

Safe Schools / Healthy Students, Eudora Project Logic Model

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
1.1.a. Eudora students are more likely than other Kansas students to report favorable parental attitudes towards antisocial behavior (Communities That Care [CTC] survey).	1. Enhance the safe school environment.	Element 1: Safety & Violence Prevention.	1.1. Decrease the percentage of students in grades 6, 8, 10, & 12 who report favorable parental attitudes towards antisocial behavior by 10% from baseline by the end of the grant.	1.1.a. Create social awareness and norms campaign to educate parents on safety policies and procedures.	1.1.a. Marketing Firm with Core Management Team and Community Coalition input to plan social marketing campaign. USD 491 staff and all Partners utilize and disseminate social marketing materials	1.1.a.1 Yearly monitoring and reporting of CTC data that feeds into <i>Parental Attitudes Favorable toward Antisocial Behavior</i> scale 1.1.a.2 Track development of social norms/communications campaign for parents 1.1.a.3 Monitor implementation of social norms campaign, including campaign materials produced and deployed 1.1.a.4. Social norms campaign impact measures	1.1. Decrease the percentage of students in grades 6, 8, 10 & 12 who report favorable parental attitudes towards antisocial behavior by 10% from baseline by the end of the grant as measured by CTC data.
1.1.b Information and resources for parents promoting pro social behaviors is not readily accessible				1.1.b. Provide safety and violence prevention resources and materials (+ resources that promote pro-social behaviors & skills) to parents and community members through the Family Resource Center (FRC).	1.1.b. USD 491 staff, SRO and all Partners provide input into the selection of violence prevention materials for the FRC.	1.1.b.1. Inventory of resources and materials provided to Family Resource Center. 1.1.b.2 Number of people and satisfaction of people accessing FRC materials	

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<p>1.1.c. Parents don't fully understand the District's bully policies.</p> <p>Parents do not always support the District's bully policies.</p>				1.1.c. Inform parents of bully and other policies and procedures and solicit support for these policies through EBI program such as OLWEUS and other measures	1.1.c All USD 491 staff (including support staff, bus drivers, custodians, etc.) and parents	<p>1.1.c.1. Number of parents receiving bully policy info and campaign materials.</p> <p>1.1.c.2. Monitor compliance with policy through annual parent and staff surveys.</p>	
<p>1.2.a. Eudora students are more likely than other Kansas students to report (on the CTC survey): having favorable attitudes towards antisocial behavior; feeling it is all right to beat up people if they start the fight; and feeling it is "not wrong at all" to pick a fight with someone.</p>			1.2. Decrease the percentage of students in grades 6, 8, 10, & 12 who report favorable attitudes towards antisocial behavior by 10% from baseline by the end of the grant.	1.2.a. Create social awareness and norms campaign to educate youth on core Positive Behavior Supports (PBS) expectations, including respect and peaceful problem-solving.	1.2.a. Marketing Firm with District Stakeholder group, Core Management Team and Community Coalition input to plan social marketing campaign.	<p>1.2.a.1. Yearly monitoring and reporting of CTC data that feeds into <i>Favorable Attitudes toward Antisocial Behavior</i> scale (See 1.1.a1)</p> <p>1.2.a2. Track development of social norms/communications campaign for students (See 1.1.a2)</p> <p>1.2.a3. Monitor implementation of social norms/communications campaign for students (See 1.1.a3)</p>	1.2. Decrease the percentage of students in grades 6, 8, 10, & 12 who report favorable attitudes towards antisocial behavior by 10% from baseline by the end of the grant as measured by CTC data.

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<p>1.3.a. All buildings need to be reviewed for physical safety issues that make it difficult to monitor youth actions or that otherwise impede implementation of safety plans.</p> <p>1.3.b School policies regarding discipline issues, aggression/ bullying, and violence need to be reviewed and possibly revised.</p>			<p>1.3. Decrease the percentage of students in grades 7, 9, and 11 who report they did not feel safe at school or on the way to or from school by 10% from baseline by the end of the grant.</p>	<p>1.2.b. Fully implement district bully policy and practices using EBI program such as OLWEUS.</p> <p>1.3.a1. Conduct annual school building and transportation/shuttle stop safety audits.</p> <p>1.3.a2. Correct identified safety deficiencies.</p> <p>1.3.b1 Implement school policy review process to ensure policy consistency with all five SS/HS elements.</p> <p>1.3.b2 Produce recommendations for necessary policy changes or additions.</p> <p>1.3.b3 School board to adopt policy revisions.</p>	<p>1.2.b. SRO, District Staff, with reinforcement from partnering staff</p> <p>1.3.a. Eudora police department to conduct safety audits.</p> <p>USD 491 to provide resources to correct deficiencies.</p> <p>(also see 1.1.d.)</p> <p>1.3.b. Stakeholder Group, All Partners, Community Coalition and USD 491 Board to provide input in policy review.</p>	<p>1.2.b.1. Number of staff trained to deliver the EBI anti bullying program</p> <p>1.2.b.2 Track fidelity of EBI anti-bullying implementation</p> <p>1.3.a.1. Number of safety audits scheduled and completed.</p> <p>1.3.a.2 Number of corrections made.</p> <p>1.3.b1. Number of policies reviewed for compliance with best safety practices.</p> <p>1.3.b2. Number and types of policy recommendations made and adopted</p>	<p>1.3. (GPRA #1) Decrease the percentage of students in grades 7, 9 and 11 who report feeling unsafe at school or on the way to or from school by 10% from baseline by the end of the grant as measured by an annual survey.</p>

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<p>1.4.a.1. School and community focus groups reveal that there is a need for universal supports for: social skills; stress management skills.</p> <p>1.4.a.2. As well as systematic procedures to identify and refer students to appropriate early supports, such as conflict resolution training;</p> <p>1.4.b. There is a need for more intensive intervention and supports to deal with anti-social behavior and aggression/violence.</p>			<p>1.4. Decrease the percentage of students in grades 6, 8, 10, and 12 who were involved in a physical fight on school property in the prior twelve months by 10% from baseline by the end of the grant.</p>	<p>1.4.a.1. Implement universal support services (see Element 3).</p> <p>1.4.a.2. Train staff on recognizing early aggression and early warning signs of violence so they can make timely referrals</p> <p>1.4.a.3. Create proper identification and referral process in addition to discipline procedures (detentions) so that students may access early supports.</p> <p>1.4.b. Create proper identification and referral process in addition to discipline procedures (detentions, suspensions, etc) so that students may access more intensive supports in the case of more serious or chronic issues.</p>	<p>1.4.a.1. USD 491 staff, SRO</p> <p>1.4.a.2. SRO & administrators, with assistance from Stakeholder Group & Partners, identify appropriate training;</p> <p>1.4.a.2. SRO & USD staff & administrators make referrals to counseling staff for routine interventions for low-level element 1 "offenses" as part of pyramid of student supports.</p> <p>1.4.b. For more serious offenses, mental health interventions with WRAP and coordination between administration and SRO and WRAP. Referrals to outpatient services if warranted. See Element 4 for more details.</p>	<p>1.4.a.1. See Element 3</p> <p>1.4.a.2. Number of staff trained to recognize and refer</p> <p>1.4.a.3 Track number of referrals and types of early supports provided</p> <p>1.4.b. Description and tracking of more intensive referral procedures.</p>	<p>1.4. (GPRA # 2) Decrease the percentage of students in grades 6, 8, 10 and 12 who were involved in a physical fight on school property in the prior 12 months by 10% from baseline by the end of the grant as measured by the annual CTC survey.</p>

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<p>1.4.c. Eudora students more likely than other Kansas students to report on the CTC:</p> <ul style="list-style-type: none"> a) acting out antisocial behaviors; b) arrested at least once in the past twelve months; and c) attacking someone with the idea of seriously hurting them. <p>In 2007, there were reported:</p> <ul style="list-style-type: none"> a) 49 juvenile offenses, of which 26% were related to aggression, and 15% were related to theft and burglary; b) 46 suspensions; c) 3 expulsions; d) 9 acts of student-to-student violence; and e) 1 act of student-to-faculty violence. 				<p>1.4.c.. Continue and improve coordination processes with Eudora Police Department, JJA and mental health partners as established through the Integration of Schools & Mental Health Systems Initiative on intense cases (see element 4).</p>	<p>1.4.c. For the most severe situations, DCYS staff communicates with District administrators, SRO, WRAP and Bert Nash staff regarding students in custody and transition planning. DCYS provides monitoring statistics and transition plans.</p>	<p>1.4.c1. DCYS to provide statistics on Eudora students receiving services there each semester; DCYS provides description and tracking of transition plans</p> <p>1.4.c2. Yearly monitoring and reporting of police department statistics on juvenile offenses</p>	

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<p>2.1.a. School and community focus groups indicate that there is a need for creating awareness and social norms regarding alcohol, tobacco, and other drugs alcohol.</p> <p>2.1.b.c.d. Parents need access to information regarding the use of alcohol, tobacco, and other drugs.</p> <p>The CTC survey shows students tend to rate the scale, "Parental Attitudes Favorable to Drug Use," higher than the scale of their own "Attitudes Favorable to Drug Use.</p>	2. Decrease alcohol, tobacco and other drug use by Eudora students.	Element 2: Alcohol, Tobacco & Drug Prevention.	2.1. Decrease the percentage of students in grades 6, 8, 10 & 12 who report favorable attitudes towards alcohol, tobacco, and other drug use by 10% from baseline by the end of the grant as measured by CTC data.	<p>2.1.a. Create social awareness and norms campaign to educate all audiences on alcohol, tobacco, and other drugs risk and protective factors. Including "Parents Who Host, Lose the Most" (PWH) EBI campaign aimed at parents.</p> <p>2.1.b. Provide alcohol, tobacco, and other drugs prevention and intervention resources, referrals and supports to parents and community members through the Family Resource Center (FRC).</p> <p>2.1.c. Provide workshop series "Guiding Good Choices", 3 times per year through the Family Resource Center via "Parent University"</p> <p>2.1.d. Create a Parent Support Network that invites</p>	<p>2.1.a.1. Marketing Firm, Core Management Team, Community Coalition, Eudora Police Dept., USD 491, DCCCA, Bert Nash, and JJA.</p> <p>2.1.a.2. DCCCA Prevention Specialist leads "Parents Who Host" (PWH) campaign.</p> <p>2.1.b Community Coalition, USD 491 staff and all Partners recommend resources for the FRC.</p> <p>2.1.c. DCCCA Prevention Specialist</p> <p>2.1.d. DCCCA Prevention Specialist</p>	<p>2.1.a1. Track development of Social Marketing Plan</p> <p>2.1.a2. PWH deployed.</p> <p>2.1.a3 . PWH impact and fidelity measures</p> <p>2.1.b1. Inventory of resources provided to FRC</p> <p>2.1.b2. Number of and satisfaction of people accessing FRC materials.</p> <p>2.1.c. Number of "Guiding Good Choices" workshop sessions given, results of pre-post measures, fidelity checks, and number of parents attending.</p> <p>2.1.d. Number of parents to whom invitation and</p>	2.1. Decrease the percentage of students in grades 6, 8, 10 & 12 who report favorable attitudes regarding alcohol, tobacco, and other drug use by 10% from baseline by the end of the grant as measured by CTC data.

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				speakers quarterly, and helps in choosing resources for the Family Resource Center.		outreach is provided number and types of workshop sessions given, results of fidelity checks and pre-post tests if relevant, and number of parents attending, satisfaction measures.	
<p>2.1.e. Eudora students are more likely than other Kansas students to report (on the CTC survey):</p> <p>a) higher availability of drugs in the community;</p> <p>b) the ease with which youth can access alcohol, tobacco, and other drugs, particularly marijuana and alcohol;</p> <p>c) having favorable attitudes towards alcohol tobacco, and other drugs;</p> <p>d) earlier initiation to alcohol tobacco, and other drugs;</p> <p>e) having family members with severe alcohol,</p>				2.1.e. Provide SAMHSA's model program, "Lifeskills", as part of youth programming during non-school hours.	2.1.e. DCCCA Prevention Specialist will deliver Lifeskills curriculum through the non-school hour programming and collect/report all data.	<p>2.1.e1. Number of Lifeskills cycles and sessions given</p> <p>2.1.e2. Number of students trained</p> <p>2.1.e3. Lifeskills fidelity measures</p> <p>2.1.e4..DCCCA Lifeskills reports assessed annually</p>	

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<p>tobacco, and other drug problems; and</p> <p>f) having siblings using alcohol, tobacco, and other drugs</p> <p>2.1.g.h. School and community focus groups indicate that there are very few alcohol, tobacco, and other drugs supports in the schools, such as refusal skills;</p> <p>2.1.i. School and community focus groups indicate that there are very few supports in schools, such as staff training to support early intervention or</p>				<p>2.1.f Youth Projects are also an ATOD protective factor – see Element 3</p> <p>2.1.g. Review health and guidance curriculum to identify gaps in current alcohol, tobacco, and other drugs curriculum , and make recommendations for changes.</p> <p>2.1.h. Select and implement selected alcohol, tobacco, and other drugs curriculum into health and guidance curriculum as appropriate and feasible.</p> <p>2.1.i. Train appropriate staff to recognize alcohol, tobacco, and other drugs use and make timely referrals.</p>	<p>2.1.f. DCCCA Prevention Specialist coordinates with element 3 staff (see E3 for more details)</p> <p>2.1.g.h. USD 491, DCCCA, Eudora Police Dept., Bert Nash, and JJA, led by DCCCA Prevention Specialist</p> <p>2.1.h. DCCCA Prevention Specialist with counseling and other district staff.</p> <p>2.1.i. Kansas Highway Patrol, DCCCA</p>	<p>2.1.f. See element 3 for more details</p> <p>2.1.g Number of curriculum changes recommended for alcohol, tobacco, and other drugs.</p> <p>2.1.h. Number of policy/curriculum changes implemented, fidelity measures as appropriate</p> <p>2.1.i1. Number of staff trained,</p> <p>2.1.i2.Number of training sessions</p>	

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<p>referral.</p> <p>2.1.j. School alcohol, tobacco, and other drugs policies need to be reviewed and possibly revised.</p>				<p>2.1.j. Review school policies for internal and external consistency regarding alcohol, tobacco, and other drugs procedures</p>	<p>2.1.j. DCCCA Prevention Specialist will help coordinate district alcohol, tobacco, and other drugs policy alignment, with participation/input of all Partners, Community Coalition and USD 491 staff/Board.</p>	<p>2.1.j1.. Meetings and minutes of Community Coalition</p> <p>2.1.j2. See 1.3.b.1</p> <p>2.1.j3. Number of procedure changes relative to ATOD. See 1.3.b.2</p>	
<p>2.2.a.b. School and community focus groups indicate that:</p> <p>a) there are no local alcohol, tobacco, and other drugs screening, assessment, or counseling services or programs; and</p> <p>b) no intensive services for families with alcohol, tobacco, and other drugs problems.</p> <p>2.2.a.b.c.1. Eudora students are more likely than other Kansas students to report (on the CTC survey):</p>			<p>2.2. Decrease the percentage of students in grades 6 , 8 , 10 & 12 who report they used marijuana within the last 30 days by 10% from baseline by the end of the grant.</p>	<p>2.2.a. Track referrals for screening /assessments and counseling services with DCCCA, or Bert Nash's Brief Strategic Family Therapy for more intensive intervention (see element 4).</p> <p>2.2.b. Begin providing screening /assessments and counseling services locally once a week in year two when office becomes available.</p> <p>2.2.c. Provide individually focused supports, case management, and treatment coordination through WRAP school-based mental health staff</p>	<p>2.2.a. USD 491, DCCCA Prevention Specialist, Eudora Police Dept., Bert Nash, and JJA make referrals.</p> <p>2.2.b DCCCA, Bert Nash</p> <p>2.2.c. SRO & USD staff and administrators, WRAP staff</p>	<p>2.2.a. Number of element 3 & 4 referrals made by partners to DCCCA</p> <p>2.2b. Number of students screened and assessed for in-school counseling services</p> <p>2.2.c. See elements 3 and 4 for process measures</p>	<p>2.2. (GPRA #3) Decrease the percentage of students in grades 6, 8, 10 & 12 who report they used marijuana within the last 30 days by 10% from baseline by the end of the grant as measured by CTC data.</p>

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<p>a) using marijuana at least once in their life; b) being chronic users of marijuana; and c) using marijuana in the last 30 days; and d) selling illegal drugs.</p> <p>2.2.a.b.c.2. Of 49 local juvenile arrests, 32% were related to alcohol, tobacco, and other drug use, more than in any other category.</p> <p>2.3.a.b.c.d. Eudora students are more likely than other Kansas students to report (on the CTC survey):</p> <p>a) drinking alcohol at least once in their life; and b) drinking alcohol in the last 30 days.</p>			<p>2.3. Decrease the percentage of students in grades 6 , 8 , 10 & 12 who report they used alcohol within the last 30 days by 10% from baseline by the end of the grant.</p>	<p>(see elements 3 ,4).</p> <p>2.3.a. See 2.2.a. 2.3.b. See 2.2.b. 2.3.c. See 2.2.c. 2.3.d. DCCCA will explore the feasibility of a weekly local Alanon and Alateen group.</p>	<p>2.3d DCCCA, USD491</p>	<p>2.3.a. See 2.2.a. 2.3.b. See 2.2.b. 2.3.c. See 2.2.c. 2.3.d. Track development and implementation of feasibility study with meetings, minutes, timeline, investigation results, recommendations, and follow-through</p>	<p>2.3. (GPRA #4) Decrease the percentage of students in grades 6, 8 , 10 & 12 who report they used alcohol within the last 30 days by 10% from baseline by the end of the grant as measured by CTC data.</p>

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<p>3.1.a. School district mapping process, survey data and focus group data shows that there is a need for:</p> <p>clear priorities and planning for student basic social emotional support services and some additional staff to provide a continuum of supports</p>	3. Improve the social-emotional health of Eudora students.	Element 3: Behavioral, Social & Emotional Supports.	3.1. Increase the percentage of students in grades 6-12 who report feeling engaged with school by 10% from baseline by the end of the grant.	<p>3.1.a.1. Develop overarching district-wide priorities and plan for basic student social-emotional learning and support services; and</p> <p>3.1.a.2. implement the plan addressing gaps identified in the mapping process, CTC data and various focus groups from all the elements</p> <p>3.1.a.3. Review curriculum and policies for alignment with plan.</p> <p>3.1.a.4. Ensure appropriate alignments with other elements</p> <p>3.1.a.5. Ensure district staff receive Social Awareness campaign materials and messages regarding youth social, emotional needs (see 3.2.a)</p>	<p>3.1.a. Stakeholder Group, USD 491 administration, with input from Partners</p> <p>3.1.a.2. USD 491 staff and Stakeholder Group; CMT, SSHS Operations Team</p> <p>3.1.a.3. USD 491 staff and Stakeholder Group; CMT, SSHS Operations Team</p> <p>3.1.a.4. USD 491 staff; CMT, SSHS Operations Team</p> <p>see 3.2.a</p>	<p>3.1.a.1. Track development of district plan for supporting basic student social emotional learning.</p> <p>3.1.a.2. Monitor implementation of district plan for supporting basic student social emotional learning.</p> <p>3.1.a.3. Track process of curriculum and policy review and implementation of changes See 1.3.b,1, 1.3.b.2</p> <p>3.1.a.4. Track process of alignment with other elements</p> <p>see 3.2.a</p>	3.1. Increase the percentage of students in grades 6-12 who report feeling engaged with school by 10% from baseline by the end of the grant as measured by CTC data and other annual surveys.
3.1.b. There is a need for a district-wide approach to positive behavior				3.1.b1. Develop and implement district-wide PBIS, or similar EBI that addresses	3.1.b. SEL Counselor, USD 491 administration and staff, coordination of	3.1.b1-3: Track development of district-wide PBIS Implementation plan,	

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<p>supports, in light of:</p> <p>Eudora students are more likely than other Kansas students to report (on the CTC survey) weak protective factors in: School Opportunities for Involvement and School Rewards.</p> <p>In particular, the students reported low chances:</p> <p>i) for being part of class discussions or activities;</p> <p>ii) for helping decide things like class activities and rules;</p> <p>iii) for being asked to work on special projects;</p> <p>iv) that teachers notice when students are doing a good job and let them know about it; and</p> <p>v) that teachers praise them when they work hard in school.</p> <p>3.1.d. Students need appropriate supports for transitions (ex:</p>				<p>the need for building protective factors.</p> <p>3.1.b.2. Hire a staff coordinator</p> <p>3.1.b3. Develop district plan/team approach to initial implementation,</p> <p>3.1.b4. Obtain training in segments with various staff groups over time</p> <p>3.1.b5. Pilot the approach</p> <p>3.1.b6. Active application with consultation and supports, and sustained use.</p> <p>3.1.c. Youth will have a voice in proposing diverse, creative activities available to them through Youth Projects. (See 3.2)</p> <p>3.1.d. Create transitioning and welcoming supports for new students and</p>	<p>basic practices with DCCCA, Eudora Police Department, DCYS and Bert Nash, Youth participants</p> <p>3.1.d. USD 491</p>	<p>3.1.b4: Number of staff trained to implement pilot program</p> <p>3.1.b5: Monitor fidelity of implementation of PBIS in pilot classrooms</p> <p>3.1.b6. Monitor more wide-spread deployment of PBIS plan.</p> <p>3.1.d.1. Track development of transitioning and welcoming supports</p>	

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elementary students to a new building, transitions between grades, developmental levels, and for new students.)				families, including outreach to parents. Apply transitioning and welcoming supports for transitions between grades and to new buildings.		services strategy 3.1.d.2. Track usage of transitioning and welcoming supports services strategy for new students and families and those transitioning grades and buildings	
<p>3.2.a.b.c. The community lacks social awareness and cohesive norms regarding the behavioral, social, and emotional support needs of children.</p> <p>CTC data indicated that students reported low chances: i) that neighbors notice when they are doing a good job and let them know about it; and ii) that there are people in their neighborhood who are proud of them when they do something well.</p> <p>School and community focus groups indicate that there are concerns about adults negatively</p>			3.2. Increase the percentage of students in grades 6-12 who report feeling engaged with their community by 10% from baseline by the end of the grant.	<p>3.2.a. Create a Social Awareness and Norms Campaign aimed at school and community adults focusing on behavioral, social, and emotional support needs of children for connectivity and bonding.</p> <p>3.2.b. Create a parallel Social Awareness and Norms Campaign aimed at youth encouraging prosocial behavior, participation, and connectivity.</p> <p>3.2.c. Provide resources, materials, campaign materials, referrals, and</p>	3.2.a.b. Marketing Firm, Core Management Team, Community Coalition, USD 491 staff and all Partners	<p>3.2.a.1. Track development of social awareness and norms campaign aimed at adults See 1.1.a2</p> <p>3.2.a.2. Monitor implementation and impact of social awareness and norms campaign aimed at adults See 1.1.a3 and a4.</p> <p>3.2.b.1. Track development of social awareness and norms campaign aimed at youth See 1.1.a2</p> <p>3.2.b.2. Monitor implementation and impact of social awareness and norms campaign aimed at youth See 1.1.a3 and a4</p> <p>3.2.c.1. Inventory of resources and materials provided to Family Resource</p>	3.2. Increase the percentage of students in grades 6-12 who report feeling engaged with their community by 10% from baseline by the end of the grant as measured by CTC data.

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<p>labeling youth.</p> <p>3.2.d.e. There is a need for: a) supervised, creative, and engaging non-school hours activities; b) youth voice and input into these activities; and c) supportive interaction by caring adults.</p> <p>School and community focus groups indicate that: a) there are concerns about adults negatively labeling youth; and b) the lack of adult supportive presence and supervision during non-school hours.</p>				<p>supports through the Family Resource Center.</p> <p>3.2.d. Provide \$5,000 in awards yearly to pilot diverse, creative and adult-monitored activities that youth propose. These Youth Projects will be activities could address universal, early intervention or intensive needs supporting any grant element, particularly the first three.</p> <p>3.2.d1. Community Coalition with Youth representatives set criteria for awards, creates application process, publicizes opportunity, solicits applications....</p> <p>3.2.d2... reviews submissions, and selects activities to fund.</p>	<p>3.2.d. Youth, Community Coalition, USD 491 staff, community members, DCCCA, Stakeholder Group, and Partners.</p>	<p>Center in this category.(See 1.1.b1)</p> <p>3.2.c.2. Number of people and satisfaction of people accessing FRC materials in this category.(See 1.1.b2)</p> <p>3.2.d.1 Track development of Youth Project infrastructure</p> <p>3.2.d.2 Number and types of Youth Projects submitted and awarded</p>	

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<p>Youth focus groups indicate that there are too few diverse pro-social activities to engage them.</p>				<p>3.2.d3. Activities should be responsive to youths' voice, increase community participation with youth and encourage local sustainability. Primarily aimed at high school youth.</p> <p>3.2.e. NSHP Contractor plans and implements youth programs during non-school hours in collaboration with USD 491 & Partners.</p> <p>3.2.e. Serve 400 students through an array of formal after-school and non-school hour programming (not including school sports) each year of the grant. Primarily aimed at elementary and middle school youth. High school leadership opportunities may be cultivated.</p> <p>3.2.f. Provide shuttle transportation for increased access and participation.</p>	<p>3.2.d.e. NSHP Contractor, and coordination with DCCCA, USD 491, and other Partners.</p> <p>3.2.f. USD 491 to provide building access and shuttle transport for students attending non-school hour and after-school programming.</p>	<p>3.2.d3 Number and types of Youth Projects that are completed</p> <p>3.2.e.1. Track development of programs implemented during non-school hours</p> <p>3.2.e.2 Number and types of activities and programs implemented during non-school hours</p> <p>3.2.e.3 Number of and satisfaction of students participating in the non-school hours programs</p> <p>3.2.f. Number of students using shuttle services to go to non-school hours programs</p>	

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<p>4.1.a.b. There are no formal data systems in place to track the number of students in need, and the problems they have.</p> <p>4.1.c.d.e.f.g.1. There is still significant and pervasive stigma regarding mental health.</p> <p>4.1.c.d.e.f.g.2. A gap in understanding and recognizing mental health was identified in all focus groups, parent panel, and teacher surveys.</p> <p>4.1.e.1. Administrator and teacher focus groups indicate: a) they are seeing an increase in more intense student cases involving</p>	<p>4. Increase the number of students receiving and benefitting from local mental health services.</p>	<p>Element 4: Mental Health Services.</p>	<p>4.1. Increase the number of students in grades K-12 screened and/or assessed for needing mental health services from a baseline of 0 to 300 by the end of the grant.</p>	<p>4.1.a. Provide in the school setting early mental health identification and assessment.</p> <p>4.1.b. Develop referral processes and provide coordination with other school and community mental health providers.</p> <p>4.1.c. Provide education, outreach, and supportive services to families.</p> <p>4.1.d. Increase school staff awareness of the impact of mental health issues on student learning and performance (including attendance, discipline, and barriers to learning).</p> <p>4.1.e. Provide training and ongoing consultation/ supervision to classroom teachers to address stigma and increase strength-based skills for addressing</p>	<p>4.1.a.b.c.d.e. USD 491 provides access to students, staff, and venue. Bert Nash WRAP provides school-based mental health assessments, services, consultation, clinical supervision and training.</p>	<p>4.1.a.b. Number and types of assessments.</p> <p>4.1.c. Number of parent contacts, and number of sessions involving parents.</p> <p>4.1.d.e. Number of sessions provided for teachers, and number of teacher consultations, teacher satisfaction</p>	<p>4.1. Increase the number of students in grades K-12 screened and/or assessed for needing mental health services from a baseline of 0 to 300 by the end of the grant as measured by WRAP records.</p>

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
depression, ATOD usage, anxiety, anger and aggression, and suicidal ideation; and b) that there is a lack of training and “clinical supervision” regarding student mental health issues.				mental health issues.			
4.1.e.2. Current staff do not feel qualified or equipped to deal with the intense mental health problems students are facing.							
4.1.f. A school support staff focus group reports that: a) they are seeing an increase in mental health issues; b) an increase in the intensity of those issues; and c) no additional staff have been added to address these issues.				4.1.f. Review school policies for internal and external consistency regarding supportive mental health interventions to ensure they interrelate with SSHS goals, and draw on the best practices of education, justice, law enforcement, social and mental health services.	4.1.f. All Partners, USD 491, Community Coalition, coordination with Eudora Police Department, DCCCA, Bert Nash and WRAP, and USD 491 school board to make decisions and revisions.	4.1.f. Types of policy or procedure changes made related to supportive mental health interventions in addition to consequences in cases.	
				4.1.g. Make referrals and follow up as appropriate with local	4.1.g. USD 491 and Bert Nash WRAP.	4.1.g. Description of identification and referral procedures,	

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
				mental health services when treatment is indicated.		and number of referrals made.	
4.2.a.b.c.1. There are no school-based support groups, and very little school-based mental health services provided (estimated at 40 students in 2007).			4.2. Increase the number of students in grades K-12 receiving school-based mental health services from a baseline of 0 to 200 by the end of the grant.	4.2.a. Increase from an informal baseline of 40 students to 150 in year one, 200 in year two, and 250 in years three and four the number of students receiving school-based mental health services. 4.2.b. Provide in the school setting group and individual services addressing various mental health issues (such as social skills and anger management) for both early and intensive stages of intervention for K-12 students and their families; 4.2.c. Provide school-based crisis intervention.	4.2.a.b.c. USD 491 and Bert Nash WRAP.	4.2.a.b.c. Number of students seen in group and individual sessions.	4.2. (GPRA #5) Increase the number of students in grades K-12 receiving school-based mental health services from a baseline of 0 to 200 by the end of the grant as measured by the WRAP provider logs.
4.3.a.b.1. Eudora lacks mental health screening or local services providing mental health referrals and interventions. 4.3.a.b.2. Of the 49 Juvenile			4.3. Increase the percentage of mental health referrals for students in grades K-12 that result in local community mental health services being provided from a baseline of 0 to 10% by the end of the	4.3.a. Bert Nash will provide local mental health services at an appropriate, convenient site. 4.3.b. Bert Nash will provide Brief Strategic Family Therapy for intensive	4.3.a.b. USD 491 provides space to Bert Nash for local outpatient services by year two.	4.3.a.b. Description of new programs, number of element 3 & 4 referrals made, and number of individual, group, and family mental health sessions provided locally.	4.3. (GPRA #6) Increase the percentage of mental health referrals for students in grades K-12 that result in local community mental health services being provided from a baseline of 0 to 10%

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
<p>arrests in 2007, 27% were related to family conflict.</p> <p>4.3.a.b.3. Of the Eudora youth currently receiving outpatient services in Lawrence, 64% were related to mood disorder.</p> <p>4.3.a.b.4. Clinicians anecdotally report high levels of substance abuse by Eudora youth in addition to their mental health problems.</p>			grant.	intervention.			<p>by the end of the grant as measured by the WRAP provider logs and the local community mental health provider patient records.</p>

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
<p>5.1.a. There is no overarching plan or coordination for early childhood services, although this area is identified as a priority for the district and a growing priority in the State.</p> <p>5.1.a-b. Administrator and teacher focus groups report that:</p> <p>i) 20% of pre-k and kindergarteners qualify for free/reduced lunch,</p> <p>ii) only 21 children ages 0-3 are being served by Parents as Teachers.</p> <p>iii) there are no local playgroups, and</p> <p>iv) Eudora is lacking private childcare homes and centers.</p> <p>Quality early childhood services are rare in Eudora.</p>	5. Increase the capacity of Eudora community to address the developmental needs of children 0-5.	Element 5: Early Childhood Programs.	5.1 Increase the number of children who receive appropriate early childhood services and supports from a baseline of 77 children to a total of 110 children by the end of the grant.	<p>5.1.a1. Create an Early Childhood Services Planning Committee (ECSPC) to develop a strategic plan that addresses and coordinates early childhood services in the community based on need and county resources that can be brought into the community. The ECSPC plan will include:</p> <p>5.1.a.2. A coordinated plan regarding screening and assessment (see also 5.2);</p> <p>5.1.a3. The development of training programs for parents, teachers and other caregivers of preschoolers;</p> <p>5.1.a4 The development of a communications plan to inform caretakers, teachers and other stakeholders of programs, screenings, and other resources;</p> <p>5.1.a5. The</p>	5.1.a. USD 491, ECSPC, Community Coalition, Early Childhood Coordinator/Consultant, Family Resource Center Coordinator, and Bert Nash.	<p>5.1.a1. Track organizational development of Early Childhood Services Planning Committee</p> <p>5.1.a2. Track development of coordinated screening in assessment plan by the ECSPC</p> <p>5.1.a3. Track development of training plan for parents, teachers, and other caregivers of preschoolers</p> <p>5.1.a4. Track development of a communications plan regarding early childhood programs, screenings and other resources</p> <p>5.1.a5. Track development of a referral process plan</p>	5.1 Increase the number of children who receive appropriate early childhood services and supports from a baseline of 77 children to a total of 110 children by the end of the grant as measured by project records.

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
<p>5.1.b. Existing county services are not located in Eudora for accessibility, especially by families of limited means.</p> <p>5.1.b. Administrator and teacher focus groups indicate that:</p> <p>a) of over 600 children 0-5 years old in Eudora, only 56 are served through EPS PEP program, and</p> <p>b) over 100 children ages 3-5 are eligible for Head Start or other subsidized early childhood programs, but there are none in Eudora.</p>				<p>development of a referral process plan;</p> <p>5.1.b1. Increase connectivity with county-wide early childhood services and agencies.</p> <p>5.1.b2. Space will be provided by the District for early childhood agencies to offer local services such as playgroups, screening, early head start and other direct services beginning in the 2009 school year.</p> <p>5.1.b3. Add family services through Success by 6, such as “Child Centered Play Therapy” and “Brief Strategic Family Therapy”, as evidence-based interventions at no cost to families.</p> <p>5.1.b4. Add at least one early childhood classroom for at-risk 4-year olds who do not qualify for SpEd.</p> <p>5.1.b5. Add one, part-time mental health clinician to</p>	<p>ECSPC, Community Coalition, Early Childhood Coordinator/Consultant, Bert Nash, early childhood service agencies</p> <p>USD 491, Bert Nash</p> <p>Bert Nash, USD 491</p>	<p>for early childhood services</p> <p>5.1.b1. Track stakeholder participation in the Early Childhood Services Planning Committee meetings</p> <p>5.1b1-5. Monitor implementation of referral process for early childhood services and programs</p> <p>5.1.b3. Number of new services added in the community, number of Eudora families/children accessing services</p> <p>5.1.b4. Number of children enrolled in an at risk childhood classroom</p> <p>5.1.b5. Number of children receiving mental health</p>	

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
				provide services to early childhood classrooms and provide home-based services to families.		services 5.1.b6. number of classroom consultations and/or staff participating in training/development	
5.2 There are no formal data systems in place to track the number of students in need and the problems they have. Of the 6 early childhood developmental screenings conducted each month, 2 to 3 children qualify for special services.			5.2 Increase the number of children aged 0-5 screened for early childhood services by 10% from baseline by the end of the grant.	5.2.a. Establish the screening instruments to be used, including a way to assess school readiness by the time a child enters kindergarten 5.2.b. Establish a referral process for pre-kindergarten special education and other screening opportunities. 5.2.c. Target populations of day care providers, pediatricians, doctor's offices and other preschool-age serving agencies for receiving regular, up to date information about screenings and other early childhood education learning opportunities. 5.2.d. Actively promote and solicit families to participate in pre-kindergarten screening opportunities.	5.2. USD 491 staff and PEP, ECSPC, Family Resource Center Manager, and Bert Nash.	5.2. Track development of multiagency coordinated and consistent preschool readiness assessment strategy 5.2.b. number of children referred for screening 5.2.c number of providers given materials; types of materials provided 5.2.d1 Number of students attending district screenings 5.2.d2. numbers and types of screening coordinated by	5.2. Increase the number of children aged 0-5 screened for early childhood services by 10% from baseline by the end of the grant as measured by data provided by the ECSPC.

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
<p>Teacher focus groups indicate that:</p> <p>a) children are demonstrating more bully behavior at younger ages, and</p> <p>b) fewer opportunities and stressed parents are creating less nurturing home environments.</p>			<p>5.3. Increase contacts with parents of preschoolers who participate in or access grant-sponsored educational activities or materials regarding appropriate developmental, health, mental health, and social practices from a baseline of 0 to 100 by the end of the grant.</p>	<p>5.2.e. Develop a waiting list and data gathering protocols to determine the number of children who need early childhood services.</p> <p>5.3. Develop and staff a Family Resource Center that provides materials, resources and referrals for caregivers.</p> <p>5.3.a. Develop and implement a social marketing campaign, with the input of the ECSPC, related to the program goals for Early Childhood</p> <p>5.3.b. Develop FRC website as part of district and/or SSHS website.</p>	<p>5.3 USD 491, Family Resource Center Manager, Bert Nash, and other Partners</p> <p>Above members plus marketing firm</p>	<p>ECSPC</p> <p>5.2.e. Number of children on waiting lists for various services</p> <p>5.3. Track development of FRC</p> <p>5.3.a.1. Track development of early childhood social marketing campaign</p> <p>5.3.a.2. Monitor implementation of early childhood social marketing campaign and ECSPC communications plan.</p> <p>5.3.b.1. Track website development</p>	<p>5.3. Increase contacts with parents of preschoolers who participate in or access grant-sponsored educational activities or materials regarding appropriate developmental, health, mental health, and social practices from a baseline of 0 to 100 by the end of the grant as measured by project records.</p>

Problems & Gaps	Goals	SSHS Element	Objectives	Activities	Partners	Process Measures	Outcomes & GPRA
				<p>5.3.c. Provide appropriate early childhood developmental, health, mental health, and social materials and resources for parents, (in addition to the full continuum of resources and materials referenced in all SSHS elements.)</p> <p>5.3.d. Develop and conduct parent outreach to identify and recruit children not currently participating in early childhood services</p> <p>5.3.e. Provide workshops on early childhood development topics for parents.</p>	<p>USD 491, ECSPC, Community Coalition, Early Childhood Coordinator/Consultant, Family Resource Center Manager, Bert Nash and other Partners.</p> <p>USD 491, ECSPC, Community Coalition, Early Childhood Coordinator/Consultant, Family Resource Center Manager, and Bert Nash.</p> <p>ECSPC, FRC Manager, All Partners may be involved</p>	<p>5.3.b.2. Track implementation of website</p> <p>5.3.c. Inventory of resources and materials, number of early childhood materials checked, and parent contacts</p> <p>5.3.d. Number of parents to whom outreach is provided</p> <p>5.3.e. Number and types of workshop sessions</p>	