic, behavioral, and social-emotional interventions. The UE model follows the principles of Implementation Science – a framework for promoting the successful installation of new practices developed by Dr. Fixsen and the National Implementation Research Network. UE not only trains school communities, but also ensures

people are continuously supported and coached and that needed policies and systems are in place. Feedback from the most recent school partner survey highlighted the need for an onsite coach in our school programs who is responsible for building sustained school capacity by providing professional development and coaching for teachers and leadership as they implement new interventions. This new role is a key feature of the proposed UE partnership model.

#### **(1) ABSOLUTE PRIORITY #4**

This project addresses Absolute Priority 4 with a comprehensive model that builds schools' capacity to improve the academic achievement of students with disabilities, as well as subpriority (b), promoting inclusive settings that bolster social emotional, behavioral, and academic outcomes. The UE model dismantles the traditional special education system in which diagnosed children receive support in exclusive settings, replacing it with a comprehensive model where schools, families, and a multi-service lead agency collaborate to promote the achievement of children with disabilities within inclusive environments.

#### **(2) & (3) PROJECT GOALS AND PLAN FOR ACHIEVING THEM (APPENDIX J: LOGIC MODEL)**

##### **Goal 1: To increase the capacity of partnering schools to deliver effective interventions for all students through the implementation of a multi-tiered framework**

*Objective 1.1 Collaborate with school leadership to create a multi-tiered framework for intervention that meets the needs and fits the culture of their individual school community.*

Like the individuals we serve, each school is unique, with their own history, culture, and aspirations. School partnerships begin with an **assessment and planning process** that looks at the current system of student supports and creates an intervention plan that addresses the schools' individual strengths and challenges. A prominent **potential risk** for a comprehensive intervention system is the failure to recognize the unique needs of each school. Seneca **mitigates this risk** by using the initial assessment and planning process to explore the school culture, build trusting relationships, and move toward the collaborative creation of shared goals and strategies.

The initial assessment includes two components. First, the Coach interviews all staff members regarding the effectiveness of current interventions, school discipline practices and overall school culture. Second, Seneca collects and analyzes data on the distribution of staff and student time across the three tiers of service to inform decisions about the allocation of resources. These one-time diagnostic assessments supplement two components of the ongoing assessment process that happen annually at the start of the school year and inform annual implementation plans: (1) the SWPBS Self-Assessment Survey (SAS), considering staff perceptions of the status and priority for improvement in behavioral interventions at the school-wide, classroom, and individual student levels; and (2) the Alliance for the Study of School Climate's (ASSC) School Climate Assessment Instrument (SCAI), looking at climate across eight dimensions that cover the critical components of school climate (Austin et al., 2011; Zulig et al., 2010). John Shindler, Co-Director of ASSC and developer of the SCAI will partner with Seneca to adapt the SCAI to include a domain that addresses students with disabilities, including the extent of inclusive practices. Assessment components are synthesized into a summative report (Appendix J: sample). The Coach and Program Director share results with school leadership and collaborate to create an implementation plan with prioritized goals and strategies.

Once the plan is developed, the onsite Coach assists in the *development of a Coordination of Services Team (COST)*. This team consists of 4-5 key stakeholders, including administration, intervention staff (special education and mental health) and classroom teachers. The Coach leads the team in creating a uniform, comprehensive referral form for use by teachers as well as thresholds for initiation and termination of services with the *use of multiple data systems to track service delivery and monitor student progress*. Each week, the team discusses teacher referrals, triaging students and matching them with correct support services. Teams

address school-wide academic, behavioral and social-emotional data to determine priorities, establish thresholds for different levels of intervention, and align resources to needs. The team completes one-and eight-week reviews for students who have been assigned to specific interventions (Appendix J: COST flowchart).

Students with the greatest needs, including those with disabilities, are often served by multiple providers on and off campus. The Coach *coordinates cross-system collaboration that streamlines services for these children and their families*. Leveraging existing relationships with child welfare, county mental health and probation, the Coach ensures expertise and services provided by these agencies are seamlessly integrated into a student’s school-based intervention plan. This includes providing education and coaching to teachers around each agency’s responsibilities and opportunities for coordination on individual cases (Appendix G: letters of support from county probation, mental health, and Foster Youth Services).

*Blended funding* is a crucial component of an overall effective and cost efficient intervention system. Seneca will assist schools in leveraging special education and mental health dollars to shape comprehensive service delivery for students. Schools can then create a customized package of services designed to address the unique needs of each student and family.

*Outcome 1.1.a: At least 75% of staff report on staff surveys that services are integrated, data-driven, and youth-centered*

*Outcome 1.1.b: Services are significantly more cost-effective as demonstrated by special education costs per ADA as related to comparison schools.*

## **Goal 2: To increase achievement of struggling students, including students with disabilities**

*Objective 2.1: Realign resources to support trauma-informed school-wide services that successfully address the academic, social-emotional, and behavioral needs of all students in the community, including students with disabilities*

Bifurcation of services is a common *potential risk factor* to the promotion of an inclusive educational environment for students with disabilities. Seneca *mitigates this risk factor* by

implementing processes that allow for students with disabilities to benefit from both targeted *and* school-wide interventions, based on the underlying principle that all students are the responsibility of all staff. The Coach offers training and support for the implementation of school-wide academic, behavioral, and social emotional interventions. Seneca will ***develop school-wide sets of research-based curricula, instructional methods, and assessments focused on differentiation and the engagement of diverse learners.*** The Coach will monitor fidelity to the identified curricula and assessments by regularly observing classrooms and helping to establish systems to track classroom data. The Coach will also work with school leadership to ***implement universal screening procedures*** that identify students early who are struggling academically and/or facing non-academic barriers to school success.

At the heart of UE's behavioral support approach is ***School-Wide Positive Behavioral Interventions and Supports (SWPBS)***, an evidence-based practice that is effective at reducing behavioral challenges for students, including students with disabilities (Eber et al., 2002). The Coach will facilitate the formation of an SWPBS team of approximately six to ten key stakeholders, including representatives of the COST team with the addition of family/community representatives. Participating staff and parents are offered a \$500 stipend per year to compensate for time and travel. Each year, the team participates in 2-3 days of training led by Seneca trainers certified in SWPBS to increase understanding of the model's core features, behavioral intervention strategies at each tier, and the tools and process of monitoring progress and fidelity. Dr. Horner, co-director of the PBIS Center, will serve as an advisor for the project, supporting implementation and evaluation of SWPBS.

To address school-wide climate and social-emotional needs, the Coach partners with each school to develop and coordinate action steps addressing areas for growth highlighted by the

assessment. Steps may include *implementing trauma-informed school-wide social emotional curriculum, conflict resolution strategies, and/or bullying prevention policies and procedures.*

The Coach offers a selection of curricula and interventions, such as Olweus Bullying Prevention, and works with leadership to decide which option best aligns with the school's culture and current practices. Coaches then leverage the combined knowledge of Seneca's network of education and clinical staff to ensure successful implementation of chosen strategies.

The UE model builds internal capacity for sustained implementation within each school community. One *potential risk* of any school reform initiative is that the process is inadequately supported and therefore, short-lived and/or ineffective. Seneca *mitigates this risk* by following the principles of Implementation Science, providing ongoing training, coaching, and implementation support that build internal capacity and ensure sustainability. The Coach provides daily guidance over the course of three years, supporting the school community to progressively take ownership of the structures and processes necessary to sustain an integrated, multi-tiered intervention framework. This is done in large part through ongoing and responsive *professional development and teacher coaching.* To support these efforts, the Coach will leverage the capacity of the Seneca Institute for Advanced Practice (SIAP) to offer professional development on a wide range of topics, including *Recognizing and Responding to the Effects of Trauma*, and *Self-care for Teachers Experiencing Vicarious Trauma.* All trainings bolster teachers' capacity to meet the needs of struggling students and students with disabilities. SIAP provides over 8,000 hours of training annually to practitioners throughout California and provides for professional development within a single school site, as well as across program sites via shared learning communities. A customized professional development structure is set each school year, with additional content adjustments made to respond to the emerging needs of

teachers (Appendix J: list of available trainings).

*Outcome 2.1.a: At least 75% of staff report on post-training evaluations increased knowledge and skills in regard to supporting the needs of their diverse student population*

*Outcome 2.1.b: School-wide office discipline referrals (ODRs), as well as ODRs for students with disabilities, decrease by at least 10% during each year of the project*

*Objective 2.2: Build the capacity of parents and caregivers to support their student's success*

Parent involvement benefits students' academic, behavioral, and social outcomes (Henderson & Mapp, 2002). UE promotes **active caregiver involvement** both at the school- and individual-student level. The Coach works with leadership to ensure family members to experience themselves as active participants in the education of their children. This might include supporting leadership in establishing welcoming environments (family resource centers, communication in parents' primary language, etc.) and events (weekly parent meetings, cultural performances, etc.), and engaging active parents as family liaisons to perform outreach work with the larger parent community. Seneca will **provide trainings and workshops for parents** on such topics as child development, positive parenting, and behavior management.

*Outcome 2.2.a: At least 75% of parents report on post-training/workshop evaluations increased knowledge and skills in regard to supporting the diverse needs of their children*

*Objective 2.3: Coordinate the integrated delivery of high-quality, evidenced-based interventions and supports aimed to improve the academic, behavioral, and social-emotional outcomes of the most struggling students, including students with disabilities*

At each site, the Coach aligns interventions provided by credentialed and licensed service professionals (i.e. special education teachers, school psychologists, reading specialists, therapists, social workers, and behavioral analysts) to the multi-tiered framework. These professionals (funded through existing mental health and special education streams) implement **high quality, customized, data-driven interventions** designed to increase achievement and promote inclusion. The UE multi-tiered framework serves as a vessel for the delivery of

evidence-based practices, such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS), that meet the unique needs of the school and students. Academic, behavioral, and social-emotional support services take place within students' classrooms or in learning labs where students work individually or in groups to develop specific skills. Students identified for tier two services participate in six to ten week cycles of intervention focused on remediating specific gaps. With prompt and targeted intervention, many students quickly improve and can step down to tier one interventions. Students who do not respond to tier two interventions may receive third tier intensive services, such as IEP supports, functional behavioral analysis, individual and family therapy, and Wraparound (Appendix J: Academic Curricula).

*Outcome 2.3.a: Increase in engagement for students with disabilities: At least 80% of students with disabilities have at least a 90% attendance rate*

*Outcome 2.3.b: Improvement in behavior for students with disabilities: At least 80% of students with disabilities have one or less suspensions and suspension rates are significantly less than comparison schools*

*Outcome 2.3.c: Students with disabilities show gains in reading scores significantly greater than those of matched comparison schools.*

### **Goal 3: To build the knowledge and tools necessary to assist in further dissemination and replication of this innovative, impactful, and cost-effective model**

*Objective 3.1: Collect, synthesize and disseminate information regarding implementation challenges and successful strategies to inform future replication projects*

In collaboration with SRI, Seneca will **collect implementation fidelity data** using (1) established SWPBS evaluation tools, including the School-Wide Evaluation Tool (SET) and Team Implementation Checklist (TIC) (Appendix J: tools), (2) surveys to collect staff and parent feedback, and (3) process outcomes data, including the number of students receiving various types and levels of interventions and the number of staff and parent training and workshops. Semi-annual reports will monitor and document fidelity at a school level.

To capture the challenges and triumphs experienced by schools implementing UE,

Seneca and SRI will convene an *Annual Leadership Conference* with key stakeholders from each participating school site, including principals and Coaches. Schools will share successful strategies, challenges, and outcomes, allowing for collective celebration and brainstorming. SRI will synthesize information from the fidelity data and Leadership Conferences, and disseminate lessons learned through both formal and informal mechanisms, including: 1) publishing peer-reviewed articles in research journals; 2) presenting findings at two or more national conferences, and; 3) creating material to be distributed via the listserves of key dissemination partners, including the California Charter School Association and the Stuart Foundation.

*Outcome 3.1.a: SRI writes and publishes two peer-reviewed article regarding replicating the UE model with fidelity.*

*Outcome 3.1.b: In collaboration with SRI, Seneca creates summative reports on the impacts of the UE model, as well as lessons learned, and distributes these reports to at least 1,000 school leaders through its partner networks.*

*Objective 3.2: Create tools that will enable interested schools and districts to replicate the Unconditional Education model in order to best support students with disabilities.*

Seneca will **develop a modular training curriculum** that provides skills and tools for delivering a comprehensive intervention system. Lihi Rosenthal, Project Co-Director, will lead the process of creating a curriculum based on information gathered from implementation data, Seneca's special education experience, input from the Advisory Council, and the latest literature in the field. Topics specific to the support of students with disabilities may include: 1) promoting inclusive school settings, 2) creating, implementing and monitoring education plans that will ensure coordinated support toward academic success, and 3) the integration of trauma-informed practice with SWPBS. Seneca's Institute for Advanced Practice (SIAP) will provide training to schools and multi-service organizations interested in promoting the success of all students, including students with disabilities. SIAP will disseminate the training curriculum by offering traditional, onsite trainings throughout the state as well as through the provision of live, online

training series that can be accessed by national and international organizations. CCSA, Dr. Horner, Co-Director of the National PBIS Center, the Stuart Foundation, and the El Dorado County Special Education Local Planning Area will support dissemination of the model, including this training, to their networks of schools across the nation.

*Outcome 3.2.a: Creation of a comprehensive, modular training curriculum that will educate interested school/multi-service organization partnerships on the UE model.*

## **C. MANAGEMENT PLAN**

### **(1) KEY RESPONSIBILITIES AND ONGOING PROJECT ASSESSMENT**

As the lead applicant, Seneca will (1) coordinate an unmatched level of services to each school, (2) recruit and liaise with strategic partners on critical areas of project implementation, and (3) serve as the fiscal agent, providing accounting, reporting, and stewardship of funds (Appendix G: detailed MOU between partnership organizations).

The *Project Management Team (PMT)* includes Seneca leaders, Ken Berrick (CEO), Lihi Rosenthal (Division Dir. of Educational Programs), Robin Detterman (Dir. of School Partnerships), and Melissa Mollard, Ph.D. (Research Dir.), as well as Hae-Sin Thomas (CEO, EFC), Steve Sexton (Director, Lighthouse Community Charter), Hayin Kim (Dir. Of Community Schools, SFUSD), and Jose Blackorby (SRI). The PMT will meet three times yearly to review established goals and milestones, modify activities based on an assessment of progress, and monitor timelines and budget (Appendix F: Resumes).

Each school has a *Steering Committee (SC)* of key representatives from the SWPBS team, including the principal. In the fall the SC's, Coach, and Program Director analyze results from the annual school assessment and create an individualized Implementation Plan with mid-year and end-of-year goals for (1) school-wide systems, (2) intervention implementation, (3) professional development, (4) parent engagement, and (5) school- and student-level outcomes.

Implementation Plans are reviewed by the PMT every fall. Each winter and summer, the Coach meets with the SC to assess progress on mid-year and end-of-year goals. This information will then be shared with the PMT, who will compare school's goals with outcome data and assist in making any needed programmatic adjustments.

<b>Project Goals, Activities, and Milestones</b>	<b>Timeline</b>	<b>Lead</b>
<b>Goal 1: Increase capacity of schools to deliver effective interventions through implementation of tiered framework</b>		
Activity: Recruit, hire, and train qualified staff. Milestone: Staffing is complete and supervisory procedures are in place	Jan.-Mar. 2014	PD
Activity: Identify funding sources, creating a braided funding model with each partner school Milestone: Most cost-efficient funding model is secured at each school	Jan.-Mar. 2014	PD
Activity: Recruit appropriate representatives for Steering Committee at each partner school Milestone: Steering Committees are established	Mar. 2014	UE, P
Activity: Introduce principals to appropriate county Child Welfare and Probation staff Milestone: Interagency expectations and protocols in place with each partner school	Mar. 2014	PD
Activity: Complete annual assessment process with each partner school Milestone: Mid-year and annual goals for school established	Aug.-Sep. Annually	UE, SC
Activity: Implement initial, mid-year, and end of year staff surveys Milestone: Implementation data by school-site is reported to the Project Management Team	3x/year, ongoing	SRI,UE, PD,PMT
<b>Goal 2: Increase achievement of students at-risk of or diagnosed with disabilities</b>		
Activity: Recruit and train SWPBS team Milestone: Team is prepared for SWPBS kick-off at the beginning of the 2014 school year	Mar.-Aug. 2014	UE, P, DH
Activity: Based on results of the annual assessment, identify and procure necessary curricula Milestone: Appropriate staff are trained in culturally relevant curricula at all three tiers	Sept. annually	UE, P
Activity: Based on annual assessment, identify training and support needs of parents Milestone: Annual plan for parent workshops and support is in place	Sept. Annually	UE, P
Activity: Collect relevant school-wide and student-level outcome data Milestone: Summative evaluation reports compiled by external evaluator	July 2015/16	SRI, PMT
<b>Goal 3: Build knowledge and tools to assist in dissemination and replication of the model</b>		
Activity: Convene annual spring leadership conference for all SCs Milestone: SRI publishes peer-reviewed articles regarding implementation of the UE model	July 2016	SRI,SC , PMT
Activity: Convene annual Advisory Council meeting to share the formative evaluation results Milestone: PMT advised on direction, goals, and future dissemination and replication efforts	July 2014/ 15/16	PMT
Activity: Develop modular training curriculum for the UE Model Milestone: Curriculum to stakeholders for dissemination and replication efforts	July 2016	PD

Project Director (**PD**), UE Coach (**UE**), Principal (**P**), Steering Committee (**SC**), Project Management Team (**PMT**), External Evaluator (**SRI**), Dr. Horner (**DH**)

## **(2) COMMITMENT OF KEY PARTNERS AND SUPPORT OF STAKEHOLDERS**

Leading experts from special education, mental health, trauma-informed care and school climate comprise the project's *Advisory Council*: Gina Plate, Senior Advisor, Special Education, California Charter School Association (CCSA); Susan Stone, Ph.D., Associate Professor, School

of Social Welfare, UC Berkeley; John Shindler, Co-Director of the Alliance for the Study of School Climate; and Rob Horner, Ph.D., Professor of Special Education, U. Oregon, Co-Director of the National PBIS Center (Appendix G: letters of support, Appendix F: resumes). The Advisory Council will meet with the Project Management Team each summer to review progress and advise future efforts and will be consulted as needed when questions arise.

Long-term impact of UE requires broad levels of support. Significant interest in the expansion of the UE model has been expressed by schools, districts, school reform organizations and foundations including the Bill and Melinda Gates Foundation, Stuart Foundation, Chamberlin Family Foundation, the Rogers Family Foundation, California Charter Schools Association, the statewide El Dorado Special Education Local Plan Area, Alameda County Health Care Services Agency, Child, Youth and Families' System of Care in San Francisco, and U.S. Representative Barbara Lee (Appendix G: letters of support).

Following successful demonstration, Seneca will pursue a Validation or Scale-up grant for the national dissemination and replication of the model, with assistance from philanthropic supporters including the Rogers Family, Gates, Stuart and the Chamberlin Family Foundations.

### **(3) PROCEDURES FOR FEEDBACK AND CONTINUOUS IMPROVEMENT**

Efforts to collect feedback from stakeholders include: (1) school leadership and staff: initial, mid-year and end-of-year surveys, post-training evaluations, Annual Leadership Conference; (2) parents: annual parent surveys and post-training/workshop evaluations; and (3) students: annual survey of youth who receive tier 2 or 3 services. Survey outcomes will be included in the formative assessments shared with the school's Steering Committee, the Project Management Team, and the Advisory Council, eliciting further feedback as stakeholders collaborate to adjust efforts in order to meet defined goals.

## D. PERSONNEL

### (1) PROJECT STAFFING PLAN (APPENDIX J: ORGANIZATIONAL CHART)

Oversight of the *Unconditional Education Project* will be held by Seneca's *Co-Directors* Ken Berrick (CEO) and Lihi Rosenthal (Div. Dir. of Educational Programs). As Seneca's founder, Mr. Berrick has led the organization's expansion from a small residential program to an organization with a \$75 million annual budget that provides educational and mental health services in 12 California counties, with over 1,000 staff serving thousands of children and families each year (Appendix J: map of services). Mr. Berrick's experience as a Governor's Appointee on the California Child Welfare Council, a board member of the California Council for Community Mental Health Agencies, a recent Past-President of the Alameda County Board of Education and Past-President of the California County Boards of Education gives him unique insight to the political and programmatic landscape of mental health and special education. To complement Mr. Berrick's skills, Ms. Rosenthal has vast programmatic, supervisory, and teaching/training experience in special education and school partnership. For the past four years, she has overseen Seneca's education programs, managing a \$30 million dollar annual budget that includes four non-public school programs and nearly 30 partnerships with traditional public and charter schools. Mr. Berrick and Ms. Rosenthal hold ultimate responsibility for the project, including organizing relationships with the Advisory Council and key stakeholders, overseeing fiscal responsibilities, coordinating with SRI on evaluation efforts, and implementing dissemination efforts. Robin Detterman (Dir. of School Partnerships) will serve as the *Program Director*, providing supervision of Coaches and building relationships at each school site. Ms. Detterman's experience as a special education teacher and assistant principal informs her current role, where she is responsible for the development and start-up of district and charter partnership

programs, consulting and coaching school partnership leaders, training on topics regarding special education, and supervising multi-disciplinary intervention teams.

Ms. Rosenthal will lead the hiring process for a Program Assistant (1 FTE), and an Evaluation Manager (.5 FTE), while Ms. Detterman will oversee hiring of seven *Unconditional Education Coaches* (1 FTE each). Coaches have a Masters degree in Social Work, Psychology, or Special Education and at least three years of experience working with youth in a mental health and/or educational setting (Appendix J: job descriptions). Hiring will be facilitated by Seneca's Human Resources Department which reviews nearly 1,000 applications a month.

Seneca's Institute for Advanced Practice leads a two-week, trauma-informed Basic Training series for all new staff. Coaches receive an additional week of training on UE model and the skills needed to successfully implement the model. Coaches will have weekly supervision with Ms. Detterman and monthly leadership development groups, where they will develop skills, share challenges, and develop strategies to overcome common hurdles.

Seneca's school partnership program currently has a pool of on-call, qualified staff to fill in with current and expansion efforts, who will serve as promising candidates for the program as well as assist with initial implementation as positions are filled. Coaches for the UE program will be recruited both internally and externally. Melissa Mollard and staff members from the DSIPI will coordinate initial evaluation efforts until a qualified Evaluation Manager is hired.

#### **E. PROJECT EVALUATION**

SRI International, a nonprofit research organization that has successfully evaluated i3 validation and development projects will conduct a rigorous independent evaluation of the UE model that meets Abt i3 Evaluation Technical Assistance Project requirements. Evaluation efforts will be led by Jose Blackorby and Tracy Huang (Appendix F: resumes). Confirmatory

and exploratory research questions will be addressed using a quasi-experimental design (QED) that meets standards to provide solid evidence for interventions in the What Works Clearinghouse Standards (2008) and other scientific associations (Flay et al., 2005).

### **KEY QUESTIONS AND METHODS**

The overall goal of this development project is to determine the effectiveness of UE in increasing all students' academic achievement and engagement, including students with disabilities, decreasing problem behavior and discipline issues, as well as improving school climate and parent engagement. The evaluation will address the following confirmatory research questions: Compared to statistically matched control group, what is the impact of the UE model on academic achievement on state accountability test scores, behavior referrals and disciplinary actions for students (1) in a single year of implementation and (2) over three years of implementation? Exploratory research questions include: (3) what is the impact of UE on parent engagement in participating schools? (4) What is the relative impact of UE for students receiving support at tiers 1, 2, and 3? (5) What is the impact of UE on school climate? In addition, the evaluation will address: (7) Are outcomes mediated by level of fidelity of implementation of UE? (8) To what extent can the UE model be implemented with fidelity to the planned intensity, PBIS content and process, and intended focus on high need populations?

**Schools, UE and Comparison Students.** The proposed QED will involve a total of 7 schools in EFC, SFUSD, and Lighthouse Community Charter who will be statistically matched with comparable local students. All 7 schools serve urban communities. The target school enrollment will be approximately 3,500 students across K-12 schools. Propensity score techniques will be used to select comparison students in non-UE schools. Comparing academic and behavioral outcome data between UE students and well-matched students in control schools in SFUSD and

Oakland, should show one-year and multiple year effects across all three tiers of intervention. Students' scores prior to UE on California's STAR tests and student variables (e.g. gender, ethnicity, English Language Learner status, special education status) will be used for matching with the SAS Greedy matching procedure (Kosanke & Bergstralh, 2004; Parsons, 2001, 2005). Procedure results will be compared to other approaches for robustness.

## **MEASURING OUTCOMES**

**State accountability tests.** SRI evaluators will collect language arts and math accountability test data for approximately 3,500 students in UE and matched comparison schools each spring starting in 2015. The STAR is used as a primary outcome based on its wide use as a metric for measuring school progress towards accountability goals and meets Abt technical requirements.

**Standardized achievement tests.** As part of UE, Seneca administers a battery of educational, social adjustment, and risk assessments, including aimsweb and aimsweb Behavior for screening and progress monitoring of academic, behavioral, and social-emotional indicators. These measures are administered to tier 2 and 3 students at participating schools and used for need identification, progress monitoring and diagnostic assessment. The aimsweb, and aimsweb Behavior tools are a well-known and widely used measures that have national norms, strong technical characteristics, and a track record of use in educational evaluations, qualifying them for use as outcomes in the i3 program. These tests will provide common measures of participating students and will be used to track improvement over time relative to published instrument norms.

**School records.** SRI will collect measures of attendance, disciplinary actions, grades, and promotion. School records also provide data that will be used as covariates (e.g., demographics, special education status, ELL status) in moderation analyses.

**Implementation fidelity.** Aligned with the logic model (Appendix J), SRI evaluators will

measure treatment fidelity to assess the extent to which critical components of UE are implemented include: PBIS, screening and progress monitoring, teacher practice, classroom implementation, data use, and development and implementation of interventions. To measure adherence to the UE model, logs will document the hours of school staff attendance at professional development, COST meetings, and intervention activities (i.e., intervention dosage). To monitor procedural fidelity in randomly selected classes, SRI evaluators will design and implement a teacher survey to measure understanding, implementation, and effectiveness of UE.

**Social validity.** UE is designed to change how school personnel think about their work, identify students in need of tier 2 or 3 services, design and implement interventions, utilize data effectively, and collaborate in new ways to maximize benefits to student achievement and engagement, and school climate. SRI will develop administrator and teacher surveys to measure their perceptions of UE professional and ongoing support activities, school-wide implementation of UE, and perceptions of the impact UE has on their own behavior and that of their students.

**FOI Implementation Scores.** Consistent with i3 requirements for measuring fidelity of implementation, the log, observation, and survey data from key constructs in the UE model, including receipt and application of PD, implementation of SWPBS, trauma-based intervention development and implementation, and teacher practice will be used to produce scores of exemplary, adequate, and inadequate implementation.

**Intervention cost and cost-effectiveness.** SRI will work closely with Seneca and schools to ensure thorough documentation of program expenditures. Information about amount of service, cost per student, and cost per unit gain will be computed.

#### **ANALYSIS PLAN**

SRI will use a hierarchical linear model (HLM) framework (Raudenbush & Bryk, 2002) to

(1) assess the impact of UE on student outcomes for students as a whole, (2) assess impacts on subgroups of students defined by factors that could moderate impacts, (3) identify factors that might mediate student impacts, and (4) explore the relationship between implementation fidelity and student outcomes.

The difference on STAR tests, disciplinary actions and referrals between students in UE schools and matched comparison students in non-UE schools will be tested using a two-level HLM (students nested in schools) for the matched student sample. This model will be run separately for the one-year and multiple year contrasts. First, a fully unconditional model (a model with no predictors) will be run in order to compute the intra-class correlation coefficient and determine how much of the variance in achievement is attributable to student-level and school-level variation. Next, student level variables will be entered at Level 1.

Student pretest scores at the beginning of the year, prior to implementation, will be included as a covariate at Level 1 first, in order to examine gains in achievement in subsequent models:

$$Y_{ij} = \beta_{0j} + \beta_{1j} (\text{pre-test score}) + e_{ij}.$$

Other student-level covariates will be included next—child-level covariates will include gender. Other student-level covariates will be included next—child-level covariates will include gender, race, ELL, grade, and special education status.

$$Y_{ij} = \beta_{0j} + \beta_{1j} (\text{pre-test score}) + \beta_{2j} (\text{child-level covariate}) \dots + e_{ij}$$

Finally, the treatment effect will be included as a predictor at Level 2:

$$\beta_{0j} = \gamma_{00} + \gamma_{01} (\text{UE}) + u_{0j} \qquad \beta_{1j} = \mu_{00}$$

Both Hedges' *g* and HLM-adjusted effect sizes (ES) will be reported, consistent with WWC standards (2008). We also will report the improvement index (What Works Clearinghouse,

2008), which translates the effect size into an improvement in percentile rank. Moderation and mediation analyses will detect whether UE affects student subgroups differently and whether there are mediating factors that are affecting the relationship between the independent and dependent variable. Based on calculations, the minimum detectable effect size (MDES) is 0.35. For each impact tested, the actual MDES will be reported for the analysis sample.

**Analysis of correlations between implementation fidelity and outcomes:** Rich descriptive analyses will be conducted on implementation fidelity measures, describing: content, process, and intensity of professional development; implementation of PBIS, trauma based interventions, the other interventions; and parent engagement within each school. Data from fidelity measures will be summarized and provided regularly to staff. This data also will be used to examine relationships between dosage, quality of implementation, and subsequent student outcomes.

The effect of fidelity and dosage on outcomes will be examined using a matching approach (Peck 2003; Schochet & Burghardt 2007). We will construct an implementation index that measures the dosage and fidelity of program implementation in the UE group, fit a regression model to student background characteristics that predicts the implementation index as a function of the school and student background characteristics. We will then calculate predicted implementation index ratings for UE.

**Reporting and Dissemination:** SRI will provide reports and statistical analyses of outcomes and implementation findings annually and consistent with WWC guidance provided in *Reporting the Results of Your Study* (2005) for improvement and replication. SRI will present results at an annual leadership meeting, and submit evaluation findings for wider dissemination to professional journals and national conferences.