



Evaluation of the Full Purpose Partnership Program



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Abstract

This poster describes the implementation and preliminary impact of the Full Purpose Partnership, a school-wide model operating in four elementary schools. The model represents a partnership between an existing system of care and an urban public school district. Using a constant-comparative method, interviews and focus groups with program stakeholders were analyzed and interpreted to create a multisource depiction of the workings of the model. Findings suggest that perceptions of the model are compatible across schools and stakeholder groups and all groups perceive the partnership as filling gaps that often occur in schools. Implications for educators, administrators, and policymakers who are involved in implementing new or current system of care school-based models are discussed.

Background

In 2003, the partnership between a system of care called the Dawn Project and urban public school district in the Midwest implemented a school-based pilot project in three elementary schools. The Full Purpose Partnership (FPP) was designed to integrate the philosophy of systems of care (Stroul & Friedman, 1986) with the techniques of Positive Behavioral Supports (PBS) (Eber, Sugai, Smith, & Scott, 2002; Lewis, Powers, Kelk, & Newcomer, 2002; Sugai & Horner, 2002).

The FPP model is built on a foundation that includes:

- (a) effective curricula and instruction;
- (b) inquiry driven, data-based decision making;
- (c) systems of care principles (i.e., authentic family involvement; strengths-based practice; cultural competence; interagency collaboration); and
- (d) school-wide positive behavior supports.

The Full-Purpose Partnership Program is a school-wide transformational process that focuses on developing strength-based and student-centered classrooms and schools. FPP implementation is conceptualized through a three-tiered system of school-wide supports and programming, modeled after the PBS model (e.g., Eber, et al., 2002; Scott & Barrett, 2004) that includes prevention, early intervention, and comprehensive intervention. The overarching goal is to create better opportunities for teaching and learning through coordinated home-school-community connections and relationships, while the ultimate objective is to improve academic achievement for all students. FPP is in its fourth year operating in three Indianapolis Public Elementary schools, and also has newly been implemented in a fourth school this year.

In a previous study of FPP (Smith, Anderson, & Abell, 2006), a school climate survey was administered to 425 teachers, parents, and students in all three FPP schools. This study found:

- Students rated their teachers and principals favorably and parents reported that they were pleased with the quality of teaching and the effectiveness of the principals.
- Parents reported overwhelmingly they were treated respectfully by school personnel. Teachers also were enthusiastic about school climate, although slightly less than parents.
- The evaluation team concluded the preventive focus of FPP appears to be effective for reduction in office referrals.

The current study builds on and extends the results of this study with a specific focus on how FPP implementation processes are perceived by key stakeholders and to determine if FPP is implemented with fidelity to the model.

Method

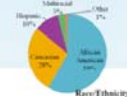
Researchers conducted an in-depth emergent case study of the FPP program at four elementary schools in Indianapolis Public Schools (IPS). Interviews were audiotaped and transcribed for analysis. This formative evaluation was characterized specifically as process evaluation (Patton, 2003) because of its focus on describing the basic processes of FPP implementation within schools and how these processes are perceived by participating school staff. The current orientation of FPP within its schools is described to inform key stakeholders (i.e. district and school level administration, school staff, and community partners) and not to evaluate the performance of the staff in implementing the FPP process. The constant-comparative method (Glaser & Strauss, 1967) was employed to allow researchers to use the initial results of one method to extend or clarify the results from another method.

Subjects

Participants included approximately 35 members of various stakeholder groups involved in the inception and/or implementation of FPP within these select schools including district-level administrators, school principals, school staff, School/Family Care Coordinators (SFCCs), and community mental health administrators. Semi-structured interviews were conducted with each participant, with the exception of school teachers and support staff, who participated in focus groups.

Demographics of School District

This study took place in four elementary schools within an urban, Mid-western district that serves 38,000 students. Specific demographics for the district are displayed below.



Of the families living within the district:

- 24.3% live below the poverty line
- 28.3% of parents report less than a high school education
- 55.5% of students live in single parent environments
- 12% of enrolled students have mothers that are considered to be "at-risk"
- 19.8% of students receive special education services

Results

Theme 1: The Role of the SFCC and FPP in the School

The role of the SFCC and FPP is unique in each school, but trends do exist. SFCCs perform many roles, most notable as resource connectors. Flexibility of the SFCC is essential to their success. SFCCs and FPP are both conceptualized as a support for teachers.

Theme 2: Impacts on FPP

Buy-in is an essential part of the success of FPP in the school, for both teachers and students. Training is an important tool in ensuring this buy-in. Staff and student transition, as well as challenges in transportation, can provide barriers to FPP's effectiveness.

Theme 3: School Climate and Culture

A set of core values and principles serves as the foundation for the culture and impact of FPP. FPP has been effective in fostering a positive environment, and a sense of community has developed on multiple levels and between multiple stakeholders in the schools.

Theme 4: Mental Health and Behavior

The introduction of Positive Behavior Supports, mental health services and wraparound that have accompanied FPP are seen as valuable resources. Through FPP, schools have implemented preventative and proactive approaches to address behavior, including looking to the function and reasons behind behavior. As a result, schools have seen improved mental health and behavioral outcomes, as well as increased student satisfaction.

Theme 5: Families and the Community

The home/school/community connection is seen as essential by those working in FPP schools. Strengthening these relationships is seen as beneficial for all parties. FPP schools have been effective at fostering these relationships, and enthusiasm and engagement in ensuring student success have increased from all three.

Conclusions

1. Program coordination by someone who is not directly connected or subject to school administration ensures SFCCs the freedom to work creatively and promote culture change. SFCCs in a very real sense bring the model to life.
2. Gaining staff buy-in and building capacity before model implementation is critical, and sustaining both takes concerted effort across time, particularly in reference to new student and staff induction.
3. Combining Positive Behavior Interventions and Supports with System of Care principles enhances the strengths of both approaches, promoting preventative, perspective taking, and proactive approaches.
4. Cultural change processes in school take years to occur, are interactive, and require ongoing monitoring, modification, and renewal. There is no "endpoint" at which the model is operating perfectly.

Results (cont.): Conceptualization of Input, by Theme and Respondent



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School Functioning Over Time for Students Served in a System of Care

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Setting the stage....

Educational Characteristics of Students Served in Systems of Care: A National Perspective

School performance in past 6 months (percentages)

| | Enrollment (N = 6127) | 6 months (N = 3716) | 12 months (N = 2841) | 18 months (N = 1949) | 24 months (N = 1324) |
|------------------------------|--------------------------|------------------------|-------------------------|-------------------------|-------------------------|
| Failing half or more classes | 24 | 18 | 16 | 14 | 13 |
| D Grades | 14 | 12 | 12 | 12 | 12 |
| C Grades | 27 | 30 | 32 | 32 | 32 |
| A / B Grades | 32 | 38 | 39 | 40 | 42 |
| Missing / Unknown | 3 | 2 | 1 | 2 | 1 |

Absences during previous 6 months (percentages)

| | Enrollment (N = 5123) | 6 months (N = 2926) | 12 months (N = 2193) | 18 months (N = 1452) | 24 months (N = 1003) |
|-----------------------|--------------------------|------------------------|-------------------------|-------------------------|-------------------------|
| 2 or more days/week | 23 | 17 | 15 | 15 | 15 |
| 2 or more days/month | 29 | 28 | 27 | 28 | 25 |
| 1 day or less / month | 48 | 55 | 57 | 57 | 60 |

Suspensions during past 6 months (percentages)

| | Enrollment (N = 6321) | 6 months (N = 3819) | 12 months (N = 2910) | 18 months (N = 1991) | 24 months (N = 1350) |
|-----|--------------------------|------------------------|-------------------------|-------------------------|-------------------------|
| Yes | 44.6 | 35.5 | 33.7 | 29.5 | 30.9 |
| No | 55.4 | 64.5 | 66.3 | 70.5 | 69.1 |

Expulsions during past 6 months (percentages)

| | Enrollment (N = 6321) | 6 months (N = 3819) | 12 months (N = 2910) | 18 months (N = 1991) | 24 months (N = 1350) |
|-----|--------------------------|------------------------|-------------------------|-------------------------|-------------------------|
| No | 92.3 | 94.7 | 95.7 | 95.7 | 95.9 |
| Yes | 7.7 | 5.3 | 4.3 | 4.3 | 4.1 |

Hypotheses

- Improved school functioning will be associated with improved clinical functioning over time
- Demographic characteristics will not be associated with changes in school functioning
- Students without special education labels will outperform students with special education labels in terms of school functioning

Theoretical Underpinnings

- MH/Social needs interfere with learning
- Schools not designed for such challenges
- SOCs provide support 24/7
- SOC Teams can offer support for:
 - Attendance
 - School behavior
 - Academic achievement

Setting: The Dawn Project

- Founded in 1997, Indianapolis, Indiana
- Administered by nonprofit care management organization, Choices, Inc. (<https://www.choicesteam.org/page/home/>)
- SOC teams provide service coordination and wraparound
- Students referred considered to have most difficult emotional and behavioral challenges
- Involved in more than one system
- Served 1000 students to date

Data

- Interviews with caregivers (and students)
 - Conducted at enrollment and 6 month intervals, up to 36 months

Outcome

Educational Questionnaire

- School functioning composite
 - School attendance
 - Grades
 - Discipline

Over Time Predictors

- Behavioral and Emotional Rating Scale
- Child Behavior Checklist
- Child and Adolescent Functional Assessment Scale

Time Invariant Predictors

- Special education status - at the time of enrollment
- Demographics
 - Age
 - Sex
 - Race

Time

How change occurs relative to number of months that have passed since entering the SOC

Average length of stay is 14 months

Analytic Strategies

- **HLM: how clinical functioning impacts school functioning over time**
 - how special education status and demographic characteristics impact these resulting patterns
- **Intercept (i.e., initial status) and rate of change (i.e., slope) are allowed to vary as function of individual characteristics**

Demographic Characteristics

| | Sample (N = 365) | |
|---------------------|------------------|------|
| | n | (%) |
| Male | 259 | 72 |
| Female | 101 | 28 |
| Minority | 198 | 55 |
| Caucasian | 162 | 45 |
| Special Education | 272 | 76 |
| Not in Special Educ | 88 | 25 |
| | M | SD |
| Age at Enrollment | 12.55 | 2.64 |

Instrumentation

- **BERS**
 - less than 70: very poor strengths
 - 70 to 79: poor strengths
 - 80 to 89: below average
 - 90 to 110: average
 - 111 to 120: above
 - 121 to 130: superior
 - above 130: very superior strengths

Instrumentation

- **CAFAS**
 - 0-10 minimal or no impairment
 - 20-40 mild impairment
 - 50-90 moderate impairment
 - 100-130 marked impairment
 - Above 140 severe impairment

Instrumentation

- **CBCL**
 - Scores of 67 and above considered to be in clinical range

Instrumentation

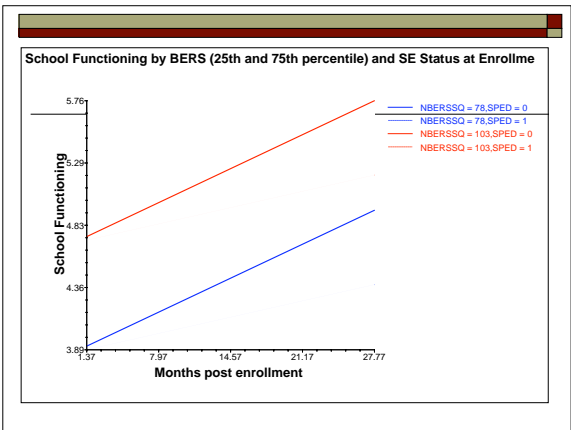
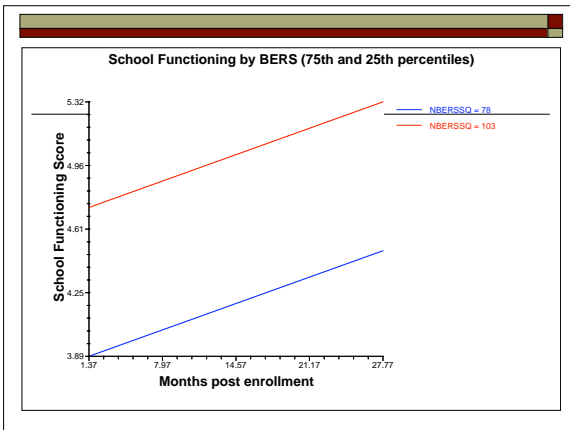
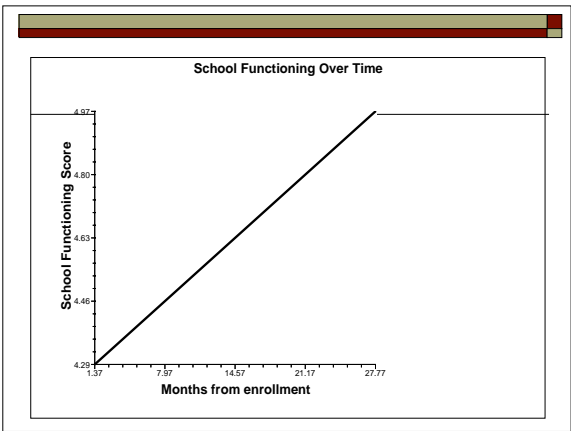
- **School functioning (1-7)**
 - **1-2 Very poor – likely not in school**
 - **3 Attending school; minimal success**
 - **4 Attending; below average fx**
 - **5 Average school functioning**
 - **6 Above average school functioning**
 - **7 Very successful**

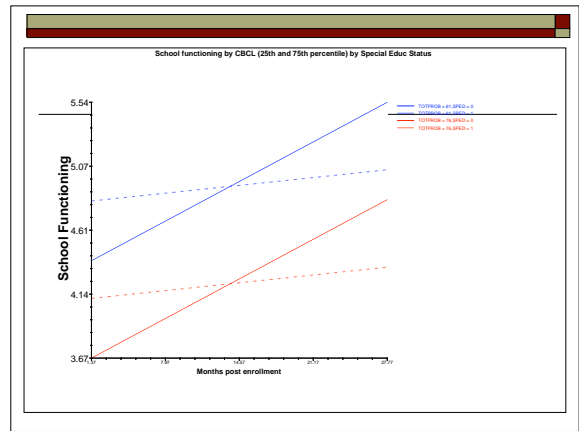
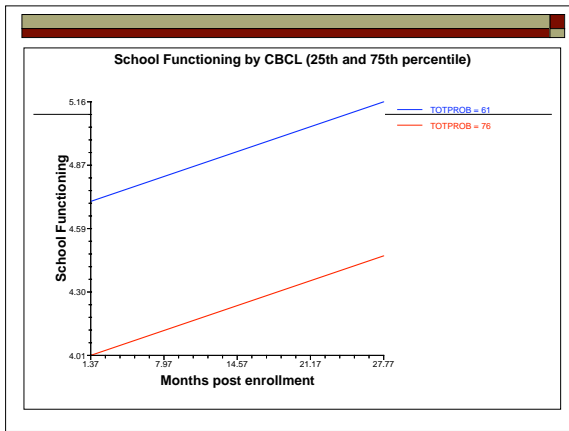
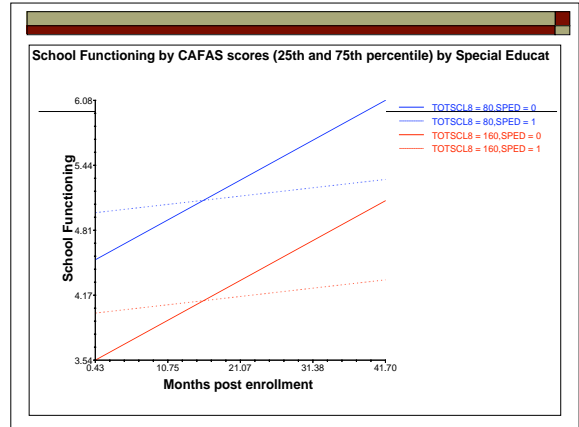
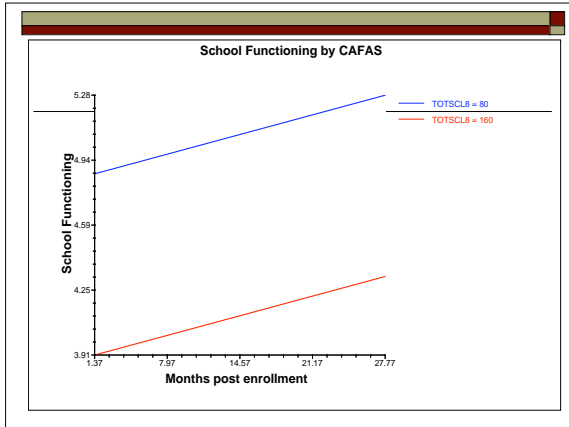
Average Clinical and School Functioning Scores

| | BERS (SD) | CBCL (SD) | CAFAS (SD) | School Fx (SD) |
|--------------------------------|-------------------------|-------------------------|--------------------------|-----------------------|
| Enrollment (n ≈ 360) | 88.33 (18.20) | 70.72 (11.18) | 133.15 (49.59) | 4.16 (1.74) |
| 12 months (n ≈ 234) | 90.36 (17.52) | 66.81 (11.44) | 113.94 (50.20) | 4.78 (1.60) |
| 24 months (n ≈ 106) | 91.41 (16.94) | 65.94 (11.80) | 110.47 (49.42) | 5.12 (1.51) |
| Overall Average | 90.21 (17.69) | 68.03 (11.72) | 119.53 (51.27) | 4.63 (1.68) |

School Funct Change (effect size)

| | School Fx | Cohen's d |
|--------------------------------|------------------|------------------|
| Enrollment (n ≈ 360) | 4.16 | |
| 12 months (n ≈ 234) | 4.78 | .37 |
| 24 months (n ≈ 106) | 5.12 | .22 |
| Enroll to 24 months | | .59 |





School Fx equations (trimmed)

$$Y = 1.27 + .04(\text{time}) - .02(\text{SE})(\text{time}) + .03(\text{BERS})$$

$$Y = 8.21 + .50(\text{SE}) - .07(\text{age}) + .04(\text{time}) - .035(\text{SE})(\text{time}) - .05(\text{CBCL})$$

$$Y = 6.58 + .48(\text{SE}) - .08(\text{age}) + .04(\text{time}) - .03(\text{SE})(\text{time}) - .01(\text{CAFAS})$$

Average Level of School Functioning by Special Education Status, Time Point, & Clinical Score for Students (12.6 years old)

| | BERS Scores | | |
|--------------|-----------------|---------------|---------------|
| | 88.33 (enroll) | 90.36 (12 m) | 91.41 (24 m) |
| Special educ | 3.92 | 4.22 | 4.49 |
| No SE | 3.92 | 4.46 | 4.97 |
| | CBCL Scores | | |
| | 70.72 (enroll) | 68.81 (12 m) | 65.94 (24 m) |
| Special educ | 4.29 | 4.45 | 4.65 |
| No SE | 3.79 | 4.37 | 4.99 |
| | CAFAS Scores | | |
| | 133.15 (enroll) | 113.94 (12 m) | 110.47 (24 m) |
| Special educ | 4.73 | 5.04 | 5.20 |
| No SE | 4.25 | 4.92 | 5.44 |

Discussion

Hypothesis #1: School progress over time occurs and is associated with similar trends in clinical functioning

- School functioning significantly increases from enrollment to 24 months (largest effect size during the first 12 months)
- After controlling for time, each clinical measure explains an additional 7% to 9% of improvement

Discussion

Hypothesis #2: demographics would not be associated with change over time, also was largely confirmed

- Findings suggest that students tend to enter the Dawn Project with substantial challenges in impairment and functioning and low levels of strengths, and profit equally well from SOC involvement, regardless of gender, race, or age

Discussion

Hypothesis #3: findings suggest differences in functioning between students with and without special education labels

- After controlling for clinical functioning, students with special education labels have better school functioning at enrollment than students without labels; however, by 24 months, this finding is reversed

Limitations

- Data come from one county level system-of-care
- Data are self-report
- SOC experiences that support or detract from school functioning were not examined

Thus, these analyses should be viewed as preliminary

Conclusions

1. School functioning improves quicker while students are in the SOC (however, the trend continues beyond Dawn Project involvement).

- How can we take advantage of this?

Conclusions

2. After controlling for the impact of time, each clinical measure explained an additional 7% to 9% of the improvements seen in school functioning over time

- Target clinical and school challenges simultaneously [Do not wait until behavior is “stable”]

Conclusions

3. Scores from each clinical measure crossed a clinically significant threshold during the time period examined in this study; however, scores remain relatively “high” over time
- Consider chronic v. acute challenges
 - Building long term support structures & capacity

Conclusions

4. Students tend to enter the DP with substantial challenges low levels of strengths, and profit equally well from their SOC involvement, without regard to gender, race, or age.
- Being younger at enrollment is associated with better initial school functioning

Conclusions

5. After controlling for clinical functioning, students with special education labels appear generally to have better school functioning at enrollment than students without labels; however, this effect does not hold and by 24 months, students not in special education are outperforming their peers in special education.

Thank you!

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*A System of Care for Children's Mental Health: Expanding the Research Base
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