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EVALUATION OF AN ELEMENTARY ALTERNATIVE LEARNING PROGRAM

By
Joshua Paul Sain

A Dissertation Submitted to the
Gardner-Webb University School of Education
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Gardner-Webb University
2021

Approval Page

This dissertation was submitted by Joshua Paul Sain under the direction of the persons listed below. It was submitted to the Gardner-Webb University School of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Gardner-Webb University.

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Acknowledgements

I would like to express my sincere appreciation and gratitude to my doctoral committee chairperson, Dr. Laura Boyles, for her remarkable leadership, research, and analytical capacity. I am beyond grateful for your patience, insightful suggestions, and critiques throughout the research and analysis of this program evaluation. A special thank you to Dr. Stephen Laws and Dr. Jessica Grant for serving on my dissertation committee and providing me the guidance and support needed to complete this endeavor.

Inspiration to research and evaluate the Trilogy program came from my experience as an elementary administrator in the district where the study was conducted . I am grateful to the district leadership for their commitment to the mental health well-being of students and their support of this program evaluation. My time in the district enabled me to witness firsthand the power of going above and beyond to find the necessary resources to support all students. It is my hope that the results of this evaluation will allow other districts to replicate this support in their elementary schools.

This work would not have been possible without the constant love and support of my family who provided daily encouragement and motivation throughout the last 4 years. I am so very thankful for my parents, Tony and Rebecca, who instilled in me a strong work ethic and determination to overcome any obstacle or challenge. Thank you for all the sacrifices you made over the years to ensure I had every opportunity to advance my educational studies and career.

A special thank you to my grandfather, Bob, for always being there no matter the situation or circumstance. Your wit and humor are contagious and were much needed throughout the writing process. Thank you for your continual encouragement and support

to get me across the finish line.

To my sister, Brooke: I cannot thank you enough for your friendship over the years. Your accomplishments as an educator and willingness to go above and beyond for each of your students gave me the motivation to complete this work. I am grateful for your never-ending encouragement and belief in me.

To Chess, my staunchest ally and fiercest supporter: I cannot thank you enough for your wisdom and insight which helped shape many of the concepts contained in these pages. Thank you for your endless patience, especially with my tendency to ask a million questions during the countless weekends spent writing. I am beyond lucky to have you in my corner.

Much love and thanks go to my mentor, Linda DeForge, whose dedication to public school teaching for over 30 years inspired me to become an educator myself. It was through our conversations at an early age that I first understood the importance of elementary school teachers and the impact they have on every student they encounter. Thank you for always listening and always pushing me to be my best self.

I am so thankful for the many current and former colleagues who took the time to offer their support, feedback, and unique perspectives throughout my research and analysis including Dr. Melia Neale, Dr. Kelly Burgess, Dr. Erin Anderson, Anne Parker, Krista Chapman, Bonnie West, Natasha Sifford, and Kesha Ruppe.

A special thank you to my friend and rock, Kelly Fainter, who is one of the best educational leaders I have had the privilege of knowing. Your ability to support teachers and students gave me continued inspiration and determination to complete this work. Thank you for making me a better leader and challenging me to think outside the box. I

am forever grateful for our friendship.

Most importantly, this dissertation is dedicated to my grandmother, Peggy, whose strength to overcome her own challenges gave me the courage and determination to be the person I am today. While she is no longer with us, I am forever grateful for her unwavering love, support, and encouragement.

Abstract

EVALUATION OF AN ELEMENTARY ALTERNATIVE LEARNING PROGRAM.

Sain, Joshua Paul, 2021: Dissertation, Gardner-Webb University.

Schools across the country have an increased responsibility to support appropriate mental health development for their student populations, especially those who have been diagnosed or are at risk of an emotional or behavioral disorder. Increased responsibility has led school leaders and stakeholders to make certain they have processes in place to ensure early identification of at-risk students, along with appropriate learning pathways to support academic achievement (Centers for Disease Control and Prevention, 2019). This study evaluated Trilogy, an elementary alternative learning program, which provides enrolled students with access to a learning environment that supports academics, behavior, and mental health in a restrictive setting and while they integrate back into a traditional classroom setting. Following an analysis of focus group responses with program stakeholders and student behavioral data, I found the program successfully met the seven key program objectives following 2 years of implementation. Specifically, I determined the program provided an effective and efficient environment that proactively addressed the social, emotional, and behavioral deficits of students who were unable to demonstrate success within the traditional elementary classroom setting. The success of the program was also measured by its ability to ensure the alternative setting was able to successfully integrate students back into the traditional classroom setting within an appropriate period of time. The results of this study apply to school district leaders, school administrators, or school-based childhood mental health professionals who have an interest or need to provide their students with an intensified level of emotional and

behavioral support in an elementary setting.

Keywords: elementary alternative learning programs, alternative learning pathways, emotional-behavioral disorders

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Chapter 1: Introduction

“Mental health in childhood is characterized by the achievement of developmental and emotional milestones, healthy social development, and effective coping skills” (Centers for Disease Control and Prevention [CDC], 2013, p. 2). According to the CDC (2013), children who are considered “mentally healthy” have an overall better quality of life and have the capacity to be successful in their homes, schools, and community. In their Key Findings Report on Children’s Mental Health, the CDC (2019) estimated “that thirteen to twenty percent of children living in the United States experience a mental health disorder in a given year” (p. 2). The 2012 study by the Health Care Cost Institute found a 24% increase in inpatient mental health and substance abuse admissions among children between 2007 and 2010. This growing public health issue has negatively impacted children, families, and communities throughout the country with an estimated \$247 billion spent on children diagnosed with a mental health disorder each year (CDC, 2019).

Regarding school-age children, schools were tasked with providing support to ensure appropriate mental health development among their students. The key to school involvement, as suggested by the CDC (2019), was building systems to support early identification and foster sustainable partnerships with healthcare professionals. Unfortunately, schools in the United States were often not prepared to support identified students as a result of inadequate funding, limited resources, lack of trained staff, and overworked classroom teachers who were often underpaid (Anderson, 2016).

Nationally, alternative learning programs provided a broad continuum of services for students who had or who were at risk of having an emotional behavioral disorder

(EBD) and met the criteria to receive school-based therapeutic support services. An EBD refers to a condition in which behavioral or emotional responses adversely affect a student's ability to maintain self-care, sustain healthy social relationships, demonstrate appropriate classroom behaviors, and adjust to the ever-changing classroom environment while demonstrating adequate academic performance. The primary focus of the alternative setting was to reform targeted student needs that resulted in the initial placement of the program. Those needs included emotional and behavioral concerns, academic failure, and truancy as related to suspensions or expulsions (Gagnon & Barber, 2015).

In recent years, there was increased guidance given to schools regarding student placement. Those reasons included physical altercations, alcohol- or drug-related offenses, disruptive verbal behaviors, persistent academic failure, recurrent truancy, possession of weapons, and mental health disorders. At the time of this study, there were more than 640,000 school-age students nationwide being served in an alternative setting for various social-emotional challenges (Carver et al., 2010).

In North Carolina, alternative learning programs supported students whose learning styles and individual social-emotional needs were better served in a specialized setting. Specifically, programs had the flexibility to provide individualized supports outside of a traditional classroom in an atmosphere that was conducive to the student's emotional or behavioral needs. In May 2005, the North Carolina General Assembly mandated that all alternative learning programs comply with the following seven universal standards:

1. Programs must demonstrate a clear mission and a shared commitment to

specific instructional goals, priorities, and accountability measures.

2. Leadership teams must ensure shared decision-making, organizational direction, and the establishment of high expectations.
3. Programs must demonstrate a safe, orderly, and caring environment conducive to learning for all students.
4. Continuous professional development must be offered with regard to student growth, best instructional practices, and student achievement.
5. High-quality instruction must be provided to ensure students attain mastery of academic topics and improve their self-efficacy.
6. Student academic progress must be frequently monitored through a variety of diagnostic and assessment procedures.
7. Stakeholders must ensure parent and community involvement while establishing authentic partnerships to strengthen the overall capacity of the program (North Carolina Department of Public Instruction [NCDPI], 2016).

The standards, which were agreed upon by the North Carolina Association of Alternative Education and the Alternative Learning Program Advisory Committee, provided research-based practices to school districts across the state as they continued to implement such programs (NCDPI, 2016).

In correlation with the required standards, the NCDPI Safe and Healthy Schools Support Division (2016) developed additional policies and procedures to ensure learning environments were nurturing and conducive to student resiliency. The department believed alternative programs should “maintain emotionally and physically safe, orderly, and caring learning environments” (NCDPI, 2016, p. 11) while they assisted students in

making healthy choices.

With sound environments, NCDPI Safe and Healthy Schools Support Division (2016) indicated programs could maximize their potential to demonstrate increased student achievement, improved student attendance, strengthened parental involvement, and a lower suspension rate. Additionally, NCDPI required programs to ensure low teacher/student ratios and increased opportunity for community investment in the program. Ultimately, programs were required to have “advanced the concept of alternative learning programs as avenues of opportunity and positive student outcomes” (NCDPI, 2016, p. 11).

To guarantee anticipated effective outcomes for alternative settings across North Carolina, NCDPI research strongly recommended school leaders hire staff who chose to work in an alternative setting and had the educational training to ensure they could meet the needs of students. Additionally, NCDPI encouraged that programs offer voluntary enrollment instead of mandatory placement (NCDPI, 2016).

Regarding program implementation, recommendations included long-term interventions provided by staff and trained support personnel to ensure students acquired coping strategies that replaced negative or disruptive behaviors. It was suggested those interventions include a comprehensive counseling component that addressed social and emotional deficits. Flexible and individualized instructional delivery was suggested as well to ensure identified students had access to core academic standards in addition to their interventions and counseling supports. All implementation guidance from NCDPI strongly advocated learning environments that were safe, orderly, and favorable to fair and equitable instructional practices (NCDPI, 2016).

Description of the Problem

Referenced earlier in this chapter, schools were faced with consistent challenges regarding their student's behavior and mental health well-being. Those challenges included

- increased levels of school violence,
- more frequent acts of student discipline,
- heightened student and teacher performance accountability requirements,
- staff shortages,
- school budget deficits, and
- increased responsibility for schools to ensure the mental health stability of their pupils.

With approximately one in five youth in the United States facing social-emotional-related problems severe enough to meet diagnostic criteria for a psychological disorder, researchers debated the best course of action for schools when they faced these societal challenges with very little funding and resources (American Psychiatric Association, 2013).

While challenging student behavior was not a new phenomenon in schools, districts struggled to implement consistent support services for their students who were at risk or diagnosed with an EBD. Furthermore, inconsistencies in support were related to society's wayward response, major historical events, and legislation regarding students with diagnosed mental illness. Consequently, support practices consistently evolved and expanded for children with mental illness over the past century, which resulted in an increased burden upon schools to ensure those services were provided.

Historical Background

Prior to the 1900s, childhood mental illness was closely associated with religious rituals or practices. With very little knowledge, many children were hospitalized in isolated cells where punitive measures were considered the most appropriate way to eradicate the illness. Treatment for children with mental illness did not become common until community health clinics opened and provided counseling to students in the early 1900s.

The creation of the National Committee for Mental Hygiene in 1909 and the Council for Exceptional Children in 1922 reflected an increased effort to bring national attention to the rights of children in schools. This coincided with the Woodrow Wilson administration acknowledging the importance of educating children diagnosed with an EBD by spearheading the discussion and legislation to protect their rights in schools (Davis et al., 2011). Additionally, Wilson ensured the passing of compulsory attendance laws in each state by 1918, which mandated that all children homebound due to mental illness or behavior attend a school or some type of educational institution (Rauscher, 2014). By 1922, partnerships between schools and the juvenile justice system led to the development of the first formal education programs for children with behavioral problems. This set the stage for schools to play an instrumental role in mental health support and behavioral reform for their at-risk or diagnosed populations (Davis et al., 2011).

Additionally, the 1920s introduced inclusive group therapy within a structured academic environment. This shift was an attempt to “care for the psychological needs of students through the development of psychologically and emotionally safe treatment

environments within the school setting” (Davis et al., 2011, p. 21). Correlating with emerging research that linked the child’s family, community system, and environment to their individual behavioral characteristics, schools emphasized the importance of partnerships with all stakeholders to ensure the behavioral well-being of their students (Davis et al., 2011).

By 1950, students with an EBD were given one of two pathways for support and treatment. In addition to being institutionalized in psychiatric or separate residential schools, parents were presented with an opportunity for their child to be fully included in their neighborhood school given they met the criteria for support. Coupled with compulsory attendance statutes, schools saw a significant increase in students being served in a least-restrictive environment. As a result, teachers were required to support the mental health needs of their students while they provided instruction (Maggin et al., 2016).

To address a more inclusive classroom approach for students with an EBD, the start of the 1960s saw an increase in the popularity of Applied Behavior Analysis (ABA) within the behaviorist and scientific community. This method of behavioral modification, which emphasized the use of external reinforcement, was intended to modify or eradicate behaviors that limited a child’s ability to function with typically developing peers. Modification techniques addressed language, communication, social skills, and attention. Sandoval-Norton and Shkedy (2019) suggested ABA popularity was ingrained in the belief that behavior was caused by environmental factors which justified the use of external punishment to discourage unwanted behaviors.

Opponents of ABA advocated for Positive Behavior Supports with children in an

attempt to alleviate the “negative emphasis on manipulation of consequences and antecedents” (Davis et al., 2011, p. 21) being implemented during ABA therapy. While the two methods differed in theory and approach, both reflected the movement to apply a problem-solving model that focused on individuals and their success in the classroom. Concurrently, the problem-solving model presented school districts with an additional dilemma of choosing the appropriate and most effective framework for their student populations (Davis et al., 2011).

Current Policy

Additional requirements for schools to assume increased responsibility occurred in 1975 when Congress passed the Education for All Handicapped Children Act. This act mandated federally funded legislation designed to protect the educational rights of all children with disabilities. “Beyond access to education programming for children with disabilities, EHA was the first law to federally mandate equal access to a continuum of educational opportunities for all children with disabilities” (Davis et al., 2011, p. 23). Since its initial passing in 1975, the Education for All Handicapped Children Act has undergone several modifications and is now embodied in the Individuals with Disabilities Education Act, which continues to enhance protections for children with behaviors that adversely affect their education.

Recently, the No Child Left Behind Act of 2001 (NCLB) was passed to strengthen curriculum, instruction, and teacher training to ensure schools throughout the county could close achievement gaps for all students. Similar to past legislation, NCLB increased the responsibility of schools to support the behavioral needs of their students. Additionally, the legislation tasked schools with ensuring all students were able to obtain

grade-level proficiency regardless of any circumstance, which included emotional or behavioral deficits. While the legislation addressed increased support for students, districts saw very little support or resources when implementing the new policy (Davis et al., 2011).

Concurrently, school administrators and teachers across the country reported an increased number of students with challenging behaviors in their classrooms. With very little training, those students were being taught by educators who were not properly equipped with resources to support their behavioral needs. This led to more frequent student suspensions by administration as they attempted to ensure learning environments were not continually disrupted. Additionally, NCLB established federal guidelines for schools to provide appropriate support pathways for their most vulnerable students (Walker & Gresham, 2014). The mandate resulted in school districts, such as the one examined in this study, creating alternative learning programs that met the unique learning needs of students with challenging behaviors while ensuring they were provided the opportunity to learn in a safe, consistent environment.

Conducting a Program Evaluation

A program evaluation of an elementary alternative learning program was selected for this study because most elementary schools in North Carolina reported increased numbers of students in need of mental health support that outpaced available funding, resources, and guidance provided by local, state, and national authorities. According to the North Carolina School Mental Health Initiative (2016), the state ranked 36th in the nation regarding its ability to provide access to care for youth diagnosed with a mental illness. When considering access to care, lack of appropriate resources, and the

interrelationship that existed between social-emotional and academic function, the evaluation provided meaningful information and feedback for districts across the state that needed avenues to support the identified student population.

In his research regarding program evaluations in practice, Spaulding (2014) explained an evaluation examined a program's overall worth and effectiveness and emphasized improved quality through recommendations for refinement and success. Spaulding defined a program as a set of specific or targeted activities with quantifiable goals and objectives. Using an objectives-based approach, the evaluation analyzed perceptions of those involved with the program and identified strengths, weaknesses, and the extent to which the program met its seven key objectives (Spaulding, 2014).

The format of the evaluation followed seven key steps beginning with the elementary alternative learning program's overall evaluability. As stated, the program's purpose of addressing the mental health needs of elementary students made it appropriate for an evaluation. Additionally, appropriateness was evidenced by stakeholder consensus of program goals, consistent program actions, and sufficient data. Stakeholders also agreed upon the evaluation and its intended use for improvement once completed (Spaulding, 2014).

The evaluation conducted in this study was formative in nature because the diagnostic approach focused on the program's strengths and weaknesses. The information was used to measure overall program effectiveness and determined areas of improvement for continued program delivery (Spaulding, 2014). I was a former school administrator in the district where the alternative learning program was located. As the principal of the program's site school, I was a stakeholder in the alternative setting's development and

initial implementation. Furthermore, I moved to a neighboring school district to serve as an administrator in their instructional support services center during the 2019-2020 school year. Uniquely, I conducted an external evaluation but provided an internal perspective given my experiences with the program's creation and first year of implementation.

In addition to evaluability, the evaluation provided the reader with context, questions, and criteria used throughout the process and an evaluation plan to organize data sources and collection methodology. Once organization was complete, the evaluation was conducted with identified stakeholders which was followed by an analysis and interpretation of all data collected. The conclusion of the evaluation was a dissemination of the findings (Spaulding, 2014).

Description of the Setting

The school district examined in this study was outside of Charlotte, North Carolina along the Interstate 85 corridor. As one of the 15 municipal school districts in the state, the district served approximately 5,300 students in six elementary schools, one middle school, and one high school. Uniquely, it served students from two separate counties with seven schools residing in one county and one in the other.

The district faced many challenges over the past 2 decades. The greatest challenge was the 2003 closure of a major textile corporation located in the district. The economic impact of the company's bankruptcy, which was the largest employer of the municipality, resulted in 4,800 workers losing their jobs overnight. As Minchin (2009) explained, the impact of the textile mill's closing left the city's school system with a devastating level of poverty and transience that adversely affected the stability of its

educational environment. Even as the city rebuilt its economy and image, schools struggled to meet the academic and behavior needs of their students (Minchin, 2009).

A superintendent and assistant superintendent of instruction supervised operations and management of the district's eight schools. Attendance for each school was organized through six zones with students attending the school where their residence was located or where they were domiciled. The district offered three elementary magnet programs for students selected through a lottery process. Those programs included language immersion, global studies, and an arts program which were housed at two of the six elementary schools.

Regarding the district's student body, 34% of the population was Hispanic, 33% was African American, and 33% was White. According to the 2018-2019 North Carolina School Report Card, the district received Title I status because 65% of its student population met eligibility requirements for free and reduced lunch. Additionally, the district's Title I status reflected the municipality's economic demographics. According to the U.S. Census Bureau's American Community Survey, the average per capita income was \$23,828 with 29% of children falling below the poverty line. Accordingly, the district received federal grant funding which provided universal breakfast and lunch to all students.

Academically, five of the eight schools were given a C performance grade at the end of the 2018-2019 school year. The remaining three schools were given a D performance grade, which warranted a low-performing status by the NCDPI. North Carolina school performance grades reflected each school's achievement proficiency on standardized assessments and their ability to produce student growth from year to year.

Following the 2018-2019 school year, two schools in the district did not meet expected growth expectations set by the state, five schools met those expected growth expectations, and one school exceeded the state's expectations.

Without an alternative learning pathway or a specialized framework to support students with social, emotional, and behavioral challenges in the elementary setting, the district's leadership team conducted a comprehensive needs assessment in the spring of 2018 to evaluate the level of student need and determine if a new course of action was warranted to support the targeted population. The district selected the Trilogy program to meet the needs identified. The findings of the investigation are explained below.

The needs assessment analyzed a 3-year trend of behavioral and mental health data which included loss of instructional time due to suspensions, the number PRC 29 referrals, the number of overall major discipline referrals in elementary schools, the number of students who had multiple major discipline referrals, and the number of students who were receiving school-based mental health services during the school day. PRC 29 referred to the number of students with an individualized education plan who required intensive behavioral support in an educational setting. The assessment also included recommendations of the district's elementary school principals.

When analyzing loss of instructional time, the district considered in-school suspension and out-of-school suspension as a loss of instruction since students were not in a classroom setting. Discipline data for the district indicated there were 177.69 days of lost instruction for the 2015-2016 school year. While that number decreased to 147.64 days during the 2016-2017 school year, lost instructional time almost doubled for the 2017-2018 school year, with 279.95 days. On average, elementary school students missed

201.76 days of instruction due to discipline infractions. Table 1 details lost instructional time for each elementary school in the district.

Table 1

Loss of Instructional Time Due to In-School Suspensions and Out-of-School Suspensions

School	2015-2016	2016-2017	2017-2018	Average
School A	96.99	49.85	114.29	86.94
School B	27.72	45.02	7.44	26.7
School C	N/A	N/A	98.92	98.92
School D	2	13.18	30.43	15.2
School E	20.68	21.37	24.87	22.3
School F	30.6	18.22	4	17.6
District total	177.69	147.64	279.95	201.76

In addition to instructional time lost, the needs assessment analyzed the district's total number of assigned office discipline referrals (ODRs) at the elementary level over the same 3-year period. An ODR, as defined by the district, is an act committed by a student in conflict with the Code of Student Conduct. Those acts included

- not complying with directions of school personnel,
- disrupting school,
- not following bus rules,
- trespassing,
- assaulting or injuring another person,
- threatening others,
- possessing or using weapons,
- stealing or damaging school property,
- possession of tobacco or tobacco-related products,
- violation of the drug substance abuse policy,

- hazing,
- sexual harassment,
- bullying,
- leaving class without permission,
- making bomb threats or commit acts of terror, and
- inappropriate use of technology, or promotion of gang activity.

During the 2015-2016 school year, 1,146 ODRs were submitted by teachers at the elementary level, followed by 923 ODRs during the 2016-2017 school year. In 2017-2018, district elementary schools reported 1,158 ODRs by year's end. Table 2 represents the number of ODRs submitted throughout the district over the targeted 3-year period.

Table 2

Office Discipline Referrals

School	2015-2016	2016-2017	2017-2018
School A	500	350	355
School B	249	219	109
School C	N/A	N/A	292
School D	70	133	258
School E	216	174	120
School F	111	47	24
District total	1,146	923	1,158

The report also identified the percentage of repeat offenders, or students with five or more ODRs, throughout each of the 3 school years. Over half of all documented incidents during the 2015-2016 school year were committed by repeat offenders. The following year saw a slight decrease in the percentage of referrals by repeat offenders, with 431 or 47% of all documented offenses. The 2017-2018 school year revealed an upward trend of repeat offender referrals, as they accounted for 62% of all submitted

ODRs. Table 3 represents the percentage of those students who committed more than five reportable offenses.

Table 3

ODRs Committed by Repeat Offenders

School	2015-2016	2016-2017	2017-2018
School A	300 (60%)	180 (51%)	259 (73%)
School B	143 (57%)	98 (48%)	30 (28%)
School C	N/A	N/A	192 (66%)
School D	16 (26%)	66 (50%)	142 (55%)
School E	79 (31%)	72 (41%)	73 (61%)
School F	54 (49%)	15 (32%)	17 (71%)
District total	592 (52%)	431 (47%)	713 (62%)

The district also reviewed the number of students who received intensive behavioral support services from the district's behavioral support staff. These services, which were funded through the district's Department of Exceptional Children, included

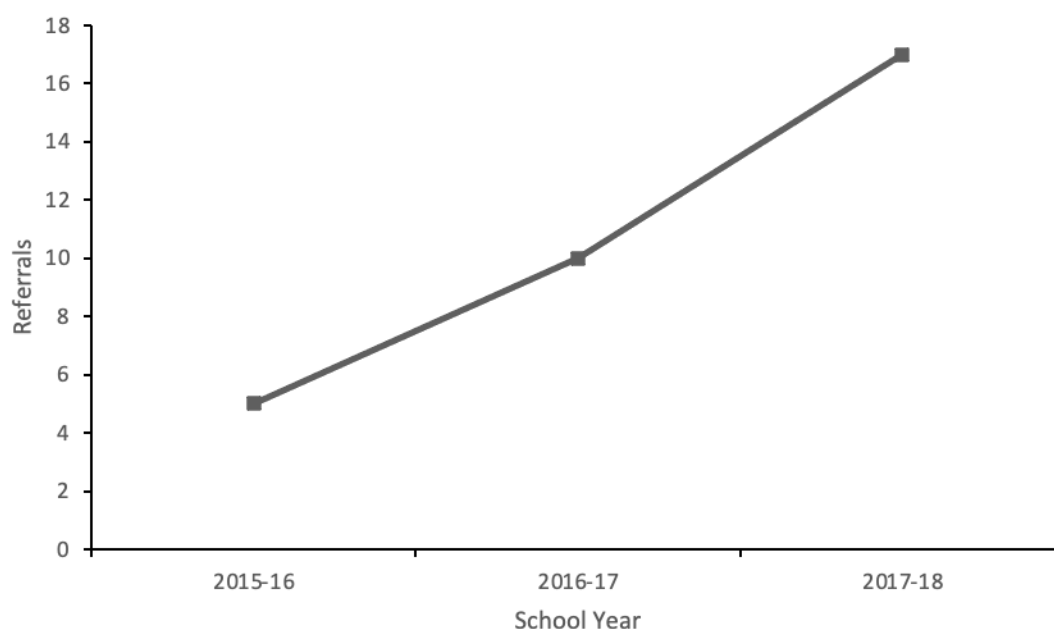
- short-term interventions to enable students to remain in school,
- classroom management recommendations to classrooms teachers,
- collection and monitoring student behavioral data,
- consulting with classroom teachers to implement classroom and individual student interventions,
- consulting with school staff on the development or revisions of the students' functional behavior assessment, and
- supporting school staff with the creation of a behavior intervention plan or behavioral goals.

To receive direct behavioral support services, a student must have had a current individualized education plan with behavioral goals related to a targeted behavior, a

current functional behavior assessment that had been developed or modified within a 3-year time frame, and a behavior intervention plan that had been developed or modified within a 1-year time frame. At the conclusion of the 2015-2016 school year, five students met the criteria to qualify for intensive behavioral support services which rose to 10 students by the end of the 2016-2017 school year. An upward trajectory (Figure) continued through the middle of the 2017-2018 school year, as 17 students qualified for intensive services.

Figure

Students Receiving Intensive Behavioral Support



Finally, the comprehensive needs assessment included a series of school leadership meetings with district principals to discuss challenges that stemmed from mental health influenced behaviors in classrooms. Meetings were held to gather input regarding proactive solutions to reduce loss of instruction throughout district elementary schools. One elementary school, which served the district's smallest student population

and most impoverished zone of the school system's attendance boundaries, was not represented during the meetings. Their attendance was not required because the school received additional support staff to serve its increased behavioral and mental health needs which included a full-time mental health therapist. These supplementary support services alleviated the school's behavioral and mental health challenges when compared to the other elementary schools.

Three common trends surfaced as a result of the meetings held throughout the 2017-2018 school year. The trends were the loss of instructional time for teachers due to continual student behavioral disruptions, an increased amount of time school leadership spent managing student conduct, and the lack of behavioral support resources for schools to proactively address challenges.

Regarding loss of classroom instructional time, principals voiced a growing concern from their teachers that classroom instruction was being continually disrupted by students who were committing behaviors worthy of an ODR multiple times in a school day or week. As a result, they indicated teachers were spending less time on student learning because their focus was diverted to the intensive behavioral needs of those who were considered repeat behavioral offenders.

Regarding frequent classroom interruptions, principals saw a significant increase in their time spent with those students and noted that punitive consequences, such as in-school suspension, after-school detention, or out-of-school suspension, were not effective. They added this often increased the frequency of behaviors that resulted in principals, specialists, and counselors spending a majority of their time investigating alternative methods or practices to address reoccurring behaviors. Consequently, school

leaders indicated they were spending significantly less time supporting the instructional needs of their teachers and students, which was evidenced by a recent decline in overall achievement and growth scores throughout the district. Principals were highly concerned about this trend because the improvement of school performance grades was a priority of district leadership. This concern was intensified because there were limited behavioral support resources available to schools and instructional personnel.

All principals suggested they were appreciative of intensive behavioral support services provided by the Department of Exceptional Children; however, they determined the impact to be minimal due to the limited number of behavioral specialists and that services were only provided to students who were officially served by the department. All principals unanimously agreed an elementary alternative placement should be considered to appropriately and effectively address the intensive needs of students with social-emotional deficits who repeatedly disrupted their learning and the learning of others.

District leadership reviewed the results of the comprehensive needs assessment and determined a substantial need to provide increased behavioral support to schools throughout the district. It was also determined that the support be proactive and restorative in nature as opposed to alternative behavioral settings which had been unsuccessful when implemented by the district in the past. The decision was also made because of the rise in ODRs, students who committed multiple ODRs, and students who were qualifying for intensive behavioral support services.

Additionally, district leadership made it a priority to support the concerns of principals as they sought to decrease their time spent addressing the recurrence of student behavior and restore their emphasis on instruction and student learning. The priority

resulted in the creation of Trilogy to serve the elementary population and a commitment to increase the number of support resources at the secondary level.

Description of the Program

Trilogy, which began full implementation in August 2018, was established as a regular education environment that served any elementary student of the district examined in this study who met the criteria for eligibility. With permission, the program framework was modeled from the Therapeutic Support Classroom (TSC) in a neighboring school district. TSC was designed as an alternative program to meet the needs of elementary students who required intensive behavioral interventions beyond the traditional classroom setting. Students were provided with concrete structures and routines, social skills instruction, and replacement behavioral instruction daily. Moreover, students received individual and group therapy weekly provided by a licensed mental health therapist.

The primary goal of TSC was for students to learn the individual skills and coping strategies needed to be successful when they returned to a mainstream classroom setting. Placement in TSC was not permanent and transitioned students back into a least restrictive setting as soon as they mastered appropriate skills. While there was no cap on the amount of time spent in the setting, the temporary design ensured restorative practice remained the priority for eligible students. Transition plans from the classroom were determined on an individual student basis as warranted by the level and severity of the student's behavior or trauma.

All eligible students of TSC met specific criteria for entrance into the program which included multiple sources of data and observation aligned with an entrance rubric.

Specifically, the criteria included evidence of classroom supplemental and intensive behavioral interventions, a referral from the district's behavioral support specialist, a functional behavior assessment, an active behavior intervention plan, and a mental health diagnosis from a school-based therapist or outside agency.

Overall, the program allowed students with the most intensive behavioral needs access to continual small group instruction aligned to general education standards and therapeutic interventions designed to support the student's social-emotional needs. The district examined in this study chose TSC as a model framework because it met the identified needs of the initial comprehensive assessment. A full program description of TSC can be found in Appendix A.

In the fall of 2018, Trilogy was fully implemented and served students in need of intensive behavioral and mental health support throughout the district's six elementary schools. Trilogy leadership determined the district's smallest elementary school was eligible to refer students into the program even though the school was equipped with additional behavioral and mental health support when compared to the other elementary schools. Nevertheless, the team wanted to ensure that all students in the district who demonstrated a need for intensive behavioral and mental health support had access to restorative interventions.

The name was given to the program as a representation of behavioral, mental health, and academic support for eligible students in two classroom settings. Lower Trilogy served students in kindergarten, first, and second grades, while Upper Trilogy served eligible students in third, fourth, and fifth grades. Kindergarten students were not eligible for entry into the program until the start of the second semester to ensure they

had adequate time to adapt to the school environment.

The program was implemented at a centrally located school within the district. Eligible students who did not live in the attendance zone of the implementation school were provided transportation to and from the program site. To limit school transitions, students who lived outside of the site's zone were given the opportunity to continue their attendance at the school once their time in the alternative learning program had ended.

As established by district leadership, the program's mission was to empower students with the skills necessary to overcome behavioral challenges in the regular school environment. A regular school environment was defined by the district as the ability to access core curriculum with typically developing peers. Behavioral and academic content were delivered by a general education teacher with the support of a behavior management technician and therapeutic support provided by a licensed mental health therapist employed by the school district.

Similar to TSC, the duration of a student's placement in Trilogy was dependent upon individual needs, but the placement was not considered permanent because successful integration back into the classroom environment was a major priority. Staff of the program provided direct academic and behavioral instruction including but not limited to social skills, self-regulation, coping skills, core academic curriculum that was grade and skill appropriate, behavioral management and intervention, progress monitoring, transition, mental health counseling, specialized instruction where applicable, and case management.

The program required a structured, consistent daily schedule with fewer academic standards intended to adequately allow for an emphasis on social-emotional learning.

Academically, students were expected to work toward core instruction standards at a modified pace with an extensive level of differentiation. When considering the potential for aggressive or harmful behavior from students, the program offered seclusion settings for students to de-escalate without causing harm to themselves or others. Staff members received appropriate de-escalation training to guarantee classroom safety.

Regarding classroom capacity, a maximum of eight students was allowed in each classroom of the program. Criteria for placement in the program included documented intensive behavioral interventions, school-based behavior team referral, a record of mental health counseling, a functional behavior assessment, an active behavior intervention plan, and parent permission. Student placement, integration, and overall program fidelity were monitored by a designated leadership team. The Trilogy Leadership Team consisted of the assistant superintendent, director of programs for exceptional children, behavioral liaison specialist, site principal, and Trilogy classroom teachers.

The team worked to ensure the seven key objectives of the program were continually met. Those objectives include the following:

1. Trilogy will support students who meet the requirements for intensive behavioral interventions or who have been considered at risk or diagnosed with an EBD in an alternative learning setting.
2. Trilogy will reduce the number of classroom interruptions/distractions in the traditional educational environment by students who receive intensive behavioral interventions or who have been considered at risk or diagnosed with an EBD.

3. Trilogy students will be provided with scheduling flexibility and academic support to be successful in the school environment.
4. Trilogy students will be provided with mental health counseling to acquire appropriate coping skills/strategies to successfully access the core curriculum in a school environment.
5. Trilogy will reduce the number of suspensions or time spent out of the classroom due to behavioral consequences for identified students.
6. Upon their improvement in the alternative setting, Trilogy students will integrate into a traditional classroom setting within a period of 18 months.
7. Trilogy will collaborate and provide parents with the resources necessary to support best practices for behavior, mental health, and academics while their students are in the program and throughout their integration back into the traditional classroom setting.

A full Trilogy program description can be found in Appendix B.

Trilogy Implementation

During a district planning meeting, Trilogy leadership expressed a level of concern regarding anticipated barriers when implementing the program. Due to budget limitations, the program could not be implemented at each of the six elementary schools as originally planned. Alternately, the program was chosen to be housed at one centrally located school within the district. Students enrolled in other schools, who were determined eligible for the program, were provided transportation to and from the program site.

The site school was selected by district leadership based on the availability of

space because budget limitations prevented any additional construction to other schools in the district. The site school selected served as the second-largest elementary school and already housed several alternate classrooms within the Exceptional Children's program. Throughout the planning process, Trilogy leadership expressed a heightened sense of concern regarding the school's administrative team and the additional responsibilities that would follow as a result of the program being added.

Regarding mental health services, school principals were concerned that the program would reduce their time allotment with district mental health therapists at their respective schools. Specifically, they were concerned therapists would exhaust their support and time with Trilogy students and neglect students who would benefit from additional mental health services but did not meet qualification criteria for the program.

The leadership team also voiced concerns regarding the student integration plan and its potential implementation barriers at the site school. To limit the number of school transitions, the team agreed Trilogy students would integrate back into the traditional classroom environment at the site school instead of returning to their home school. Consequently, the team was concerned with the additional burden this would impose on the site school's class size and its impact on the school environment once students began full integration. This correlated with the team's recommendation that traditional classroom teachers employed by the site school would need to be fully trained with integration strategies to ensure the process was effective and efficient.

Stakeholders also discussed potential benefits of the program which included expanded access for students to receive intensive behavioral interventions beyond what was already provided through the district's Department of Exceptional Children. Another

anticipated benefit was the potential to reduce the number of interruptions in the traditional classroom setting from students who committed multiple behavior offenses. With fewer student behaviors, school leaders could maximize their time spent supporting instruction and student learning. Concurrently, stakeholders expected the program could reduce the amount of time spent out of the classroom for offenders, as the program would offer alternate interventions to behavior other than in-school or out-of-school suspensions. Ultimately, the program had the potential to proactively approach student behavioral challenges and provide those elementary students with an opportunity to receive support and possibly integrate back into the traditional classroom environment.

Significance of the Study

Regarding children with emotional and behavioral concerns that warranted intensive support services, school systems throughout the country and state struggled to balance the academic and social-emotional needs of students while ensuring they met state-mandated accountability standards (Walker & Gresham, 2014). As a result, many school systems analyzed their ability to meet the needs of their at-risk learners and considered nontraditional approaches to behavioral consequences. The evaluation of Trilogy's program effectiveness was intended to assist school districts when considering the implementation of additional support pathways for elementary students.

The district implementing Trilogy planned to use the results of the evaluation to create a continuous improvement plan that ensured resources were appropriately allocated to strengthen the program's overall capacity to support elementary students with intensive emotional and behavioral concerns. The district also planned to use evaluation results when determining the program's ability to improve elementary

instructional environments by decreasing behavioral disruptions and determining the extent of access students and their families had to mental health services.

District leadership projected evaluation results would allow the Trilogy site school to improve their implementation practices regarding three distinct program components. Those included the program's ability to offer Trilogy students a flexible and differentiated environment in place of a traditional classroom setting with access to mental health services to support their social-emotional needs. Anticipated results would also assist the site school with ensuring all classrooms throughout the building were equipped with instructional and behavioral environments to support a successful integration for Trilogy students into the traditional classroom environment as originally intended.

Evaluation Questions and Criteria

Once funding was secured for Trilogy, guidelines for implementation and evaluation were established by district leadership in alignment with the school district's evaluation policy and process for all academic initiatives. The policy required evaluations to occur following 3 years of implementation to ensure the overall effectiveness of programs and to evaluate whether implementation should be prolonged or if resources should be directed to another implementation pathway. Due to the novel nature of Trilogy, district leadership modified its evaluation policy and requested a formal evaluation of the program following 2 years of implementation in the spring of 2020.

Additionally, district leadership outlined three program objectives as nonnegotiable and expected full implementation following an evaluation. Those nonnegotiables included student access to an alternative pathway, intensive behavioral

interventions, scheduling flexibility, differentiated academic support, and access to readily available mental health services. Leadership believed these objectives were crucial to overall program effectiveness and student success, which is reflected in their priority status.

Evaluation questions and criteria, detailed below, were used as the foundation of the Trilogy program evaluation. Questions reflected key program objectives, including district nonnegotiables, and outlined each objective's criteria for success.

1. Does Trilogy create an alternative learning pathway for elementary students who meet the requirements for intensive behavioral interventions?

Criteria for Success: The creation of an alternative learning pathway was considered a nonnegotiable of the program; therefore, 100% of traditional classroom teachers, elementary administrators, and Trilogy leadership should have agreed the program created a pathway specifically for elementary students who were at risk or diagnosed with an EBD.

2. Does Trilogy reduce behavioral interruptions to learning in the traditional classroom environment?

Criteria for Success: Following focus group sessions with traditional classroom teachers and elementary principals, 85% should have agreed there was a reduction of behavior-related interruptions since Trilogy's initial implementation in the fall of 2018.

3. Does Trilogy provide students with scheduling flexibility and academic support to be successful in the school environment?

Criteria for Success: Scheduling flexibility and academic support were

determined to be nonnegotiables for program effectiveness by district leadership; therefore, 100% of Trilogy teachers and support staff should have agreed the program offered scheduling flexibility and academic support to ensure student success in the school environment.

4. Are Trilogy students able to access mental health services to acquire appropriate coping skills and strategies for success in a school environment?

Criteria for Success: Student access to mental health services was considered a nonnegotiable of the program; therefore, 100% of school-based mental health therapists and counselors should have agreed the program provided specific support for elementary students who were at risk or diagnosed with an EBD.

5. Does Trilogy reduce the number of suspensions or time spent out of the classroom for qualifying students?

Criteria for Success: 85% of Trilogy Leadership Team members should have agreed there was an overall reduction in suspensions or removal from the classroom setting for qualifying students. Discipline data were also analyzed to determine if a reduction in ODRs occurred since the program was implemented. Success was measured by at least a 50% reduction of assigned in-school and out-of-school suspensions for enrolled Trilogy students.

6. Does Trilogy successfully integrate identified students back into the traditional classroom setting using a gradual release framework within a period of 18 months?

Criteria for Success: 85% of Trilogy teachers, Trilogy support staff, and traditional classroom teachers should have agreed the program supported a fluid and successful transition back into the traditional learning environment.

7. Do Trilogy parents feel they are provided with resources to support best practices for behavior, mental health, and academics while their child is in the program and as they integrate back into the traditional classroom environment?

Criteria for Success: At the conclusion of the focus group session with Trilogy parents, 85% should have agreed the program offered support for behavior, mental health, and academics for their children while in the program and as they integrated back into the traditional classroom environment.

I determined overall program effectiveness would be evidenced by criteria being fully met in Objectives 1, 3, and 4 since those items were considered nonnegotiable. At least two of the four remaining key objective criteria should have been met to identify the program's overall effectiveness as successful.

Evaluation Management Plan and Delimitations

To determine whether Trilogy met established criteria for success, a management plan was created to ensure effective data collection throughout the evaluation. An analysis of student behavioral data and focus group responses were used as the primary data sources. Using the district's electronic documentation platform, behavioral data were collected to determine if there was a decrease in suspensions and time spent out of the

classroom for Trilogy students when compared to their enrollment in a traditional classroom environment. Feedback from key stakeholders regarding the program's effectiveness was collected during focus group sessions held with district elementary school principals, traditional classroom teachers, the Trilogy Leadership Team, Trilogy teachers, Trilogy support staff, the mental health therapist, the site school counselor, and Trilogy parents/guardians.

As noted earlier in the chapter, I conducted this study as a former school principal of the Trilogy site school and a member of the program's leadership team. Consequently, I used a proxy to conduct all focus group sessions to ensure responses were unbiased and not skewed as a result of my familiarity throughout the district. The proxy selected was a lead psychologist in a neighboring school district and worked with school employees to ensure they met the social and emotional needs of students who were academically performing below their peers. Data analysis and focus group sessions took place at the beginning of the 2020-2021 school year. The full evaluation management plan can be found in Appendix C.

With very few elementary alternative learning programs across the state, the evaluation was limited to one school district. When compared to neighboring districts, the district was relatively small in size, serving approximately 2,600 elementary students. Consequently, district size limited the program's overall capacity to serve a large number of students and impacted my ability to provide a broad range of participant input and feedback during focus group sessions.

Additionally, students of the program were not included in the study because the perspective of the evaluation did not warrant their input. Further delimitations of the

program included

- principals who participated in the evaluation were required to be directly involved with students who were enrolled in the Trilogy program;
- school counselors and mental health therapists who participated in the evaluation were required to be directly involved with mental health support services for Trilogy students;
- traditional classroom teachers from non-Trilogy schools who participated in the evaluation should have referred a student to Trilogy or been a part of a student's referral process into the program; and
- parents or guardians who participated in the evaluation were required to have a child currently enrolled in Trilogy or have a child who successfully exited the program.

Definition of Terms

The following significant terms were used in this study. Their definitions are included below.

Alternative Learning Program

Learning environments that differ from the traditional classroom setting and provide students who are at risk of school failure with differentiated academic, behavior, and social support to address their individualized needs (NCDPI, 2016).

ABA

A therapy used to improve behaviors related to social skills, communication, academics, and adaptive learning skills through external reinforcement (Sandoval-Norton & Shkedy, 2019).

Behavior Intervention Plan

A plan created to address problem behaviors that were identified following a functional behavior assessment. The plan includes a description of the problem behavior(s), a specific hypothesis as to why the problem behavior(s) occurs, and intervention strategies to address the identified behavior(s).

EBD

A condition in which behavioral or emotional responses adversely affect a student's ability to maintain self-care, sustain healthy social relationships, demonstrate appropriate classroom behaviors, and adjust to the ever-changing classroom environment while ensuring adequate academic performance (Davis et al., 2011).

Functional Behavior Assessment

A series of observational assessments used to identify a student behavior(s), the cause of the behavior(s), and how the behavior(s) is interfering with the student's educational performance.

Individualized Education Plan

A plan developed to ensure a child who has been identified with a disability and is attending an educational institution receives specialized instruction and related services.

Individuals With Disabilities Education Act

Legislations to ensure that children with disabilities have the opportunity to receive a free appropriate public education (Davis et al., 2011).

In-School Suspension

An alternative setting located in the school which allows for a student to be removed from the classroom for a period of time while ensuring the student remains at

school and completes their classroom work.

Mental Health Disorder

A condition that affects a person's thinking, feeling, mood, or behavior which includes depression, anxiety, bipolar disorder, and schizophrenia. The disorder can affect a person's ability to function or relate to others (CDC, 2019).

NCLB

Legislation that ensured stronger state responsibility for accountability results, an increased level of financial freedom when using federal education funds, and that states use educational programs and practices that have been proven effective through rigorous scientific research. The act also allows for parents to have school choice if their home school is considered low performing (Davis et al., 2011).

ODR

A document used by school staff to refer a student to administration regarding a specific behavioral incident involving the student. The student behavior recorded is typically in violation of the student code of conduct.

Out-of-School Suspension

An instance in which a student is temporarily removed from school for disciplinary purposes.

Positive Behavior Supports

A behavioral management system used to strengthen behavioral deficits in ways that allow a student to be included in the general education environment (Davis et al., 2011).

Trilogy

An alternative learning program designed to meet the need of elementary students exhibiting significant behavioral and social-emotional challenges while in an educational environment. The program combines behavioral intervention, mental health support, and core academic instruction in a small classroom setting.

Chapter 2: Literature Review

A recent study by the North Carolina School Mental Health Initiative (2016) found that mental health and behavioral wellness are directly linked to overall positive student achievement and a decrease in disruptive classroom behaviors. Supported by research, the correlation indicates that children who are at risk or diagnosed with an EBD or mental health disorder must have access to alternative forms of learning. Imperative to their behavioral and mental health, these pathways must ensure identified students are supported with school-based assistance to overcome their challenges and ultimately be successful throughout their educational journey (Kourkoutas, 2012). This chapter discusses literature-supported factors correlated with the implementation of alternative learning programs designed to address the social-emotional needs of elementary students who are at risk or diagnosed with a variety of mental health or behavioral disorders.

Elementary Alternative Learning Programs in Place of School Removal

In their research of approaches to address internal and external behaviors within a school context, Seeley et al. (2014) explained that schools throughout the country have experienced a dramatic increase in children who display behavioral patterns that stress management skills of educators and disrupt peer relationships that are essential to child development. Their study determined this was evidenced by the number of teachers being “held hostage” by elementary school-age children who were highly aggressive, oppositional, and very destructive in their social behavior toward others. Adding to the significance of this burden was legislation, such as NCLB, which heightened school accountability for academic performance and aptitude of all students, including those who are at risk or diagnosed with an EBD. Their conclusion suggested school leaders are

tasked with ensuring the most disruptive students are exposed to consistent core curriculum and instruction while ensuring classroom environments are conducive to learning.

In their analysis of young children with EBDs while in a school setting, Davis et al. (2011) outlined various discipline strategies used by schools across the country to address disruptive classroom behaviors. Specifically, regarding suspension and expulsion, Davis et al. explained that school leaders have historically assigned such consequences to students who continually disrupt learning environments throughout their buildings. While this consequence serves as a short-term solution to eliminate learning distractions for students and teachers, their research indicates out-of-school suspensions reinforce undesired student behaviors by allowing the student to successfully avoid tasks or problems that originally resulted in the suspension. This consequence is also associated with an increased burden for parents or guardians, as they must provide supervision during the suspension and often do not have access to educational materials or resources to ensure adequate curriculum exposure for the duration of the consequence. Regarding in-school suspensions or detentions for young students, Davis et al. found an increased burden with classroom teachers also exists, as they are tasked with creating learning opportunities in those short-term settings. Similar to out-of-school suspension assignments, the student is removed from the environment that is critical to their social and academic development. The authors concluded student removal from the classroom, if consistent, will drastically increase the probability of behaviors manifesting into more serious disorders as students move into upper grades (Davis et al., 2011).

Davis et al. (2011) also determined an increase of elementary students exhibiting

externalizing behaviors, increased school accountability, and the ineffectiveness of removal consequences have forced school leaders to reshape their behavioral management matrices. Additionally, Davis et al. reported many districts and schools have transitioned to an alternative learning approach for students who continually disrupt traditional learning environments. They concluded the environment provides leaders with a school-based approach to serve students who continually disrupt the classroom environment while still ensuring they are exposed to core curriculum (Davis et al., 2011). In their report on alternative strategies for effective school discipline, Owen et al. (2015) echoed this conclusion and added that alternative learning programs create an opportunity for smaller class size, flexible scheduling, counseling, skill-building, and restorative behavioral practices which are not available when using traditional removal consequences.

Students of Elementary Alternative Learning Programs

In North Carolina, student eligibility for admission into an alternative learning program is granted if the student is considered at risk of individual, personal, familial, social, behavioral, and/or academic circumstances. Students must also experience school failure or other unwanted outcomes unless interventions occur to reduce their risk factors. Eligibility guidelines, set forth by NCDPI, are considered minimum requirements, as local education agencies have the authority to include specific requirements above and beyond those of the state (NCDPI, 2016). Research used to define elementary students eligible for alternative learning programs is detailed below.

In their research of adolescent children with aggressive behavior and their role in school, Kourkoutas and Stavrou (2018) described students who require an alternative

approach to learning as those who demonstrate aggressive and defiant behaviors of physical, psychological, verbal, and emotional nature. They outlined such behaviors as rooted in minimal social skills, self-control mechanisms, and emotional regulation to communicate their desired wants and needs. Their findings regarding students without a restrictive environment concluded an increased struggle to consistently comply with expectations, rules, and recommendations from any authority figure or to produce positive emotional experiences. Additionally, they found these students were unable to follow basic routines and learning expectations due to a delay in their developmental maturation process. Without acquired appropriate behavior, they argued the traditional school environment exposed opportunity pathways for students to demonstrate internal and external behaviors, leaving alternative learning programs as the best approach for restorative practices and support (Kourkoutas & Stavrou, 2018).

In their 2016 recommendations for policy to ensure equitable access to a continuum of mental health services for public school students, the North Carolina School Mental Health Initiative echoed a growing trend across the state and country for alternative learning programs to serve students who are at risk or have been diagnosed with an EBD while needing comprehensive mental health support. The Initiative, which represents a multi-disciplinary partnership of student advocates, supported this trend due to the increased number of students who suffer from anxiety, mood disorders, depression, or oppositional defiance disorders (North Carolina School Mental Health Initiative, 2016). Kauffman and Landrum (2012), in their book on the characteristics of EBDs, detailed this increase in students who suffer from mental health disorders and how it can negatively affect their learning in the traditional classroom. Their research estimated of

the 53 million children in schools across the country, 10 million were affected by a mental health problem and exhibited aggressive behaviors that interfere with their learning. Evidenced by the study of Forness et al. (2012), who analyzed research between 1950 and 2010 regarding children with an adolescent prevalence of an EBD, these students had a much higher percentage of having poor grades and social skills and higher rates of suspension when compared to their typically developing peers.

In their research of intensive interventions for students with EBDs, Maggin et al. (2016) determined the increased need for mental health support among young children is a result of elevated exposure to toxic stress in their home environments. They also concluded the elevated stress negatively impacts a student's ability to regulate their own emotions, resulting in unsafe and potentially harmful behaviors toward themselves or others. Therefore, student behaviors were rooted in feelings of withdrawal, difficulty controlling their emotions and impulses, or their inability to regulate their emotions when interacting with peers. Their considerations for intensive interventions advocated support and resources in a more restrictive environment to ensure behaviors would not manifest into serious and sustained difficulties that could have the potential to impair their academic, behavioral, emotional, and social functioning in a school environment.

Likewise, McIntosh and Goodman (2016), who detailed support for educators when blending academic differentiation and behavioral intervention, found students with exposure to toxic stress were more likely to demonstrate intensified behaviors. As a result, those students would be exposed to an increased level of social rejection in a traditional classroom environment and would benefit from a sustained level of tertiary support. They advocated for identified students to receive an alternative learning plan to

ensure appropriate learning and behavioral development.

Effective Elementary Alternative Learning Programs

In his research of ecosystemic psychodynamic interventions for students with behavioral disorders in a school context, Kourkoutas (2012) determined children with behavioral or mental health challenges should have access to school-based assistance, such as alternative learning environments, in order to promote their own well-being and overcome their internal and external barriers. Kourkoutas continued to explain that “children with problems who are provided such supportive environments, are more likely to internalize positive social-emotional experiences” (p. 2). To ensure students of elementary alternative learning programs were appropriately supported, Kourkoutas advocated the use of comprehensive evidence-based practices to ensure positive outcomes.

In their description of function-based interventions for children with challenging behaviors, Dunlap and Fox (2011) determined effective alternative learning programs were designed to provide comprehensive support to children across school, home, and community settings. They determined the most intensive level of behavioral support, often referred to as the tertiary tier, must include the ability to integrate curriculum, special education, mental health, public health, and child welfare. If implemented correctly, intensive intervention provided a “unique window of opportunity to influence the trajectory of young children’s development” (Dunlap & Fox, 2011, p. 339).

In their later research of supportive interventions for young children with an EBD, Dunlap and Fox (2014) found the most essential component of tertiary intervention to be a behavioral hypothesis. This included identification of antecedent behaviors to ensure a

proactive learning plan could be devised and implemented in the tertiary setting. They noted replacement skills were critical components of the alternative curriculum to ensure recourse to challenging behaviors or harmful coping mechanisms. Accordingly, the duo emphasized the importance of restorative strategies or skills as a replacement to the challenging behavior when it occurred. This allowed the child to recognize and replace the behavior with one more suitable for a traditional learning environment.

In his work on the impact of alternative education, Randle (2016) identified seven effective models of behavioral management when utilized in a restrictive environment. Those included assertive discipline, logical consequences, reality therapy, love and logic, praise, reinforcement, and feedback. Randle also identified five recommendations to reinforce those seven models of management and ultimately reduce challenging behaviors:

- identify the specifics of the problem behavior and what prompts or reinforces unwarranted actions,
- modify the learning environment to empower student feelings,
- teach and reinforce new skills in an attempt to increase appropriate behaviors and coping mechanisms,
- provide opportunities for the students to build relationships with other professional colleagues in the setting, and
- work with colleagues outside of the alternative setting to ensure school-wide strategies reduce negative behaviors and foster positive interactions.

Comprehensively, Randle's recommendations sought to provide more meaningful student learning experiences aimed at reinforcing positive behaviors which were critical to the

effectiveness of any alternative learning program.

Owen et al. (2015) echoed Randle's (2016) findings in their work on alternative strategies for effective school discipline. In addition to his five recommendations for best practices, they included

- small class size,
- a personalized program environment where students are included in the decision-making process,
- flexibility and choice,
- evident high expectations and belief in students,
- continuous professional development or learning for teachers to ensure their practices are sound and meeting the needs of students,
- parent involvement, and
- collaboration.

Additionally, they underscored the importance of classroom management, flexibility, and collaboration with regard to the success of any alternative program.

Research of alternative learning programs is grounded in a seminal study by the American Institutes of Research which analyzed critical components of effectiveness within those restrictive settings. Considered the first methodical investigation of the essential characteristics of alternative programs, the study, conducted by Quinn and Poirier (2006), provided effective practices to the diverse and ever-changing needs of children at risk or diagnosed with an EBD. Their study was in response to the ambiguity of literature and data to support a research-based definition and functional purpose of alternative schools and programs. While research existed on alternative schools, there

was a deficit in rigorous specifics of their effective components to ensure support for the variety of students they serve.

The study evaluated alternative learning programs created to support students whose behavioral and emotional challenges interfered with their success in a traditional learning environment. Researchers evaluated three alternative programs and used a topological analysis to divide all collected data into categories or themes, many of which are mentioned above. A secondary goal of this pivotal study was to develop a conceptually clear and empirically grounded definition of an alternative learning program recognized as an exemplar for effectively meeting the needs of at-risk students in the modern education era.

Quinn and Poirier (2006) first outlined their correlation of school administrators and program effectiveness in the qualitative findings of their study. The importance of listening, communication, caring, and the prioritization of a student's well-being emerged as major themes following focus group sessions with selected teachers, students, and parents. Specifically, focus group conversations emphasized the value of effective communication from leadership when supporting a variety of different personalities represented in an alternative setting. It was also determined those same communication skills were instrumental to building relationships with all key stakeholders of the program or setting including teachers, support personnel, students, and parents. Additionally, their findings emphasized the importance of administrators being present and available to support the heightened needs of an alternative setting. As a result, leadership was provided with an accessible pathway to discover the needs of staff and students while allocating all necessary resources essential to the program (Quinn & Poirier, 2006).

Quinn and Poirier's (2006) focus group sessions with parents also surfaced the importance of a personal connection between students and teachers within an alternative learning program. The researchers noted that positive student-teacher relationships were instrumental in any educational setting but were critical to student success in a more restrictive environment (Quinn & Poirier, 2006). Furthermore, Cook et al. (2018) found the importance of student-teacher relationships and their positive association for elementary-age students who experienced significant behavioral problems. Their study, which measured the impact of relationships through observations and surveys of 10 elementary classrooms across three schools, found that children who lacked positive adult relationships in their home environments were the primary beneficiaries of their teacher's support. With most children of alternate settings spending the greater part of their day in a reduced student-teacher ratio setting, the relationship became foundational to the overall success of the student and the program (Cook et al., 2018).

Regarding teacher characteristics, Quinn and Poirier (2006) determined a teacher's mindset to be highly influential to the success of an alternative learning program. This theme surfaced following discussions with administrators, alternative teachers, and parents who advocated for the program to implement an overall mindset that the student was always separate from behaviors they demonstrated. In their discussion summary, Quinn and Poirier explained the purpose of this mindset was to ensure a practical approach was used when problem solving and that prevention should always take precedent to reactionary approaches. As a result, students were given a sense they were in control rather than being completely dependent on the teachers and staff to solve their variety of problems (Quinn & Poirier, 2006).

Likewise, Kourkoutas (2012) referenced this teacher mindset, in his research on behavioral strategies in alternative settings, by affirming the importance of identifying strengths along with proactive solutions to mitigate identified behavioral concerns. He explained that without the dignity and respect produced by such strategies, students with behavioral challenges would continue to create adversarial relationships with teachers and staff. If the student-teacher relationship is not valued, he found a delay in student progress more prevalent than in programs where relationships and trust were valued as an integral part of learning (Kourkoutas, 2012).

As referenced in Chapter 1, there has been a significant increase in accountability for the academic performance of students with disabilities in relation to their grade-level peers. In their study of academic growth expectations for students with EBDs, Ysseldyke et al. (2017) found many educators held the general belief that low academic status was closely associated with behavioral disorders in children. This argument was supported by their research indicating a significant gap in academic achievement and growth among students qualifying for an alternative learning setting across all academic subjects (Ysseldyke et al., 2017).

Similarly, the study by Quinn and Poirier (2006) correlated an increased level of student success when they were expected to meet rigorous academic and social expectations by teachers, staff, and administration. Through stakeholder discussions, they found student behavior was often manifested in the failure of educators to believe their most disruptive students have the potential to be successful in an educational setting. Therefore, any alternative learning program must be equipped with staff who expect their students to work at their learning level and believe they have the potential to be

successful (Quinn & Poirier, 2006).

Along with an increased level of student expectation from alternative teachers, Quinn and Poirier's (2006) study found teachers must be continually provided with a high-quality teacher training program to ensure positive student relationships, high academic expectations, and the ability to support a student while reinforcing positive behaviors. In their description of teachers in an alternative setting, they detailed the position as one that required skills beyond the role of a teacher in a traditional classroom environment (Quinn & Poirier, 2006). Additionally, their analysis identified a uniqueness of alternative teachers which was evidenced by their ability to serve a hybrid position of providing traditional teacher responsibilities and mental health support for their students. Kourkoutas and Stavrou (2018) also underscored the dual role of teachers in an alternative setting and emphasized the importance of specialized professional development to address the rising complexity of their pupil's daily emotional and behavioral difficulties. Their research, which reviewed the role of school and the implication of practice for children with aggressive behavior, determined teachers must be provided extensive training that ranges from classroom management to instructional programming.

In their recommendations for research-based academic and behavioral practices in alternative educational settings, Gagnon and Barber (2015) suggested alternative teachers be provided with an increased level of professional development. They explained their continuous learning should be rooted in the philosophical approach of the program and ensure they had the ability to address the learning and behavioral needs of the whole child. They continued by saying high-quality training and professional development "are

vital to maintain teacher enthusiasm and commitment, provide assistance with additional skill development, and promote on-site problem solving” (Gagnon & Barber, 2015, p. 250).

The Role of Alternative Teachers when Supporting Mental Health

Regarding teacher training, Seeley et al. (2014) described the importance of alternative learning programs being equipped with educators who have the knowledge and skills to support the complex mental and social health of their students. Their research of empirically based targeted prevention in school contexts strongly encouraged teachers to incorporate evidenced-based practices and scientifically supported interventions for their exceptional students with mental health challenges. Even with the support of school-based mental health therapists and school counselors, they found classroom teachers assumed an integral role in the social-emotional development of their students, particularly those students assigned to an alternative learning setting. To make sure teachers maximized this role, they recommended a heightened knowledge base of classroom practices that included a three-tiered academic model to provide differentiation, an understanding of internal and external behaviors, the ability to support and promote a student’s ability to cope, and the ability to provide a trauma-sensitive approach to instruction (Seeley et al., 2014).

To ensure these practices and interventions could be effectively implemented, Seeley et al. (2014) encouraged school districts to build an increased capacity of employee training to support students with mental health deficits while ensuring their relevance to the school system’s own academic and behavioral needs. As outlined by Smith (2016) in her school mental health guide for educators, districts were often unable

to provide quality professional development that addressed student needs while ensuring prevention frameworks to offset the growing mental health concerns of the country's youth. Smith noted with most educators providing care to students diagnosed with mental health issues, along with limited community resources and services, classrooms often manifested the severity of student concerns and left support pathways in disarray.

Smith's (2016) recommendations to negate this unsustainable practice encouraged school leaders to provide educational programs "that included the provision of general information regarding mental health diagnoses of depression and anxiety including presenting symptoms, therapeutic communication techniques, and classroom management strategies" (p. 5). Smith described the educational programs as an intervention to seek improved academic, behavioral, and social outcomes for students with the diagnosis to ultimately strengthen comfort levels of educators while increasing their resource repositories. Suggested content included the provisions stated above in addition to "building a foundation and expanding participant knowledge of mental health issues for children" (Smith, 2016, p. 6).

For alternative learning programs to meet their full effectiveness regarding mental health services, Smith (2016) also recommended school leaders and teachers be exposed to the pathophysiology and role of cognition in depression, signs and symptoms of adolescents experiencing depression, risk factors for adolescents experiencing depression, and signs of adolescent suicide. Additionally, she suggested a thorough examination of disorders that include generalized anxiety disorders, social anxiety disorders, phobic disorders, obsessive-compulsive disorder, and brain pathology in specific anxiety disorders.

As described earlier in the chapter, exposure to adverse childhood experiences negatively impacted a student's ability to perform in an educational environment. As Rosenbaum (2017) explained in her advocacy of early screening and treatment in children affected by adverse childhood experiences, these toxic stressors reflect a "sustained exposure to multiple and accumulating threats including extreme poverty, maternal stress, parental mental illness and addiction, family violence, and chaotic and unsafe physical environments" (p. 34). Rosenbaum emphasized such stressors could cause harm to the brain's architecture and impede a child's ability to self-regulate or properly develop adequate social-emotional responses. With a majority of students in alternative learning settings demonstrating the effects of these toxic stressors, the value of effective interventions to alleviate stress and promote resilience was heightened and should be highly considered by all schools (Rosenbaum, 2017).

Echoing Rosenbaum's (2017) research regarding the impact of trauma in children, Barrett et al. (2019) also recommended alternative teachers have the knowledge and capacity to address adverse childhood experiences and support their students in restorative practices and strategies. Their research suggested that knowledge and capacity be grounded in the understanding of brain research and how adolescent behaviors rooted in toxic experiences could be redirected with the appropriate regulation skills. In partnership with research from Reconnect for Resilience, an organization created to support the well-being of individuals exposed to adverse experiences, Barrett et al. also recommended educators of students impacted by adverse childhood experiences have a thorough understanding of how the body and the brain work in response to trauma. Specifically, teachers must have the ability to connect, de-escalate, redirect, affirm, and

restore when a student demonstrates behaviors in response to toxic stress. By doing so, their research suggested a positive impact on classroom environments because students would have avenues to overcome their personal traumas (Barrett et al., 2019).

Moreover, Vidair et al. (2014) encouraged educational establishments to revise their comprehensive student mental health initiatives in their review of mental health programs targeting academic and mental health functioning in schools. As they explained, such opportunities for continued learning and practice enabled district and school leaders, along with teachers, to create effective implementation plans to best support their students in need of services. Additionally, they explained this practice will allow alternative learning environments the opportunity to expose their students to a range of support beyond traditional academic approaches and ultimately foster a climate of student success for their most challenging students (Vidair et al., 2014).

Importance of Early Intervention

In correlation with a knowledgeable and trained staff to support the mental health well-being of students, Dunlap and Fox (2014) described elementary alternative learning effectiveness as being grounded in an evidence-based early intervention program. Their study regarding supportive interventions for children with an EBD reported that one quarter of children between the ages of 2 and 5 demonstrated some type of behavioral problem that extended beyond the typical development phase. Therefore, those children were more likely to meet the criteria for a mental health diagnosis and benefit from more intensive support services.

Dunlap and Fox's (2014) study also surfaced the bleak developmental trajectory of children who were identified at early preschool age with social, emotional, and

behavioral challenges, especially those who did not receive effective research-based interventions to support their developmental delays. As a result, their findings correlated preschool behavioral challenges with a higher risk of manifested behaviors when those children entered kindergarten. Additionally, Dunlap and Fox (2014) found that many early educators believed the issue was developmental and their behavioral challenges would cease once a transition to elementary school took place. Consequently, this belief directly impacted elementary schools as they sought to maximize their resources and improve their ability to serve students with emotional and behavioral challenges. Dunlap and Fox (2014) addressed this challenge by urging school and district leaders to increase funding and assistance to disseminate evidence-based behavioral intervention practices for toddler and preschool programs.

In their analysis of behavioral support within an early childhood setting, Dunlap et al. (2013) echoed the belief that early intervention is key to reducing behavioral and mental health concerns in elementary schools. As recommended for all children at risk or diagnosed with EBD, they emphasized the foundation of early intervention begins with a functional assessment that allows educators to gather data, develop a hypothesis, identify antecedents and triggers, and implement a comprehensive plan with fidelity to yield the greatest improvements.

Dunlap et al.'s (2013) research, which detailed a case study of how to treat challenging behaviors in the classroom, determined that intervention should embody three critical components to have desired behavioral outcomes for preschoolers entering elementary school. They placed the greatest emphasis on a healthy social development framework designed to foster appropriate social interaction skills, improve their ability to

sustain friendships, and strengthen their emotional responses to challenging situations. Next, they noted the importance of inclusion for preschoolers with behavioral challenges because it provided rich opportunities to interact with peers who already developed patterns of positive interaction and coping mechanisms (Dunlap et al., 2013).

Furthermore, the research of Dunlap et al. (2013) validated the importance of a high-quality learning and social environment characterized by safety, structure, predictability, engaging material, and high expectations. If early interventions were implemented with fidelity, elementary schools would be better equipped to address the learning needs of students with the most challenging of behaviors and mental health needs entering their educational settings. Particularly, elementary alternative learning programs would be able to accurately identify and serve students in the most need of their resources (Dunlap et al., 2013).

Student Integration Into the Traditional Classroom Setting

Quinn and Poirier (2006) determined that ensuring alternative learning programs serve as a short-term placement for students, especially in an elementary setting, is equally as important as early intervention. The research of Sweigart and Evanovich (2015), which detailed best practices for the transition of students with behavioral disabilities, also referenced the importance of integrating students back into a least restrictive environment. Together, both studies concluded this integration should occur as students began to show behavioral or emotional improvement. They explained integration would allow students to demonstrate their ability to successfully function in a traditional setting with their typically developing peers. To ensure this integration was successful, their research determined students must be provided with necessary supports and

strategies throughout the process. Without a successful integration, they concluded secondary learning and postsecondary career pathways could be jeopardized (Quinn & Poirier, 2006; Sweigart & Evanovich, 2015).

Dunlap and Fox (2014) emphasized integrations must be meticulously planned and executed with fidelity. Without a thorough, stringent implementation, the prospect of continued disruptions within the traditional learning environment would likely increase behaviors and delay student progress. Additionally, students of alternative learning programs must have access to continued resources and support as they begin integrating. To ensure access was readily available, collaboration among teachers of both settings, support staff, and parents was imperative (Dunlap & Fox, 2014). Specifically, support staff, such as school counselors or mental health therapists, should be integral stakeholders within the planning and implementation of the entire process. With an already established student relationship in the alternative setting, their work with the student would provide an effective bridge to their new learning environment and allow for familiar support services throughout the transition (Quinn & Poirier, 2006; Sweigart & Evanovich, 2015).

In their work on best practices when transitioning students with behavioral disabilities, Sweigart and Evanovich (2015) detailed seven evidence-based practices that led to improved long-term outcomes. Those included student-focused planning, student development, interagency collaboration, family involvement, and program structures. Additionally, Quinn and Poirier (2006) strongly suggested the creation of a gradual release plan to ensure the student could master the transition over an extended period of time. With additional time, the planning team would have the flexibility to modify

support resources as necessary to ensure student success (Quinn & Poirier, 2006).

Sweigart and Evanovich (2015) outlined specific program structures required to ensure successful student transitions. They determined elementary schools must begin with a thorough needs assessment to identify the strengths and weaknesses of traditional classroom behavioral management plans and environments. Without sound systems in place, alternative learning students would have a greater risk of failure due to the inconsistencies of their new learning environment. To counteract this possibility, they suggested extensive planning with alternative and classroom teachers occur to ensure both classroom environments are cohesive and built to support a transition (Sweigart & Evanovich, 2015).

There is scholarly agreement that the average school “should broaden its education mission in order to provide more specialized help for students with social, emotional, and academic problems” (Kourkoutas, 2012, p. 3). Sweigart and Evanovich (2015) acknowledged this agreement and added that traditional classrooms must create environments that are conducive to rehabilitation. While alternative settings could be successful in isolation, their study determined the goal was to create a learning program that supported all students in the total education setting and produced better long-term outcomes across multiple important domains. The sections below detail research recommendations for traditional classroom frameworks to ensure successful student integrations can take place.

Positive Behavior Intervention and Support. Randle’s (2016) research regarding alternative education programs determined successful student transition to a traditional classroom required teachers and school leaders to adopt positive reinforcement

frameworks similar to those implemented in the alternative setting. His recommendations suggested the implementation of meaningful student learning experiences, aimed at reinforcing positive behaviors, occur for all students regardless of their conduct level (Randle, 2016). Similarly, Simonsen and Sugai (2013) found a school-wide approach to positive behavioral classroom interventions ensured consistency for students transitioning from an alternative setting. Their research, which detailed positive support for youth with high-risk behavior in an alternative education setting, suggested this approach was rooted in the student familiarity of language, strategies, and procedures which were a core part of their alternative daily routines.

For classrooms in North Carolina, this included the adoption of Positive Behavior Intervention and Support (PBIS). In their research regarding alternative strategies for effective school discipline, Owen et al. (2015) defined PBIS as “a behavior management system that recognizes the function of misbehavior and develops interventions to discourage such misbehavior and encourage desired behavior” (p. 13). Additionally, the framework combined teaching appropriate behaviors with core academic instruction and was intended for all students. To ensure a PBIS framework was executed with fidelity, Owen et al. determined schools must create implementation plans that were reflective of their own discipline data to ensure systems were tailored to meet specific behavioral needs. They determined the organization and management of school plans to be a critical component for success because they held educators accountable for consistent practices in all classroom settings.

With PBIS infused in the academic instruction of participating classrooms, Owen et al. (2015) outlined the framework’s required tiered approach to ensure student

differentiation during implementation. This outline represented another critical component of their research because they found it to be imperative when students transitioned from an alternative learning environment to a traditional classroom setting (Owen et al., 2015). Simonsen and Sugai (2013) further explained the following tiers of differentiation included in the framework:

- universal behavioral practices intended for all students which require explicit and frequent social skills instruction, intentional prompts to require appropriate skills, and systematically reinforce appropriate behaviors;
- supplemental behavioral practices that included extrinsic reward systems, mentoring, and the integration of student-specific choice menus to warrant classroom engagement; and
- tertiary behavioral practices which required systematic observations and data collection, specific behavioral support plans, and additional staff resources to redirect undesired behaviors.

In their research regarding the tertiary tier of PBIS in alternative settings, Scott and Cooper (2013) explained a majority of alternative students would require intensive support once they began the integration process, but some only required supplemental support. They determined many alternative students acquired appropriate behavioral skills in their alternative learning environment resulting in a decreased need for intensive support during integration. By having access to tiered levels of support in the traditional setting, Scott and Cooper found classroom teachers to be more equipped with differentiation strategies, which allowed students to be provided with behavioral supports at their specific level of need.

Multi-Tiered Systems of Support. Evidenced by their research studies, Owen et al. (2015) and others found a strong correlation between academic skills and behavior. This was evidenced by many states adopting an integrated multi-tiered system of support (MTSS) and PBIS model to ensure a student's academic ability did not warrant inappropriate classroom behaviors. As outlined by McIntosh and Goodman (2016), in their review of integrated MTSS, the framework was a three-tiered instructional and intervention model used to ensure all students received aligned instruction to curriculum standards along with differentiated support at their specific learning level. Additionally, Clark and Dockweiler's (2020) work on effective MTSS implementation at the elementary level found all students must receive core academic instruction, while students not meeting benchmarks should receive additional supplemental instruction usually through small group interventions. For students showing significant barriers to learning necessary academic skills, they emphasized intensive interventions at the tertiary level to support their specific learning deficits (Clark & Dockweiler, 2020).

In their work on the organizational capacity of academic and behavioral practices within an alternative setting, Gagnon and Barber (2015) found that academic deficits manifested behaviors and increased the possibility of widening academic gaps, especially for students with a behavioral diagnosis. For alternative students being reintroduced to a traditional classroom environment, they determined it was imperative those students be provided differentiated academic support to ensure their learning pathways were scaffolded and to decrease the opportunity for behavioral disruptions as a result of academic deficits. They explained that while academics were a component of elementary alternative learning classrooms, their emphasis on strategies and skills to reduce

unwanted behaviors took precedent over learning standards. This approach resulted in less exposure to grade-level content when compared to their peers and increased urgency for academic remedies in the traditional setting. Moreover, they found those remedies best implemented within a scaffolded instructional approach such as an MTSS framework (Gagnon & Barber, 2015).

McIntosh and Goodman (2016), along with Erwin (2019), suggested all alternative programs must be designed to eliminate any barriers for students when integrating back into an academic setting with their grade-level peers. They determined consistency as the critical component of this integration. In their restrictive settings, McIntosh and Goodman found alternative students were given individual or small group assignments throughout their instructional day, which increased the likelihood of the student becoming overwhelmed by a traditional classroom workload. Their research correlated the additional workload to an increased likelihood of disruptive behaviors. The correlation resulted in their advocacy of an MTSS framework because it provided those students with intensive instruction in a small setting that was similar to their alternative environments. It also allowed students to see the connection of their whole group and small group instruction which had the potential to positively impact their learning outcomes (Erwin, 2019; McIntosh & Goodman, 2016).

Social and Emotional Learning Frameworks. In addition to established PBIS and MTSS frameworks in a school setting, scholars also suggested social and emotional learning (SEL) frameworks were equally instrumental in achieving successful integration from one environment to the other. Broadly, SEL frameworks included the acquisition and application of knowledge, attitudes, and skills used to understand and manage

emotions, set and achieve goals, empathize with others, establish and sustain positive relationships, and demonstrate the ability to make responsible decisions (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2013). Short-term goals of the framework sought to promote a student's self-awareness, self-management, social awareness, relationships, and responsible decision-making skills. These skills encompassed the greater effort to improve student beliefs and attitudes about self, others, and school.

In their research to support and increase prioritization of SEL instruction within schools, Weissberg and Cascarino (2013) suggested such frameworks were the cornerstone of effective alternative learning programs and warranted the same attention in a traditional classroom setting. They found a consistent implementation between the settings allowed alternative students to have a thorough understanding of classroom SEL practices which were presented in their previous learning environments. They also determined a seamless curriculum decreased the possibility of disruptive behaviors during the initial stages of integration. More importantly, they found it allowed the student to begin building trust of the traditional classroom environment, which was imperative to their overall success (Weissberg & Cascarino, 2013).

Challenges to Alternative Learning Programs

Proponents of alternative learning programs, regardless of their targeted student population, suggested restrictive placements often exacerbated the maladjustment of youth with conduct problems. In their study addressing the increased risk for adolescent students in a restrictive educational placement, Powers et al. (2016) interviewed students, parents, and teachers of alternative programs to determine why restrictive settings often

manifested student conduct. All participants represented four diverse school districts across the United States. Their results found a majority of identified students came from poverty, family instability, parenting difficulties, and exposure to violent experiences. Coupled with co-occurring cognitive impairments, including low intelligence and attention deficits, their data determined alternative settings had a negative impact on success outcomes because students were not provided the appropriate restorative supports to overcome their internal and external challenges. Additionally, their research found students in alternative settings were less accepted by mainstream peers and exhibited more severe behaviors than when in a least restrictive environment with typically developing peers (Powers et al., 2016).

Regarding disproportionalities of student placement, Powers et al. (2016) found that most students placed in an alternative setting were “more likely to be male, African Americans and poor” (p. 905). Specifically, they found these students to have spent a majority of their childhood in conditions of adversity, which included unsafe neighborhoods, poor home contexts, and exposure to harsh punishments. Consequently, they determined these students were more likely to demonstrate their home experiences while at school, resulting in a disruption of the learning environment. While alternative settings offered support for those students, their research concluded early intervention and social-emotional support in the traditional learning environment produced a successful decrease in unwanted, outward behaviors as opposed to isolating those students in a separate classroom. Additionally, without a school-wide approach, they found increased referral rates for students of adversity would continue and result in ongoing overrepresentation within restrictive settings (Powers et al., 2016).

In their analysis of the disproportionate placement of students with emotional and behavioral challenges, Raines et al. (2012) determined restrictive settings, such as alternative learning programs, increased the chances of identified students feeling they were socially isolated, which directly impacted their self-esteem in an educational setting. They determined this was especially true of students who exhibited consequential behaviors but encompassed a high cognitive ability. As in most cases, students of alternative learning programs were exposed to “a less rigorous curriculum, instructed at a slower pace and held to lower academic expectations than their peers” (Raines et al., 2012, p. 284). As a result, their research found those students being twice as likely to drop out of school once they reached the secondary level (Raines et al., 2012).

Regarding identification for placement in alternative learning settings, Raines et al. (2012) also found decisions about placement were more dependent upon social categorizations including gender, socioeconomic status, and race. They determined the primary responsibility for student identification was given to the classroom teacher’s interpretation of student behavior. They described this placement process as “idiosyncratic and fraught with inaccuracy” (Raines et al., 2012, p. 285) because they found teacher resources, behavioral management strategies, and the political climates of school buildings to be biased and subjective. With teacher perception found to be highly influential, the process did not produce appropriate candidates for the learning settings (Raines et al., 2012).

Powers et al. (2016) determined preparedness for alternative learning teachers as a challenge to overall program effectiveness. They wrote, “teachers in these settings are frequently inadequately trained, poorly supported and highly stressed” (Powers et al.,

2016, p. 905). In their recommendations for alternative educational settings, Gagnon and Barber (2015) described teacher inadequacies as a range from lack of policy adherence, rarely implementing evidence-based interventions with students, and access to adequate resources to support the long-term success of troubled youth.

While teacher inadequacy represented a major hurdle, Gagnon and Barber (2015) also found there was a strong correlation to program challenges and the lack of state policy regarding curriculum and oversight of alternative settings. Specifically, their study rarely found accountability for school districts to ensure alignment with learning standards and required state assessments. Even when tasked with developing their own curriculum, alternative teachers did not possess the expertise and available instructional materials to ensure correlation to assessments. Without this alignment, they concluded students continued to demonstrate poor academic success, which reduced their ability to meet exit performance standards or mainstream back into the traditional classroom environment (Gagnon & Barber, 2015).

Program Evaluations of Alternative Learning Programs

While evaluations specific to alternative learning programs at the elementary level are limited, evaluations have been conducted of similar programs at the secondary level. While not specific to younger children, these evaluations encompassed themes relative to the research presented in this chapter. Specifically, evaluations detailed in the subsequent paragraphs include a variety of alternative learning pathways for students who were at risk or identified with behavioral challenges and required modifications to their school environments. These pathways included traditional alternative settings, transitional alternative settings, and an alternative to suspension programs.

In her 2013 evaluation of a middle school alternative learning program, Kilmer determined the program's overall effectiveness through an analysis of student behavioral data, achievement results, and student interviews. Specifically, the evaluation analyzed the program's ability to transition students back into a traditional classroom environment and the impact of the program on student behavioral and academic performance. Following a review of student attendance data, Kilmer determined all students enrolled in the program had a decrease in daily absences. Likewise, a decrease in behavioral referrals for enrolled students was determined following an analysis of behavioral records. Regarding student achievement, Kilmer found a majority of students made academic gains in classroom grades and improved their standardized test results while enrolled in the program.

To support her quantitative research, Kilmer (2013) held focus group discussions with enrolled students to determine student perceptions and the program's impact on their future educational pathways. Her research identified the program's ability to support students with developing and maintaining positive adult and peer relationships. Students also described their renewed belief in their ability to learn and ultimately graduate from high school. Through analysis of student response, Kilmer determined improved student perception of school correlated to small class sizes of the program and its ability to provide differentiated academic support in a small group or individual setting.

A similar evaluation, Jones (2013) analyzed a ninth-grade alternative learning program's ability to increase student success while identifying barriers to overall implementation. Jones conducted focus group interviews with alternative teachers assigned to the program and ultimately found the program had a successful impact on

students and their ability to transition back into a traditional classroom environment. When analyzing practices that contributed to the program's success, Jones found school counselors assigned to the program were instrumental in ensuring students were equipped with the necessary skills to be successful as they returned to the least restrictive environment. Moreover, Jones determined academic and behavioral interventions were influential and were made accessible to all students as a result of small class size, continuous professional development for teachers, and ongoing collaboration with support services (Jones, 2013).

Jones (2013) found major barriers of the program's implementation to be a lack of support and communication from the student's home school. Teachers described their frustrations with being provided minimal data or anecdotal notes regarding the student strengths and weaknesses prior to entry into the programs. Additionally, frustrations surfaced regarding the home school's willingness to participate in transitional plans of the student once they demonstrated readiness to exit the program. This barrier was reflected in Jones's recommendations for improvement.

Regarding successful transition of students with behavioral challenges, Cory (2015) evaluated an alternative learning program designed to prepare eighth-grade students for high school. His evaluation, which used teacher interviews and surveys to determine the overall effectiveness of the program, found the maximum level of support from alternative and traditional classroom teachers. Cory determined the program increased teacher knowledge of how to successfully support at-risk students. The evaluation identified an association of increased knowledge to continuous professional development for teachers regarding student engagement, behavioral interventions, and

providing opportunities for students to meet high classroom expectations. Additionally, Cory found the program increased engagement and collaboration of parents and stakeholders, which positively impacted student achievement of the program's targeted population (Cory, 2015).

As referenced in research found earlier in this chapter, many alternative learning programs were designed to serve as an alternative to consequences of removal from a school environment (Seeley et al., 2014). Dunlap's (2010) research of an alternative learning program evaluated an alternative program's ability to support students who had been short-term or long-term suspended. Her study analyzed quantitative data, interviews, and surveys to evaluate the program's strengths and weaknesses regarding its ability to provide better student decision-making skills for the classroom and beyond (Dunlap, 2010).

Dunlap's (2010) analysis of student achievement data found a majority of students demonstrated academic gains as a result of placement in the program. Likewise, data evidenced a decrease in juvenile court cases for enrolled students. The evaluation also found students, parents, and administrators had a positive outlook of the program as evidenced by their feedback. Specifically, students and parents favored the program's counseling framework and its ability to improve self-esteem along with a more favorable opinion of the educational system (Dunlap, 2010).

Furthermore, Dunlap's (2010) research exposed weaknesses in the alternative program's implementation. Traditional classroom teachers did not have a favorable opinion of the program. Dunlap contributed this to a lack of communication between alternative and traditional teachers. This communication breakdown resulted in teacher

confusion regarding student progress, transition, and work completed. Her evaluation also concluded the program's tutoring component was not considered favorable by all stakeholders.

Summary

This review of literature focused on the organizational and curricular components of elementary alternative learning programs for students who were identified as at risk or diagnosed with an EBD. Evidenced by the research included in this chapter, school removal consequences did not provide students, teachers, or administrators with positive outcomes. This resulted in an increased number of school districts implementing alternative learning programs to address the mental health and behavioral needs of students who required intensive intervention. These programs provided districts with flexibility to ensure identified students had opportunities to remain in school and support their efforts to meet federal accountability guidelines.

Research indicated these programs best served students who struggled with appropriately regulating their behavior and emotions in a school setting. Additionally, these students had a high probability of being diagnosed with anxiety disorders, depression, or oppositional defiance. Due to their struggles in school as a result of those emotional or behavioral disorders, research found most required a restrictive classroom environment to support the continued improvement of their social skills, self-control mechanisms, and ability to develop appropriate relationships with adults and peers.

To ensure restrictive settings met the specific needs of this student population, research determined a small student-teacher ratio with readily available support staff to ensure classroom safety was imperative. Effective programs also required a modification

to the learning environment which included an emphasis on student feelings, reinforcement of skills to properly manage those feelings, and opportunities for students to build appropriate relationships with school staff and their peers.

To guarantee students were emotionally supported in an alternative setting, researchers determined teachers must be equipped with the appropriate training and resources. Specifically, they must be provided with opportunities to become champions of mental health support for their students and work collaboratively with school counselors and mental health therapists when providing those services. It was also determined collaboration be extended to parents and guardians to ensure consistency of the home and school environments.

Additionally, program effectiveness was determined by a student's ability to integrate back into the traditional classroom environment once progress was established and consistent. To ensure a seamless integration, scholars determined schools must have the ability to implement consistent positive behavioral and SEL frameworks to support the unique needs of alternative elementary students. Students must also be provided with differentiated academic support to ensure their learning deficits do not manifest their inappropriate behaviors in the traditional setting.

Researchers who challenged the effectiveness of elementary alternative learning programs found an overrepresentation of male and African American students living in poverty. Coupled with a subjective and often biased identification system, studies determined student demographics of alternative settings were often skewed and unfairly targeted minority populations who had experienced high volumes of adversity. They also found restrictive settings negatively impacted a student's self-esteem and often

manifested their conduct. Furthermore, critics determined restrictive settings provided a decreased level of academic rigor and were staffed with teachers often underprepared and inadequately trained to fulfill their alternative duties.

While evaluations of elementary alternative learning programs were limited, studies have been conducted of similar programs at the secondary level. Overall, evaluators found a positive association with alternative settings and enrolled student outlooks on their education. Evaluators determined this association with a program's ability to support students in a differentiated environment which targeted proper coping mechanisms, mental health support, and an ability to maintain appropriate relationships with adults and peers. Additionally, evaluations found alternative programs to be able to support students as they transitioned back into a traditional learning setting.

Chapter 3: Methodology

This study was an evaluation of an alternative elementary learning program because most elementary schools across the country and the state of North Carolina saw an increased number of students in need of behavioral and mental health support. Evidenced by the research of Cree et al. (2018), one in six children was diagnosed with a mental, behavioral, or developmental disorder by age 8 in the United States. Additionally, the North Carolina School Mental Health Initiative (2016), ranked the state 36th in the nation with regard to the prevalence of mental illness and access to care for youth. When considering this statistic, along with access to care, lack of appropriate resources, and the interrelationship that existed between social-emotional functioning and academic function, this evaluation was intended to provide meaningful information and feedback for districts across the state that needed avenues to support the identified student population.

Problem Statement

The district in this study recognized the urgency of adequately supporting the mental health and behavioral needs of its elementary students who demonstrated the need for intensive support services beyond the traditional classroom setting. Substantiated by the district's increase in disruptive student behaviors, student exposure to toxic adversity, and students diagnosed with an EBD, district leadership established Trilogy to provide an alternative setting for those in most need of support services. Since early behavioral intervention was key to continued success in a secondary educational environment, a formative evaluation of the program's ability to meet its seven key objectives was warranted to determine if this program worked (Dunlap et al., 2013). This study

addressed the strengths and weaknesses of the program, along with recommendations for continuous improvement, to best meet the needs of the targeted student population.

Research Design

In his research regarding program evaluations, Spaulding (2014) explained the overall purpose was to examine a program's worth, effectiveness, and quality. Specifically, an objectives-based approach was chosen as the evaluation model for this study to collect necessary data and measure Trilogy's ability to meet its pre-established objectives. Specifically, the approach was used to examine the program's ability to fulfill seven key objectives and its overall effectiveness to support students warranting intensive behavioral interventions.

For novel programs, Spaulding (2014) also suggested "formative feedback is especially important to developers and staff" (p. 10) since it allows the evaluator to identify barriers and inform stakeholders of improvements that can occur during the implementation process. Given the Trilogy program was still in its initial stages of implementation, a formative evaluation was used to address any implementation issues or problems. Access to formative data after the evaluation provided Trilogy stakeholders with recommendations to ensure continuous improvement and increase overall program effectiveness (Spaulding, 2014).

Data collection methods, which are detailed later in the chapter, included focus group sessions and student behavior data analysis. Data were collected and analyzed as they related to the seven key objectives of the program. In addition to data collection methods, this chapter describes the study's research design, a reiteration of evaluation questions, the selection process of participants, evaluability, and limitations placed on the

study.

Participants

Participants of the Trilogy program evaluation were key stakeholders of the program's overall implementation. Those stakeholders included district elementary school principals, the Trilogy Leadership Team, district traditional classroom teachers, site school traditional classroom teachers, Trilogy teachers and support staff, mental health therapists and the site school counselor, and Trilogy parents/guardians. All stakeholders were invited to participate in one of seven focus group sessions designed to allow for input and feedback regarding the program's fulfillment of seven key objectives during its first 2 years of implementation.

Elementary principals participated in Focus Group A. Invitations were sent only to principals who referred students from their school to the Trilogy program. As established by the Trilogy Leadership Team, principals were directly involved in all Trilogy referral decisions at their respective schools, even though the role of managing student behavior and assigning consequences was primarily designated to their assistant principals. The responsibility was given to principals due to the intensive nature of the program and the team's desire to ensure fidelity of the program's referral system. Additionally, the principal of the Trilogy site school was not represented during this focus group session, since they were a part of the Trilogy Leadership Team and were represented in a later focus group session.

As noted in Chapter 1, the smallest elementary school in the district did not submit any Trilogy referrals and did not participate in the focus group session. Principals who were directly involved in the referral process and provided the evidence needed to

defend a student's referral were able to provide feedback regarding the overall process and the impact of the referred student's removal from their school environments.

Principal feedback without direct experience of the process would not be advantageous to the focus group discussion.

Overall, four of the six elementary school principals were invited to attend the session to provide their input and feedback. Principal invitations to Focus Group A can be found in Appendix D. Per the district's evaluation protocols, all eligible principals were highly encouraged to attend the focus group session by district leadership. Those principals with a scheduling conflict designated their assistant principal to attend the session.

Members of the district Trilogy Leadership Team were invited to participate in Focus Group B. The leadership team consisted of the assistant superintendent, director of programs for exceptional children, behavioral liaison specialist, site school principal, and each Trilogy classroom teacher. The responsibilities of the team were to monitor student placement, ensure student integration back into the traditional classroom setting, and ensure overall fidelity of program procedures and expectations. Similar to principals, attendance in Focus Group B was highly encouraged by district leadership to ensure compliance with the district's program evaluation plan. Focus Group B's participant invitation can be found in Appendix E.

Traditional classroom teachers throughout the district were invited to participate in Focus Group C and represented four of the six elementary schools. Teachers from the Trilogy site school were not represented during this focus group session because they were given the opportunity to provide input and feedback regarding the program's

integration process and overall impact on the school's environment in a later focus group session. Additionally, one elementary school did not refer any students to the Trilogy program and they were not represented since their input was not relevant to the evaluation. Altogether, 15 teachers from the four eligible schools who referred students to Trilogy were invited to attend the session and participated in discussions related to the program's effectiveness. Elementary administrators highly encouraged teachers to participate in the session to ensure the school's compliance with the district's resource evaluation protocols. Focus Group C's participant invitation can be found in Appendix F.

As noted, site school traditional classroom teachers did not participate in Focus Group D of the evaluation. I randomly selected and invited one teacher from each of the school's six grade levels to attend the group discussion. I also invited four teachers who integrated Trilogy students into their classrooms and two teachers who referred a student to the alternative setting. Along with my invitation, the site school principal strongly encouraged teacher participation to comply with district protocols regarding resource and program allocation. Focus Group D's participant invitation can be found in Appendix G.

Trilogy classroom teachers and their support staff were invited to participate in Focus Group E. Specifically, two teachers representing the upper and lower Trilogy classrooms and three behavior management technicians were given the opportunity to provide their input and feedback. I chose to combine Trilogy teachers and behavior management technicians into one focus group since their roles and responsibilities were similar. The lower Trilogy teacher and two of the three behavior management technicians were employed since the program was implemented during the 2018-2019 school year. The upper Trilogy teacher and a third behavior management technician were hired at the

start of the 2019-2020 school year. In addition to invitations from me, participants were encouraged to attend their focus group session from the district Trilogy Leadership Team and the site school principal to ensure compliance with the district's program evaluation protocols. Focus Group E's participant invitation can be found in Appendix H.

Mental health therapists assigned to Trilogy and the site school's counselor were invited to participate in Focus Group F. Mental health therapists participating in the evaluation were assigned to the upper and lower Trilogy classrooms. Therapists also served students throughout the district who were in the Trilogy referral process or who were not eligible for the alternative setting but still required explicit mental health support services. I chose not to include outside mental health agencies who supported students within the program since they only served the individual student and not the greater program. The site school counselor was also invited to participate in this focus group session because they worked collaboratively with mental health therapists when providing support services to Trilogy students during placement and integration. I chose not to invite all elementary school counselors within the district to participate since they were not directly involved with Trilogy students and did not have additional training or certification warranted to support the program's mental health initiatives. Focus Group F participants were highly encouraged to attend their session by district leadership to ensure compliance with their own evaluation protocols. The participant invitation can be found in Appendix I.

Parents and guardians of students placed in the Trilogy program were invited to participate in Focus Group G. All parents and guardians who had a student enrolled in the program after the 2019-2020 school year were extended an invitation to participate. I

chose to invite and combine all parents from the upper and lower classroom settings in the group because the processes and procedures of each classroom were consistent with one another.

Participant invitations were also sent to parents or guardians of students who integrated back into the traditional classroom setting and exited the program during the 2019-2020 school year. I included these participants because they were still familiar with the classroom setting even though their children were no longer enrolled. Their perspective allowed for comprehensive program feedback regarding entrance, integration, and exit of the program which were integral when determining program effectiveness. Along with invitations, focus group participation was highly encouraged by the site school principal. Focus Group G's participant invitation can be found in Appendix J.

Instruments and Procedures

Focus Groups

The Trilogy program evaluation used stakeholder focus groups as the primary data collection instrument. Stakeholder groups were identified by their relevance to Trilogy's overall implementation and were detailed in the program's implementation plan. Referenced in the section above, there was a total of seven focus group sessions conducted by me. Each group targeted specific key objectives that correlated to the roles and responsibilities of invited group members. Focus groups are listed below.

- Focus Group A – District elementary school principals
- Focus Group B – Trilogy Leadership Team
- Focus Group C – Traditional classroom teachers
- Focus Group D – Site school traditional classroom teachers

- Focus Group E – Trilogy classroom teachers and support staff
- Focus Group F – Mental health therapists and site school counselor
- Focus Group G – Trilogy parents/guardians

Represented by district elementary principals, Focus Group A focused on Objectives 1 and 2 of the program. Specifically, invited participants detailed their ability to understand and navigate the student referral process, access evidence needed to support a referral, and the program's ability to reduce behavioral interruptions throughout their respective buildings. The group also provided feedback regarding future implementation of the program. The full protocol and script for Focus Group A is provided in Appendix K.

Represented by invited members of the Trilogy Leadership Team, Focus Group B discussions targeted Objectives 1 and 5 of the program. Participants in attendance gave input and feedback regarding their ability to understand and navigate the referral process and understand evidence needed to support a student referral and the program's ability to reduce behavioral interruptions in district classrooms and the program's capacity to decrease behavioral consequences for enrolled students. The full protocol and script for Focus Group B can be found in Appendix L.

Represented by district traditional classroom teachers, Focus Group C discussions emphasized Objectives 1 and 2 of the program. Invited teachers provided feedback regarding the program's student referral process, its impact on the traditional classroom environment, and their recommendations for future implementation. The full protocol and script for Focus Group C can be found in Appendix M.

Represented by site school traditional classroom teachers, Focus Group D focused

on Objectives 1, 2, and 6 of the program. Participants shared input and feedback regarding Trilogy's student integration plan and the resources provided for this transition. Additionally, they shared their beliefs regarding the program's overall impact on the site school's environment and gave recommendations for future implementation. The full protocol and script for Focus Group D is in Appendix N.

Represented by Trilogy classroom teachers and their support staff, Focus Group E discussions targeted program Objectives 3, 4, 6, and 7. Participants provided input and feedback regarding the program's scheduling flexibility, ability to provide a differentiated academic setting, available resources, access to mental health services for students, and access to continuous professional development. Trilogy teachers and support staff also provided their outlook and suggestions for future implementation of the program. The full protocol and script for Focus Group E can be found in Appendix O.

Represented by the invited mental health therapist and the site school counselor, Focus Group F emphasized Objectives 4, 6, and 7 of the program. Participants gave input and feedback regarding their ability to serve students, support from classroom teachers and support staff, resources to support their initiatives, continuous professional development, and collaboration with parents or guardians. The session concluded with an outline of participant beliefs regarding future implementation of the program. The full protocol and script for Focus Group F is in Appendix P.

The final session, Focus Group G, included invited parents and guardians of Trilogy students and targeted program Objectives 1 and 7. Participants provided input and feedback regarding the program's learning environment, access to mental health resources, behavioral support, and capacity to sustain a seamless transition as students

exit the program and return to the traditional classroom environment. The full protocol and script for Focus Group G can be found in Appendix Q.

For each focus group, I provided stakeholders the opportunity to share their opinions and ideas for improvement in an environment conducive to useful perspectives. The goal of each focus group session was to retrieve quality data in a social setting where participants considered their own viewpoints and opinions in the context of others who may agree or have a differing perspective.

As referenced in Chapter 1, I was a former school principal of the district representing this study. As principal of the Trilogy site school, I served on the Trilogy Leadership Team for the 2018-2019 school year and was instrumental in the creation of the program. I moved to a neighboring school district to serve as an administrator in their instructional support services center during the 2019-2020 school year. While I served as an external evaluator, they provided an internal approach given the experiences with the program's creation and first year of implementation.

To ensure the retrieval of data was not biased or skewed, given my professional connections to many of the participants invited to attend focus group sessions, a proxy was selected to conduct each session. The proxy worked as a lead school psychologist in a neighboring school district and was responsible for ensuring school employees supported the social and emotional needs of students who were significantly discrepant from other peers in those categories.

Additionally, I trained the proxy to ensure sessions aligned with research recommendations for effective facilitation of group discussions. In their study on the use of focus group methodology, Nyumba et al. (2018) outlined best practices during sessions

and include the following:

1. Provide a clear rationale for the purpose of focus group discussions while ensuring consistency.
2. Ensure facilitator has the ability to guide discussion while effectively listening, communicating, building rapport, observing, flexibility, and remaining impartial while maintaining objectivity.
3. Provide an opportunity for all participants to contribute to group conversations and ensure dominant individuals do not shape discussions.

Adherence to recommendations was evidenced by my creation of consistent procedure protocols for all participants. Procedures were outlined by the proxy at the beginning of each session to provide clarity of purpose and parameters of anticipated discussions. Specifically, the proxy provided participants with an explanation of the program evaluation process, goals of the study, and how the data would be disseminated. Participants reviewed the objectives of the program that correlated to their assigned duties of the program. These objectives were the primary emphasis of conversation through each group's respective session. Additionally, the proxy used a protocol throughout each session to ensure questions were consistent and relative to program objectives. The proxy also used probing questions to ensure conversations remained on topic and elicited more detailed participant responses.

Each focus group session was recorded by the proxy. Following the completion of each session, recordings were transferred to me to document for future analysis. All transcribed recordings were destroyed once the evaluation report was finalized.

Student Data

In addition to focus group sessions, I analyzed student behavioral data of Trilogy students to determine an increase or decrease in ODRs once students were accepted and enrolled in the program. The district used an online behavioral tracking system to document minor and major discipline infractions which was a requirement of all schools to ensure accurate and detailed behavioral documentation. I determined the total number of ODRs assigned to Trilogy students during the 2017-2018 school year while they were in a traditional classroom setting. ODR assignments were then compared to referrals from the 2018-2019 school year following 1 year in the Trilogy program. The comparison was used to determine an increase or decrease of referrals for students when placed into the program. ODR data from the 2019-2020 school year were not analyzed in this study because the coronavirus pandemic forced schools to close for all students in March, which lasted for the remainder of the school year.

Additionally, behavioral data were analyzed to determine if the program resulted in an increase or decrease of time spent out of the classroom by students as a result of removal consequences following an ODR assignment. This analysis compared the 2017-2018 school year to the 2018-2019 school year and did not include the 2019-2020 school year due to the coronavirus pandemic school closure.

Using the criteria above, discipline records of eight students were used during my analysis. Each student was enrolled in the district 1 year before their enrollment into Trilogy and was enrolled in the program for the duration of the 2019-2020 school year. Two students were ineligible for the comparison because they were enrolled in other districts throughout North Carolina and Virginia throughout the 2017-2018 school year.

Two other students were not used in the analysis because they were enrolled in the program at the beginning of the 2019-2020 school year. Consequently, the coronavirus pandemic school closure prevented the collection of at least 1 year of discipline data for those students while enrolled in Trilogy.

Evaluation Questions

Evaluation questions, detailed below, were used as the foundation of the program evaluation. Questions reflected key program objectives, including district nonnegotiables, and outlined each objective's criteria for success.

Evaluation Question 1: Does Trilogy Create an Alternative Learning Pathway for Elementary Students Who Meet the Requirements for Intensive Behavioral Interventions?

Evidence for this evaluation question was collected throughout five focus group sessions. Elementary school principals, district Trilogy leadership, traditional classroom teachers, site school traditional classroom teachers, and Trilogy parents and guardians were asked questions regarding the program's referral process and evidence needed to support a Trilogy referral and whether the program identified the students in most need of support. This evaluation question reflected a nonnegotiable of the program.

Consequently, 100% of focus group participants should have agreed the program created a pathway specifically for elementary students who were at risk or diagnosed with an EBD. Specific questions asked of focus group participants pertaining to Evaluation Question 1 are listed below.

Focus Group A: district elementary principals

- Do you believe the referral process for Trilogy candidates is easy to

understand and navigate?

- Is there a clear understanding of student behavioral documentation needed to support a student referral from your school?
- Do you believe students who are in most need of intensive behavioral services at your school are being placed into the program?

Focus Group B: Trilogy Leadership Team

- Do you believe the referral process for Trilogy candidates is easy to understand and navigate for the district's elementary schools?
- Is there a clear understanding of student behavioral documentation needed to support a student referral throughout the district's elementary schools?
- Do you believe students who are in most need of intensive behavioral services are being placed into the program throughout the district?

Focus Group C: district traditional classroom teachers

- Do you believe the referral process for Trilogy candidates is easy to understand and navigate for you and other teachers in your schools?
- Is there a clear understanding of student behavioral documentation needed to support a student referral at your school?
- Do you believe students who are in most need of intensive behavioral services at your school are being placed into the program?

Focus Group D: site school traditional classroom teachers

- Do you believe the referral process for Trilogy candidates is easy to understand and navigate for site school teachers?
- Is there a clear understanding of student behavioral documentation needed to

support a student referral at the site school?

- Do you believe students who are in most need of intensive behavioral services at the site school are being placed into the program throughout the district?

Focus Group G: Trilogy parents and guardians

- Do you believe the program creates a learning environment where your child can be successful at school?

Evaluation Question 2: Does Trilogy Reduce Behavioral Interruptions to Learning in the Traditional Classroom Environment?

Evidence for this evaluation question was collected during three focus group sessions. Elementary school principals, traditional classroom teachers, and site school traditional classroom teachers were asked questions regarding the program's ability to reduce learning interruptions in the traditional classroom setting as a result of unwarranted student behaviors. Success was determined by 85% or more of focus group participants agreeing there was a reduction of behavior-related interruptions since Trilogy's initial implementation in the fall of 2018. Specific questions asked of each focus group regarding this evaluation question are listed below.

Focus Group A: district elementary principals

- Does Trilogy reduce behavioral interruptions in the traditional classroom setting throughout your schools?

Focus Group C: district traditional classroom teachers

- Does Trilogy reduce behavioral interruptions in your classrooms?

Focus Group D: site school traditional classroom teachers

- Does Trilogy reduce behavioral interruptions throughout site school

classrooms?

Evaluation Question 3: Does Trilogy Provide Students With Scheduling Flexibility and Academic Support to be Successful in the School Environment?

Evidence for this evaluation question was collected during a focus group session with Trilogy classroom teachers and their behavior management technicians. Participants were asked questions regarding the program's ability to create flexible scheduling and increased differentiated academic support for students enrolled in the program. Scheduling flexibility and academic support were considered nonnegotiables of the program and required 100% of participants to agree the program ensured both for students enrolled in the program. Specific questions to be asked of focus group participants are listed below.

Focus Group E: Trilogy teachers and support staff

- Do Trilogy students have scheduling flexibility to be successful in the program?
- Are resources readily available to support the academic needs of students enrolled in the program?

Evaluation Question 4: Are Trilogy Students Able to Access Mental Health Services to Acquire Appropriate Coping Skills and Strategies for Success in a School Environment?

Evidence for this evaluation question was collected during a focus group session with assigned mental health therapists who supported the Trilogy program. Also included in the session was the site school counselor who provided additional mental health support to Trilogy students. Participants were asked questions regarding the duration of

mental health services, the emphasis on service delivery, professional development, resources, and ability to collaborate with key stakeholders of the program. Student access to mental health services was considered a nonnegotiable of the program and required 100% of focus group participants agreeing the program provided support for elementary students who were at risk or diagnosed with an EBD. Specific questions asked of focus group participants are listed below.

Focus Group E: Trilogy teachers and support staff

- Do Trilogy students have access to continuous mental health services to support their specific needs?
- Do you have access to training and resources necessary to support the mental health well-being of Trilogy students?

Focus Group F: mental health therapists and site school counselor

- Are Trilogy students provided with mental health services to acquire appropriate coping skills/strategies?
- Are mental health services provided consistently with minimal behavioral interruptions?
- Are resources readily available to provide Trilogy students with intensive mental health support and counseling services?
- Do Trilogy teachers support and reinforce appropriate mental health strategies throughout the school day?
- Are Trilogy teachers provided with necessary professional development and resources to provide consistent mental health support to students?

Evaluation Question 5: Does Trilogy Reduce the Number of Suspensions or Time Spent Out of the Classroom for Qualifying Students?

Evidence for this evaluation question was collected during a focus group session with the district Trilogy Leadership Team. Participants were asked questions regarding removal consequences and time spent out of the classroom for Trilogy students when compared to their placement in the traditional classroom setting. Additionally, student behavioral data were collected to determine the amount of time spent out of the classroom due to behavioral consequences. Success was determined by 85% or more of Trilogy leadership in agreement that there was an overall reduction in suspensions or removal from the classroom setting for qualifying Trilogy students. Success was also measured by at least a 50% reduction of assigned in-school and out-of-school suspensions for enrolled Trilogy students. A specific question asked of focus group participants is listed below.

Focus Group B: Trilogy Leadership Team

- Do you believe Trilogy has decreased removal consequences or time spent out of the classroom due to behavior for identified students?

Evaluation Question 6: Does Trilogy Successfully Integrate Identified Students Back Into the Traditional Classroom Setting Using a Gradual Release Framework Within a Period of 18 Months?

Evidence to support this evaluation question was collected during focus group sessions with Trilogy classroom teachers, behavior management technicians, site school traditional classroom teachers, mental health therapists, and the site school counselor. Participants were asked questions regarding the program's ability to integrate Trilogy

students back into the traditional classroom environment following their tenure in the alternative setting. Success was measured by at least 85% of participants agreeing the program supported a fluid and successful transition back into the traditional learning environment. Specific questions asked of focus group participants pertaining to evaluation question six are listed below.

Focus Group D: site school traditional classroom teachers

- Are you given the necessary resources to support Trilogy students integrating into your traditional classroom setting?

Focus Group E: Trilogy teachers and support staff

- Do traditional classroom teachers have the required resources to support a successful integration of Trilogy students into their classrooms?
- Please describe any and all obstacles that Trilogy students acquire when integrating back into the traditional classroom setting.

Focus Group F: mental health therapists and school counselor

- Are traditional classroom teachers given the necessary resources to support Trilogy students integrating into a traditional classroom setting?
- Are Trilogy students given appropriate support from traditional classroom teachers when integrating into their classrooms?

Evaluation Question 7: Do Trilogy Parents Feel They Are Provided With Resources to Support Best Practices for Behavior, Mental Health, and Academics While Their Child is in the Program and as They Integrate Back Into the Traditional Classroom Environment?

Evidence for this evaluation question was collected during a focus group session

with parents or guardians of students enrolled in the Trilogy program. Participants were asked questions regarding the program's ability to create a learning environment for their child to be successful, communication pathways, collaboration with key stakeholders of the program, and access to mental health resources. At the conclusion of the focus group session, 85% should have agreed the program offered support for behavior, mental health, and academics for their children while in the program and as they integrated back into the traditional classroom environment. Specific questions asked of focus group participants pertaining to Evaluation Question 6 are listed below.

Focus Group E: Trilogy teachers and support staff

- Are Trilogy parents/guardians given access to resources to support their students while in the program?
- Are Trilogy parents/guardians given access to resources to support their students as they integrate into the traditional classroom environment?

Focus Group F: mental health therapist and school counselor

- Do Trilogy parents utilize provided resources and collaborate with stakeholders to ensure the well-being of their students?

Focus Group G: Trilogy parents and guardians

- Do Trilogy teachers and support staff regularly communicate with you regarding your child's behavioral and mental health progress?
- Are you provided with mental health resources to support the well-being of your child outside of school?
- Do you feel comfortable reaching out to teachers and support staff regarding your child's behavioral or academic progress?

- Overall, do you believe the program is effectively supporting the behavioral and mental health needs of your child?

I designed each focus group question to address one of the overall program evaluation questions. Table 4 provides a crosswalk which outlines each focus group question's correspondence to the seven program evaluation questions.

Table 4*Crosswalk Between Focus Group Questions and Evaluation Questions*

Focus group questions	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 5	Obj. 6	Obj. 7
Focus Group A							
Question 1	✓						
Question 2	✓						
Question 3	✓						
Question 4		✓					
Focus Group B							
Question 1	✓						
Question 2	✓						
Question 3	✓						
Question 4					✓		
Focus Group C							
Question 1	✓						
Question 2	✓						
Question 3	✓						
Question 4		✓					
Focus Group D							
Question 1	✓						
Question 2	✓						
Question 3	✓						
Question 4		✓					
Question 5						✓	
Focus Group E							
Question 1			✓				
Question 2			✓				
Question 3				✓			
Question 4				✓			
Question 5						✓	
Question 6						✓	
Question 7							✓
Question 8							✓

(cont.)

Focus group questions	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Obj. 5	Obj. 6	Obj. 7
<u>Focus Group F</u>							
Question 1				✓			
Question 2				✓			
Question 3				✓			
Question 4				✓			
Question 5				✓			
Question 6						✓	
Question 7						✓	
Question 8							✓
<u>Focus Group G</u>							
Question 1	✓						
Question 2							✓
Question 3							✓
Question 4							✓
Question 5							✓

Determination of overall program effectiveness was evidenced by criteria being fully met in Objectives 1, 3, and 4 as those were considered nonnegotiable. As established by district leadership and detailed in the evaluation questions above, these objectives ensured the program created an alternative learning pathway for identified students and provided students with scheduling flexibility, differentiated academic support, and access to mental health services. Additionally, overall effectiveness was determined by at least two of the four remaining key objectives meeting their criteria for success.

Not represented in Table 4 were the final two questions asked of each focus group session. Those questions, listed below, assisted me with determining overall effectiveness and recommendations for future implementation.

- What do you believe are the strengths of Trilogy?
- Moving forward, what recommendations of improvement do you have for Trilogy?

Data Analysis

Following the data collection process, I used a qualitative approach to transcribe the data produced from focus group sessions and the district's online behavioral documentation platform through the insights and understandings of all stakeholder experiences. This narration of data led to the discovery of new information, procedures, trends, and themes. By using this process and analysis design, I was able to draw valid conclusions from the data provided (Creswell & Poth, 2018). Additionally, I used various matrices, field notes, and analytical memos to determine emerging trends and themes of the program. Those were then compared to the seven key Trilogy objectives to determine the program's overall success and improvements to advance implementation.

I also conducted an analysis of behavioral data for each Trilogy student. This was used to determine an increase or decrease in the number of ODRs assigned to enrolled students. Specifically, I analyzed data 1 year prior to the student's enrollment into Trilogy to determine the number of suspensions or classroom removals without intensive behavioral support. I then determined the number of classroom removals or suspensions following 1 year of Trilogy enrollment when the student was provided behavioral support.

Additionally, I analyzed time spent out of the classroom for Trilogy students after being assigned removal consequences when they were in the regular education environment. The analysis was then compared to removal consequences assigned throughout their first full year of the program. The goal of this analysis was to determine whether there was an increase or decrease of instructional time as a result of removal consequences while in the Trilogy classrooms.

Statistics from each analysis were used to determine if the program was able to meet a key program objective of reducing the number of suspensions or time spent out of the classroom for students who qualified for the program. The instrument used to analyze all ODRs and removal consequence assignments was an online behavioral tracking system to document discipline infractions. All schools throughout the district were required to use the online database to ensure accurate and detailed behavioral documentation. I used a Goodness of Fit test with an alpha of 0.10 to determine if the data used throughout this analysis were statistically significant. This also gave me the ability to summarize the discrepancy between ODRs and expected ODRs of Trilogy students before and during their enrollment into the program.

Role of the Evaluator

To ensure the program evaluation of Trilogy was conducted with fidelity, I first sought permission to conduct the evaluation from district leadership. At that time, I presented evaluation questions, procedures, the use of a proxy to conduct focus group sessions, and dissemination plans for approval. Specifically regarding dissemination, I requested results be presented to all stakeholders and the school board chairperson following the study's completion.

Once approved, I invited all selected participants to attend focus group sessions. Each focus group session was designed to correlate with program objectives and followed a specific protocol and script to ensure consistency regarding predetermined participant discussion questions. Explicitly, I guaranteed the following occurred during each focus group session:

- introduction of participants to the focus group,

- overview of participant selection,
- explanation of purpose and topic of discussion,
- presentation of key objectives to be addressed during questioning,
- review of discussion guidelines, and
- presentation of group discussion questions and requisite conversations.

Additionally, I ensured probing questions were used by the proxy during sessions to ensure conversation remained relative to program objectives and elicited more thorough responses.

Regarding discussion guidelines, the proxy explained names of participants or schools would not be used in the evaluation report nor shared with district administration in any manner. Moreover, to protect students enrolled in the program, the proxy asked all participants to refrain from using specific names or any other language that may expose their identity during group discussion. The proxy also reserved the right to redirect any discussion that violated the evaluation purpose or referenced the identity of any student.

Summary

This evaluation addressed the program's ability to meet its seven key objectives and allowed for recommendations to ensure continuous improvement throughout future years of implementation. An objectives-based approach was used as the evaluation model to examine the program's capacity, intent, validation, delivery, participant satisfaction, and outcomes. I used focus group sessions to determine the fulfillment of objectives. To ensure fidelity of the study, I obtained permission from district leadership to conduct the study, formally invited selected participants, guaranteed a consistent protocol was implemented during each focus group session, and safeguarded the identities of students

enrolled in the program. Following focus group sessions and data analysis, I provided formative feedback with regard to program barriers and improvements that could be made to positively impact implementation. Results allowed district leaders to ensure resources were appropriately allocated and to ensure all learning environments were maximized as a result of the program.

Participants of the evaluation included all stakeholders directly involved with the implementation of Trilogy as established by program procedures and protocols.

Participants were given the opportunity to provide input and feedback regarding program objectives that directly related to their capacity within the program. Input and feedback were recorded during various focus group sessions which addressed seven evaluation questions. Additionally, student behavioral data were analyzed to determine if program supports had a positive impact on student performance in a classroom setting. All data from focus group sessions and behavioral analysis were disseminated confidentially at the conclusion of this evaluation.

Chapter 4: Results

The seven focus group sessions conducted by the proxy, which were recorded, were analyzed by me. In summary, 51 participants were invited to attend a focus group session and share their feedback regarding Trilogy and its ability to meet seven key objectives. A participation rate of 67% provided sufficient feedback regarding the program's implementation.

Fidelity of focus group responses was supported by a thorough training of the proxy to ensure each session aligned with research recommendations for effective facilitation of group discussion. Additionally, I created consistent procedures and protocols for each participant to solicit responses that were relevant to all objectives and would ultimately ensure an informative analysis of the program's ability to fulfill its purpose.

Due to the coronavirus pandemic, the district where Trilogy was housed implemented a series of health and safety protocols to ensure the continued safety of their employees. Those protocols limited in-person meetings where participants would represent multiple buildings. To comply with the district's recommendations, focus group sessions were conducted virtually by the proxy using an online platform recognized and utilized by all staff members throughout the district. All participants were informed of the virtual format in their respective focus group's invitation. Those invitations can be referenced in Appendices D through J.

While attendance varied across each focus group, three of the seven focus groups achieved full participation. Those groups included district elementary school principals, site school traditional classroom teachers, and the group attended by mental health

therapists and the site school counselor. Regarding the four district principals invited to attend, one had a scheduling conflict, but the school's assistant principal was able to represent their school during the session. Site school classroom teachers represented each of the six grade levels of the site school ranging from kindergarten to fifth grade.

Representing the Trilogy Leadership Team during their virtual focus group session were five of six invitees. Of the five who represented the stakeholder group, all were involved in the initial creation and implementation of the program. Similar to the Trilogy Leadership Team, four of five Trilogy teachers and support staff were in attendance for their focus group. All three behavior management technicians were able to provide their input. Just before the focus group session, one of two Trilogy teachers resigned, and the position had yet to be filled at the date of the virtual session. Three of the five participants were employed with the program since its implementation in the fall of 2018.

The two traditional classroom teacher focus groups had an attendance participation rate that was significantly less than the other four listed above. Of the 15 invited to attend, eight district traditional classroom teachers were able to provide their input and feedback regarding the program. While participation averaged 53%, each non-Trilogy school was represented during the focus group discussion.

Trilogy parent and guardian invitations were extended to 12 families of students who were currently enrolled in the program and those families of students who had exited the program and integrated back into the traditional classroom setting. Three parent representatives participated in the focus group session. Those participants represented two students currently enrolled in the program and one student who successfully exited

the program at the end of the 2019-20 school year.

While focus group responses represented the primary data collection instrument of the Trilogy program evaluation, student behavioral data were also analyzed by me to determine if the program allowed for an increase or decrease in ODRs for students enrolled in the program. The purpose of the analysis was to determine if the program reduced the amount of time Trilogy students spent outside of the classroom for behavior-related consequences.

Results

The analysis is organized by the program's seven key objectives. Student behavioral data, included in the program's fifth objective, was used to determine Trilogy's ability to reduce the number of suspensions or time spent out of the classroom for qualifying students. Analyses of all focus group responses and student behavioral data as it relates to each program objective are detailed below.

Objective 1: Trilogy Will Support Students Who Meet the Requirements for Intensive Behavioral Interventions or Who Have Been Considered At Risk or Diagnosed With an EBD in an Alternative Setting

Feedback pertaining to the program's first objective was collected during focus group sessions with the Trilogy Leadership Team, elementary school principals, and classroom teachers from the site school and throughout the district. These participants were directly involved with the program's referral and selection process. Questions asked of leadership team members, principals, and teachers related to student eligibility guidelines, the referral process, and required data documentation needed for placement. Additionally, focus group members were asked if they believed the program served all

eligible students throughout the district. Trilogy parent and guardian responses were included in Objective 1's analysis to gain an outside perspective of the program's ability to support students who received intensive behavioral interventions.

When asked their beliefs on the overall level of understanding and ability to navigate the referral process for potential Trilogy candidates, participants unanimously confirmed the process was well-defined and organized. Trilogy Leadership Team members summarized the understandability and navigation of the process as "fluid" and reflective of revisions implemented over the past 2 years. It was noted that all revisions made were to ensure administrators and teachers could utilize the support pathway without unnecessary deterrents. Specifically, those deterrents included an overabundance of processes and paperwork. One leadership team member explained, "our efforts throughout have been to ensure a simplified referral method with the ability to serve those students who would benefit the most." School principals and classroom teachers were supportive of leadership's efforts to ensure a simplified referral process that did not prevent participation. Additionally, elementary principals and teachers referenced the accessibility of the leadership team when schools needed guidance with a student referral. A district principal alluded to this when they said, "if a teacher needs support, we are there to support them just as the district team is always eager to support us should there be any questions or uncertainties."

Focus group participants were then asked if they understood the data collection process when referring a student. Trilogy leaders, school administrators, and classroom teachers from the site school and throughout the district unanimously agreed there were concise documentation requirements when eligibility and acceptance into the program

were considered. Specifically, leadership team members explained that schools throughout the district were allowed to maintain their current behavioral documentation practices if they met district expectations for a Trilogy referral. In support of this autonomy, a team member explained, “there was an increased buy-in of the process by keeping familiar school-based documentation systems intact to ensure familiarity and compliance with a majority of stakeholders.” Site school teachers agreed and indicated the use of school-based data collection frameworks eliminated any burden a new documentation system may have caused.

Additionally, classroom teachers from the site school and throughout the district attributed their understanding of required behavioral documentation to a heightened awareness of the program’s purpose and the students it should serve. Participants explained there were areas of confusion regarding referral documentation during the program’s initial implementation; but as the process evolved, a majority of teachers were able to collect all evidence needed with confidence and clarity.

The response analysis allowed a concern from school leaders and teachers to surface regarding the complexity of data collection. Responses indicated teachers were overwhelmed and associated the process with “exhaustive documentation practices” for students who were continually disrupting their classroom instruction. As a result, teachers and school leaders were tasked with finding alternative ways to support those students when documenting their behaviors and ensuring classrooms remained sound instructional environments. While an expedited documentation process was desired, both groups understood the importance of collecting extensive data to ensure students with the highest need were selected for the program. A school leader summarized their combined

frustration and understanding when they stated, “I continually remind myself and my teachers that the process is comprehensive to ensure our resources are appropriately allocated to ultimately guarantee the program’s success and longevity.”

Also dependent upon the program’s success and longevity with regard to objective was its ability to serve students who were in most need of intensive emotional and behavioral support. Responses from all participants agreed the program was undoubtedly serving students who required the most restrictive setting.

While those responses were unanimous, leadership team members, principals, and teachers voiced concern that classrooms throughout the district were still struggling to manage aggressive student behaviors, specifically from those who did not meet eligibility requirements. School leaders noted that student behavioral challenges often required intervention from administration who were equipped with limited resources to provide a sustained level of support. Classroom teachers echoed this concern and indicated their inability to consistently maintain instructional protocols even with the creation of the Trilogy classrooms. The concern was discussed with members of the Trilogy Leadership Team as well. A team member stated,

We understand there is some frustration from schools where extreme student behavior continues to disrupt learning, but we must ensure that Trilogy serves those students who need emotional-behavioral support in an attempt to proactively address the escalating behavioral problem in our classrooms.

Moreover, the concern was not overshadowed by those students who were receiving intensive mental health and behavioral support in Trilogy. As told by a classroom teacher at the site school,

There are certainly more students that could benefit from intensive behavioral services in a classroom like Trilogy but to know those with the most need are being proactively supported with the intent to integrate successfully back into a traditional classroom environment is a significant step in the right direction.

Parents and guardians of Trilogy students were asked if they believed the program created a learning environment that provided an increased opportunity for their child to be successful at school. Participant responses suggested the program allowed their children to have a favorable outlook towards school. As one parent recalled, “there were still some growing pains throughout the start of the program but as the days and weeks passed, my child did not hate school and wanted to be there a majority of the time.” Another parent spoke of how Trilogy empowered their child to be successful in school for their first time and noted, “before Trilogy my child would never speak of anything positive about school and would always look forward to the weekends, holidays or when they were suspended.” Another parent whose child successfully graduated from the program indicated, “the success my child is now experiencing would never have happened if not for the support that Trilogy provided.”

Summary. Focus group responses regarding Trilogy’s first objective indicated stakeholders were familiar with the program’s documentation processes and referral procedures. Responses suggested school administrators and teachers throughout the district properly identified students who would benefit from the program’s support given their intensive emotional and behavioral needs. Likewise, parents and guardians confirmed the program’s support for their children following a suspension or diagnosis of an emotional-behavioral disorder. Concerns were raised about the thoroughness of the

documentation process and the time involved with completion, but members ultimately complied to ensure the program worked as intended. A table of focus group participant responses related to Objective 1 can be found in Appendix R.

Objective 2: Trilogy Will Reduce the Number of Classroom Interruptions and Distractions in the Traditional Education Environment by Students Who Receive Intensive Behavioral Interventions or Who Have Been Considered At Risk or Diagnosed With an EBD

Focus group member responses regarding Objective 2 were collected during sessions with elementary school principals and classroom teachers throughout the district and site school. Participants provided feedback when asked if the program, by their account, reduced behavioral interruptions in the traditional classroom setting.

Among these groups, there was consent that the program's implementation reduced the number of interruptions throughout individual classrooms and locations of the school building where multiple classrooms were located. Additionally, principals and teachers in non-Trilogy schools noted the impact extended beyond the classroom to areas in the building where other school-related activities occurred.

All three focus groups emphasized the positive impact Trilogy had on classroom environments, especially those where Trilogy students were enrolled prior to the program's implementation. One traditional classroom teacher noted the impact they observed to a colleague's classroom following a student's successful referral into the program:

I was able to immediately notice a positive difference in both the teacher and the students. The teacher appeared more relaxed with more time to focus on all her

students and the students were elated to have direct attention and academic support from their teacher.

Regarding instruction and fewer interruptions, principals indicated student learning was more guided and directed by the classroom teacher who now had more time to focus on the academic needs of all students.

Principals noted the benefits of fewer behavioral interruptions extended to all classrooms within grade levels as well. Prior to Trilogy implementation, referred students were often sent to neighboring classrooms following an interruption or to remove them from a situation that was manifesting their disruptive behavior. Principals felt this strategy had limited success and often left the classroom teacher where the student was sent with additional interruptions to their own instructional environments. Classroom teachers throughout the district agreed that disruptions often followed the student regardless of where they were sent within the grade level. While it did not eliminate grade-level interruptions entirely, teachers agreed Trilogy's implementation significantly reduced the frequency of those incidents.

Beyond the classroom setting, principals and teachers at non-Trilogy schools agreed the reduction of behavioral interruptions positively influenced other areas of the school day including transitions, assemblies, lunch, and recess. Principals explained that students referred to the Trilogy program committed major behavioral interruptions during non-classroom activities prior to their enrollment, which caused additional behavioral concerns from other students. Without those students in their building, major behavioral interruptions outside of the classroom were less frequent. Traditional classroom teachers and principals also attributed this to their colleagues having more time to focus on

consistent routines and procedures throughout the school building. As one principal stated, “teachers can focus on all student behavior and ensure appropriate actions and procedures are always modeled and enforced wherever the class goes in the building.”

While site school teachers agreed there was a reduction of classroom interruptions, they voiced concern that their school’s administration spent an increased amount of time addressing concerns within the Trilogy program. As a result, the administration was often unavailable to assist with other student behaviors in classrooms throughout the site school. One teacher stated, “the program has helped some of our school’s most challenging students, but our administration is frequently called to support the Trilogy classrooms and is often unavailable to consistently support grade-level teachers when other student concerns arise.” Additionally, site school teachers observed increased disruptions in other areas of the building which included morning arrival, afternoon dismissal, the cafeteria, the playground, and during school-wide assemblies. Site school teachers associated the interruptions to more students in the building with behaviors that intensified during transitions or nonstructured activities when multiple classrooms were present.

Summary. Focus group responses regarding Trilogy’s second objective indicated the program reduced the number of classroom interruptions throughout school buildings. Group members explained the reduction positively impacted two main areas including individual classrooms and grade-level pods or clusters of classrooms. Additionally, principals and teachers in non-Trilogy schools indicated the reduction of classroom interruptions positively impacted other areas of the school building where non-classroom activities occurred. Those activities included student arrival, dismissal, breakfast, lunch,

recess, and assemblies.

Site school teachers voiced concerns regarding their administration's increased time spent supporting the Trilogy classrooms. Consequently, they noted a decreased level of behavioral support within their own classrooms for students who did not warrant intensive support from Trilogy. Additionally, site school teachers observed additional behavioral interruptions during non-classroom activities throughout the school building. They attributed this increase to the disruptive nature of Trilogy students within larger group settings such as lunch, recess, assemblies, and dismissal. A table of focus group participant responses for Objective 2 is in Appendix S.

Objective 3: Trilogy Students Will Be Provided With Scheduling Flexibility and Academic Support To Be Successful in the School Environment

Focus group member responses that related to Objective 3 were collected during a session with Trilogy classroom teachers and their support staff. This group was given the opportunity to share feedback regarding the program's ability to provide flexible schedules and academic support for enrolled students.

When probed if students had specific scheduling flexibility throughout the school day, all members of the focus group session unanimously agreed and indicated the program was equipped with enough personnel to ensure schedules were fluid and could be implemented with fidelity. Regarding adequate staff, a focus group participant indicated, "all students have a schedule that best meets their behavioral needs inside the classroom and throughout the greater school building such as the cafeteria, gym and playground areas." "Most important," commented another participant, "is the program's ability to modify the academic schedule of a student to ensure their unique learning needs

are met and they can actually be successful in a school setting.” Focus group members also identified a positive correlation between flexible schedules and improved classroom achievement for Trilogy students.

Trilogy teachers and support staff referenced one challenge when providing a flexible schedule for students during their discussion. Because each student’s schedule was routinely modified and adjusted to reflect their behavioral improvements or regressions, focus group members expressed a level of difficulty when aligning student schedules with the site school master schedule. Specifically, members indicated it was a challenge to ensure their students had the same access to special area classes such as art, music, physical education, and the STEM lab. It was clear from all participants that when those challenges did arise, administration and special area teachers eagerly brainstormed ways to provide students with those opportunities. Regarding their solution-oriented approach, one member stated, “it is great to see staff members throughout the building go above and beyond to ensure our students receive the flexibility they deserve while still providing them with the same opportunities as all other students in the building.”

Trilogy teachers and support staff were asked to elaborate on available academic resources for students enrolled in the program as well. Responses were unanimous in concluding all program staff had access to resources in all subject areas and grade levels served. Additionally, participants concurred that collaborative opportunities with site school teachers and the site school instructional facilitator were more prevalent than before. When discussing this cooperative approach, a Trilogy staff member said, “now that the program has finished 2 full years of implementation, other teachers have been able to witness our dedication to instruction and are more willing to invite us to

collaborate and utilize their resources.”

Summary. Focus group responses regarding Trilogy’s third objective indicated the program provided enrolled students with flexible schedules and academic support throughout the school day. Trilogy teachers and support staff gave credit for the appropriate level of program personnel in ensuring flexible schedules were routinely implemented within Trilogy classrooms and throughout the building. Likewise, members attributed the program’s ability to meet the academic needs of enrolled students to the frequent collaboration with site school classroom teachers and the instructional facilitator. This included improved academic resources for all grade levels served in the program.

Challenges surfaced when Trilogy staff attempted to align student schedules with the site school master schedule. Focus group members explained a solution-oriented approach from all building stakeholders ensured students received the scheduling flexibility their behaviors warranted. The table of focus group participant responses related to Objective 3 is located in Appendix T.

Objective 4: Trilogy Students Will Be Provided With Mental Health Counseling to Acquire Appropriate Coping Skills/Strategies to Successfully Access the Core Curriculum in a School Environment

Participant responses that related to Objective 4 were collected during focus group sessions with all Trilogy staff, mental health therapists, and the site school counselor. These groups provided feedback regarding student access to mental health services and the consistency of implementation. Additionally, members were asked to elaborate on the level of staff training to ensure effective implementation of services and

the level of collaboration between stakeholders when services were implemented to students.

Trilogy teachers and support staff confirmed access to mental health counseling services were consistent and instrumental to student achievement in the classroom and when students integrated back into the traditional setting. Responses identified strong relationships between counselors and students in the program. According to one Trilogy staff member, “the counselors are able to help students understand how to appropriately manage their emotions and release their energy in a positive manner while providing them with tools to navigate the requirements of school.” Another Trilogy staff member added, “what makes this effective is their consistent approach and relentless devotion to the basic needs of the students enrolled in the program.”

A prevalent concern regarding consistent mental health services was discussed during the focus group session. While mental health therapists primarily served the Trilogy program, their job description required them to support other students throughout the district when their behaviors or emotional needs warranted an intensified level of service. Trilogy staff explained that even though the disruption was infrequent, missed counseling sessions often caused a behavioral or emotional outburst from a Trilogy student and resulted in setbacks that could occur for the remainder of the day, depending on the student’s level of need.

In addition to students being provided the necessary resources to access continuous mental health support, Trilogy teachers and support staff were asked to elaborate on their access to training and resources necessary to appropriately support the mental health well-being of their students. Several Trilogy staff members referenced their

required attendance at annual mental health and trauma trainings. It was noted these trainings included a review of restorative behavioral practices routinely implemented with students in the program. Participants also explained the district behavioral liaison provided weekly program staff meetings regarding strategy implementation and support planning for students who were not responding to their therapy or instruction.

Furthermore, Trilogy staff members and therapists referenced their weekly collaborative meetings to ensure the program's mental health supports were cohesive. Specifically, sessions were used to review student progress and make necessary modifications to support plans if a student was unresponsive. A Trilogy staff member stated, "collaboration with the mental health therapists is a very critical component of the program because it ensures the student has consistent mental health support even when they are not in a therapy session."

Additionally, behavior management technicians noted their initial requirement to complete 40 hours of behavioral de-escalation training. A technician described the training as "necessary to ensure students are supported if they become aggressive or violent while in the classroom setting or throughout out the building." They continued to explain that continuous learning experiences were required to ensure the information and support strategies remained relevant each school year.

Regarding their collaboration with Trilogy teachers and support staff, mental health therapists and the site school counselor were asked to describe their partnership and its ability to provide consistency during counseling sessions and throughout the academic components of the program. Participants unanimously agreed the working relationship among the two groups benefited all students and provided a network that

managed the most challenging situations. Mental health therapists and the site school counselor referenced the professionalism of Trilogy teachers and their support staff's ability to embed mental health support within their academic curriculum. They explained the embedded support emphasized restorative strategies, a trauma-sensitive approach to learning, and regulatory strategies. A therapist remarked, "having a knowledgeable academic staff of the program only makes the mental health component better and stronger which allows our efforts to have so much more meaning throughout the school day."

When asked if mental health services were provided consistently to students within the program, all focus group members agreed and accredited the consistency to a strong collaborative partnership with mental health therapists and Trilogy staff during therapy sessions. Mental health therapists applauded the involvement of the Trilogy staff during those sessions and noted they continually encouraged student participation and appropriate behavior to maximize the student's time spent with the therapist. "The Trilogy staff is committed to do what is in the best mental health interest of the students," stated a therapist, "and are active participants in every session with the student, especially those who may need additional behavioral assistance throughout a particular counseling session."

Summary. Focus group responses regarding Trilogy's fourth objective indicated the program provided students with consistent access to mental health services. Most participants attributed the program's ability to meet this objective to purposeful training and a strong collaborative commitment between Trilogy staff members, mental health therapists, and the site school counselor. Responses surfaced concerns regarding

therapists being pulled from the program to serve other students throughout the district in times of crisis which occasionally disrupted services for Trilogy students. The table of focus group participant responses for Objective 4 is in Appendix U.

Objective 5: Trilogy Will Reduce the Number of Suspensions or Time Spent Out of the Classroom Due to Behavioral Consequences for Identified Students

The investigation of Objective 5 included an analysis of responses from the Trilogy Leadership Team focus group. This included their feedback regarding the program's ability to decrease the amount of time Trilogy students spent out of the classroom due to assigned behavioral consequences. Parent and guardian focus group responses related to their children demonstrating behaviors that warranted a suspension from the building were also analyzed. Additionally, data analysis of discipline referrals from the program's first 2 years was used to determine if a decrease occurred once students entered the program.

Trilogy leadership members unanimously agreed the program allowed students to stay in class more frequently and therefore access consistent core curriculum instruction. A leadership team member stated, "Trilogy students would typically make it through a couple of hours in the traditional classroom before they would demonstrate a behavior that would warrant their removal from the class by the teacher or the school's administration." Responses suggested that while those behaviors still occurred, the program ensured staff could redirect disruptive behaviors that caused a student to be removed from a traditional setting. "Trilogy students often question authority," disclosed another leadership team participant, "but their consistent regulatory strategies have helped decrease their willingness to exhibit aggressive or harmful behaviors to

themselves or others.” Again, Trilogy Leadership Team members agreed these supports and strategies ensure students stayed in class more frequently and improved their academic achievement as a result.

Most of these students are able to spend an entire day at school and therefore actually learn or at the least be exposed to instructional material which is much more than they were able to achieve in a regular class.

During their focus group session, parents shared the positive experience of not being called throughout the school day when their child was sent to detention or suspended and needed to be picked up from school. One parent explained how they were able to consistently perform their work duties because they were not making frequent trips to the school during the day. Another explained, “there are times that I need to go and pick up my child, but the teacher makes sure that is always a last result.” All parents agreed that teachers and support staff regularly corresponded and prioritized student progress during conversations rather than their child’s unwanted or consequential behaviors. One parent praised the program by stating, “Trilogy created a pathway for my child to stay in school a majority of time and for me to stay at work.”

Additionally, leadership team participants referred to behavioral data and how trends indicated the program created frequent opportunities for students to stay in class throughout the school day. The data referenced were derived from an online behavioral documentation platform that stored historical student violations of the district’s rules of conduct. Documentation, which was required of teachers following each violation, included a summary of the behavior and resulting consequences. Furthermore, leadership team members referenced positive outcomes of their own documentation sources used to

analyze periods of lost instruction and found Trilogy students were spending less time away from their teacher or class assignments due to minor behaviors. As one member explained, “this is just as important as reducing their time out of the room due to more punitive consequences.”

I analyzed the total number of discipline referrals for Trilogy students to determine an increase or decrease of those assignments as a result of Trilogy placement. Specifically, the analysis compared student data from the 2017-2018 school year, or 1 year prior to Trilogy enrollment, to the 2018-2019 school year which reflected 1 complete year of enrollment. The program’s most current school year data could not be used during the analysis due to the coronavirus pandemic school closure. As directed by North Carolina government authorities, local education agencies across the state were required to serve students in an online capacity including restrictive environment programs such as Trilogy.

Using referral data from the 2017-2018 and 2018-2019 school years, I analyzed discipline records of eight students. These students were enrolled in the district 1 full year prior to their acceptance into Trilogy and completed a full year in the program. Two students who participated in the program’s first year did not attend a school within the district where Trilogy is housed and were not included in the analysis. Following a review of those students’ discipline records from previous schools, I determined they were inconsistent with the district’s documentation framework and could not be used.

The analysis found that throughout the 2017-2018 school year, there was a combined total of 495 discipline referrals for the eight selected students when they were enrolled in a traditional classroom setting throughout the district. Data for the 2018-2019

school year indicated those same students committed 282 behavioral incidents that violated the district's rules of conduct while enrolled in the Trilogy program. In summary, there was a 43% decrease in acts of discipline for the students while they received intensive mental health and behavioral support within the program. A table representing the total number of documented referrals for each student used in the analysis can be found in Appendix V.

To determine if the data presented in Table 5 were statistically significant, I used a Chi-Square Goodness of Fit test. I hypothesized the program would yield a 50% reduction in referrals over the course of 1 year. This hypothesis was aligned with the district's expectation that the program would decrease the number of referrals by at least half. Given there were 495 referrals for identified students in a pretreatment setting, or 1 year prior to Trilogy implementation, the expected number of referrals during posttreatment, or following 1 year of Trilogy implementation, was determined to be at or below 247.5 referrals. Table 5 represents the instrument used to determine the value, known as the p value, of whether the results were significant.

Table 5

Goodness of Fit: ODRs

Category	Hypothesized	Observed	Expected
Pretreatment	1	495	495
Posttreatment	.5	282	247.5
p value	0.0283	Chi-Square	3.064

The test yielded a p value of 0.0283. Since the alpha of 0.10, determined a priori, was greater than the p value, I rejected the null hypothesis of a 50% reduction in discipline referrals.

Summary. Focus group responses and data analysis of student discipline referrals indicated Trilogy reduced the number of suspensions and time spent out of the classroom due to behavioral consequences. Trilogy Leadership Team participants indicated the program enabled students to stay in class which increased student access to core curriculum instruction. Likewise, parent and guardian focus group members agreed their children were spending more time in school because they were not assigned suspension consequences at a rate prior to Trilogy enrollment.

While data reflected a decrease in assigned referrals, I used a Chi-Square Goodness of Fit test to determine if the program was able to decrease referrals by half, which was the anticipated target set by the district's administrative leadership. Test results led me to reject the null hypothesis because there was not a 50% reduction of referrals for students who spent 1 full year in the program. The table of focus group participant responses for Objective 5 is located in Appendix W.

Objective 6: Upon Their Improvement in the Alternative Setting, Trilogy Students Will Integrate Into a Traditional Classroom Setting Within a Period of 18 Months

Focus group responses from Trilogy staff, mental health therapists, site school teachers, and the site school counselor were used to analyze the program's ability to support a successful transition of students back into the traditional classroom environment. Topics covered during focus group sessions included access to resources for Trilogy teachers, classroom teachers, and students throughout the process. Participants provided feedback regarding the willingness and ability of traditional classroom teachers to incorporate Trilogy students into their instructional environments. Furthermore, focus group members shared obstacles that prevented Trilogy students from

making a successful transition out of the program.

When discussing the availability of resources to achieve a successful integration, site school teachers unanimously agreed and spoke of their colleague's willingness to support the process. "We were supported from the beginning to the end," stated one teacher, "from the Trilogy staff, mental health therapists, administration to other teachers who have experienced the integration process." Additionally, site school teachers noted the efforts of district leadership to fully staff the program with enough personnel to support integration. This ensured students were fully supported and overall classroom environments remained instructionally sound throughout the process. As explained by one participant, "when students have a support person they can rely on throughout the integration, it makes them more comfortable and ultimately more successful as they navigate the new expectations of the traditional classroom."

Trilogy teachers and support staff agreed the integration process was fully resourced, and they recognized site school teachers' willingness to collaborate and utilize those resources when supporting student integration. A Trilogy staff member explained, "[site school] teachers are very aware that we are an asset to their overall classroom success and willing to collaborate and learn the strategies that we use in Trilogy to ensure that success continues in their rooms." Another Trilogy staff member added, "[site school] teachers are always willing to collaborate and implement class-wide behavioral and mental health frameworks that can improve a Trilogy student's integration and the greater instructional environment for all their students."

Mental health therapists and the site school counselor agreed that site school teachers collaborated and utilized resources to ensure Trilogy students could effectively

integrate into the traditional classroom setting. Prior to the start of a student's integration, the therapists and counselor explained site school teachers were invited to a series of collaborative planning sessions to examine the integration plan. This included a review of the student's progress, areas for student improvement, and how to best support the student as they increased their time in the traditional setting. Regarding the teacher's attitude toward these sessions, one therapist explained, "you can almost see the teacher's anxiety decrease throughout our initial meetings as they begin to understand the support the student will receive throughout the process."

When asked to describe the level of support they observed site school teachers providing to students who integrated into their classrooms, mental health therapists and the site school counselor unanimously agreed site school teachers ensured students were welcomed and included. They noted that site school teachers understood the process and incorporated a proactive approach that allowed the student and the class to have a positive response. One participant praised the school's administration for selecting qualified classroom teachers who had the experience and capability to appropriately integrate Trilogy students. They explained, "our administration understands the importance of the student-teacher relationship throughout this integration and they always seek those teachers who have a proven record of being solution-oriented and have the ability to connect and build trust with all students."

To conclude questioning related to student integration and the program's ability to ensure success, Trilogy teachers and support staff were asked to describe any obstacles students faced as their time increased in a traditional classroom setting. All concurred the most prevalent obstacle was the student's own fear of being new to the class and not

being able to establish friendships. As explained by a Trilogy teacher, “the obstacles they face are no different than the obstacles of a student starting a new school.” They elaborated by saying, “their fears are quickly put to rest when they see a teacher that is prepared and eager to meet their needs and a class that is happy to have them.”

Summary. Focus group responses indicated Trilogy integrated students back into the traditional classroom setting once they demonstrated a sustained level of progress and behavioral improvement. Site school classroom teachers felt supported by all stakeholders throughout the integration process. Likewise, Trilogy teachers praised the site school teachers’ willingness to welcome students and collaborate with all Trilogy staff. Mental health therapists and the site school counselor agreed and attributed the success to effective resource allocation and collaboration from all parties involved. As a result, no major obstacles were shared during each respective focus group session. Participants referenced Trilogy students being hesitant at the start of the process, but their apprehension quickly diminished once they began to interact with their new classmates. The table of focus group participant responses related to Objective 6 is located in Appendix X.

Objective 7: Trilogy Will Collaborate and Provide Parents With the Resources Necessary to Support Best Practices for Behavior, Mental Health and Academics While Their Students Are in the Program and Throughout Their Integration Back Into the Traditional Classroom Setting

Focus group responses from Trilogy staff, mental health therapists, and parents were used to analyze Trilogy’s ability to meet its final objective. Focus group members were asked a series of questions to determine if the program provided consistent

resources to support parents throughout their child's enrollment, while their child was at home, and as their child integrated back into the traditional classroom setting.

When asked if support resources were made available to parents and guardians, Trilogy teachers and support staff agreed they were provided along with additional opportunities to ensure those resources were maximized. Focus group members referenced required monthly conferences held with parents and guardians, a Trilogy teacher, and the mental health therapist assigned to the student. These conferences were used to examine the student's academic performance, behavioral progress, and goals developed for the student in the month ahead. "The primary purpose of the parent conferences," as explained by a Trilogy teacher, "is to guarantee the parent is an instrumental stakeholder in the child's progress and to ensure the strategies and expectations of the program are carrying over into the home environment." Focus group members also explained these conferences continued as the student began integrating back into the traditional classroom environment. To guarantee the parent was supported throughout that process, the classroom teacher and site school guidance counselor were added to the student's conference team.

Mental health therapists and the site school counselors overviewed the counseling services provided to parents and guardians in addition to their monthly conference support. It was noted these services were available to parents and guardians if unsafe or harmful behaviors were demonstrated by their child in the home environment. Additionally, therapists detailed how parents were provided invitations to parenting classes through local partnering agencies. Those classes, which were free to the family, supported parents with ensuring the consistent expectations of school were reinforced at

home. Furthermore, families were provided with resources and strategies to ensure they maintained a proactive approach when addressing their child's home behaviors which helped bridge consistency between both environments. As one therapist stated, "parents who take advantage of our counseling services and the parenting classes see vast improvements from their children while at school as well as in the home environment." Another participant agreed and added, "student success in the program has so much to do with their success at home and this program provide parents with an opportunity to give the student endless possibilities for achievement." It was noted during the session that about half of Trilogy's parents actively pursued counseling and parenting services.

Parents and guardians who participated in the focus group session agreed they were provided with ample resources to support their students outside of the school setting. One parent explained when there was a continued problem at home, they could reach out to the therapist for additional support and guidance when navigating the issue. Another parent agreed and commented, "the therapists are never judgmental and always make you feel like you are doing the best you can with a difficult situation." When referencing the parenting classes, participants agreed the sessions improved their child's behavior at home and gave them a source of camaraderie with other parents in similar situations. A parent stated, "it was reassuring to be around other parents who were experiencing the same struggles at home but doing everything they could to make a difference in their child's life." She ended by saying, "I did not feel alone."

Additionally, parents and guardians praised communication from Trilogy teachers and mental health therapists regarding their child's academic and behavioral performance. They noted the communication emphasized their child's progress

throughout the day and how they could improve in the future. As one parent articulated, “Trilogy communication is so positive and focused on the progress my child is making which is vastly different from the communication I received when they were in a regular classroom.” Another parent added, “even though I get my fair share of phone calls when my child has done something wrong, their approach is always proactive and asking for our input on how to resolve the situation.” All unanimously agreed communication and collaboration were true assets of the program, which ultimately contributed to their child’s success.

Summary. Focus group responses indicated Trilogy gave parents opportunities to support their children while enrolled in the program, while at home, and while integrating back into the traditional classroom setting. Trilogy teachers detailed required monthly parent conferences used to review goals and progress. This review included behavioral strategies that students and parents could utilize at home. Moreover, mental health therapists were required to attend conferences to share the student’s social-emotional progress and strategies for continued mental health improvement at school and home. Therapists provided parents with additional resources that included family counseling and access to free parenting classes offered by outside agencies as well. Parents and guardians expressed their gratitude for access to resources and contributed those opportunities to their child’s improved achievement. The table of focus group participant responses for Objective 7 is located in Appendix Y.

Strengths of the Program

Following questions regarding program objectives that correlated to the roles and responsibilities of each focus group, members were given the opportunity to share

strengths they felt the program demonstrated. Four similar strengths surfaced in the analysis of those responses from the focus groups:

1. the program's positive impact on traditional classroom environments,
2. its ability to provide consistent mental health services in a school setting,
3. its ability to maintain a therapeutic and restorative approach, and
4. the ability to proactively support younger children who still have an opportunity to be successful in a school environment.

District and site school teachers believed Trilogy positively impacted traditional classrooms because teachers had access to new behavioral frameworks and strategies. Additionally, they believed the program fostered thorough conversations throughout schools about the importance of supporting the mental health well-being of all students. As a teacher explained,

The program has catered a new level of mental health understanding and acceptance in almost all classrooms simply because people are willing to talk about it and have access to resources and strategies to improve their ability to reach students with significant needs.

All district and site school teachers agreed Trilogy served as the catalyst for change when addressing mental health for elementary students.

Trilogy's ability to provide mental health support to students throughout the district with very significant emotional and behavioral needs was noted as a strength by a majority of focus group participants. Specifically, Trilogy staff and leadership believed the program served as a pathway to success for those students who were rarely given the opportunity to succeed. One Trilogy Leadership Team member referred to the pathway

as, “a lifeline and the true possibility of school achievement with continued support along the way.” Mental health therapists were jubilant in their description of how the program provided therapy to the youngest of those in need. “Regarding their access,” stated a therapist,

this is the first time in my professional career where I have been able to provide a direct level of service to those young children who are most in need and give them the possibility for academic and life achievement.

The therapeutic and restorative approach when modifying student behavioral patterns was also a common strength with all focus group participants. Site school teachers praised the program’s ability to provide students with tools and strategies used for emotional and behavioral regulation during the school day. They believed this approach, when compared to traditional alternative behavioral classrooms, enabled students to demonstrate the emotional and behavioral growth needed to exit the program at an expedited pace. A member of the leadership team stated, “the therapeutic nature of the classroom allows for increased opportunity for the student to acclimate back into an environment with their grade-level peers at a much faster rate than restrictive behavioral settings.” Principals concurred and noted the program was equipped with the appropriate support personnel to consistently implement a therapeutic approach for students. They believed this strength made Trilogy more effective than other behavioral support programs throughout the region.

Additionally, site school teachers and parents identified the program’s proactive support for elementary students with emotional and behavioral deficits as a strength. By addressing significant mental health needs at an early age, focus group members

acknowledged students enrolled in the program had a greater probability of improved academic achievement and personal growth. Site school teachers applauded the support given to younger students and noted that most behavioral programs served students at the secondary level to address concerns that were detected at a young age. Consequently, they associated this reactionary approach with a heightened chance of student failure because their needs were left unaddressed throughout the elementary grades. As one parent of a Trilogy student explained, “I am so thankful the program assisted my child at a young age because I firmly believe it gave them a fighting chance to conquer their deficits and ultimately succeed when they go to middle and high school.”

Summary. Although the focus groups indicated there were many strengths of the Trilogy program, four were identified by all groups. The first was Trilogy’s positive impact observed throughout schools in the district. Focus group participants accredited the program with bringing a heightened sense of mental health awareness that ultimately improved classroom instructional environments.

For the next strength, focus group members identified the program’s ability to provide consistent mental health services in a school setting. Participants praised the program for offering a direct level of service to young children in most need of emotional and behavioral support because it would increase their possibility for academic achievement throughout the remainder of their educational careers.

Focus group members also considered a strength to be that Trilogy has maintained its therapeutic approach and is not a traditional alternative setting designed for students with repeated behavioral offenses. Participants applauded the tools and strategies provided to Trilogy students to ensure emotional and behavioral regulation throughout

the school day. Furthermore, they believed this approach enabled students to exit the program within an appropriate period of time to warrant future student success.

The final strength discussed by the focus group members was Trilogy's ability to proactively support younger children who still had an opportunity to be successful in a school environment. When compared to a traditional behavioral setting at the secondary level, participants contended that Trilogy gave students an increased chance for achievement in middle and high school because there was more time for the student to integrate back into a traditional classroom environment. The table of focus group participant responses related to program strengths can be found in Appendix Z.

Recommendations for Improvement

After each focus group session, participants were given the opportunity to share recommendations for improvement. Responses were organized into four categories. The recommendations centered on program location, additional staff, student enrollment, and professional development. The table of focus group participant responses related to recommendations for improvement can be found in Appendix AA.

Recommendations for Program Location. Trilogy Leadership Team members, district elementary principals, traditional classroom teachers across the district, and parents all recommended the program be expanded to other locations throughout the district's attendance zones. A leadership team member explained that by replicating the program at other schools, school-to-school transitions of students not living in the Trilogy attendance zone would be eliminated.

In a similar recommendation, school principals emphasized the well-being of students qualifying for Trilogy when making their argument. They believed housing a

Trilogy program at each elementary school would allow the students to receive support and exit the program at a faster pace since they would not have to adapt to a new school environment. Traditional classroom teachers from non-Trilogy schools echoed this recommendation because they believed it would increase access for all students to a much-needed mental health support system in a familiar setting. A teacher summarized their argument by saying, “it would be a great thing if the program could be housed at every school and give every student access to these resources in a setting where they are most accustomed.”

Parents and guardians discussed the possibility of having a Trilogy program at each elementary school as well. One parent recalled how difficult it was for their child to move to a new school when they were first enrolled in the program: “It was very hard, considering they already did not like school, to have to move to another one where they did not have any friends or any teachers they knew they could trust.” They identified the time it took for their child to feel connected to the school and the subsequent behaviors that impeded initial success in the program. Additionally, parent conversations emphasized the convenience of having the classroom close to their homes, especially for students who required longer bus rides to and from the site school.

Recommendations for Additional Staffing. Site school teachers, Trilogy staff, mental health therapists, and the site school counselor advocated for the program to have its own administration to manage student discipline, support services, and parent communication. This recommendation initially surfaced as an obstacle for the site school teachers during their focus group session. One commented, “Our administrators are always pulled to assist in Trilogy and often leave us with little support when a problem

arises in our own classrooms.” Trilogy classroom teachers mentioned the heavy presence of the school’s administration within their program as well. “We often feel guilty,” explained a Trilogy staff member, “always having to call administration when there is a significant safety threat in our rooms because we know they have an entire school to run.” Mental health therapists concurred that administration was heavily involved with the program which neglected traditional classrooms throughout the building. One therapist described the internal struggle of administration in a discussion response: “Administration is exhausted by day’s end because they want to be supportive of the program and also to their entire school which is an impossible task to consistently balance.”

To alleviate the problem, focus group members agreed an additional administrator would be very beneficial to the program and the site school. A Trilogy teacher reinforced this recommendation when she said, “it would make our program so much more effective because we would have one person that could help us navigate through each day.” Participants concurred that the additional administrator would strengthen Trilogy’s ability to comprehensively support the mental health needs of students and get them back into the traditional classroom setting as quickly as possible.

Recommendations for Student Enrollment. Throughout the course of focus group discussions, two recommendations regarding student enrollment were prevalent among participants. The first, cited by a majority of members, recommended the program increase the overall capacity of students enrolled in the program. Classroom teachers, mental health therapists, school principals, and the leadership team all concurred the program had proven its ability to sustain a heightened level of mental health support and

that opportunity should be given to other students throughout the district who warranted services. The recommendation, correlated to the earlier suggestion of replicating the program at various sites throughout the district, would ensure those students just below the current enrollment criteria could receive services now rather than later. A classroom teacher summarized this when she said, “it would be instrumental if the program could support those students who are just below the acceptance threshold because their needs will only increase over time.”

While many advocated for increased student capacity, some participants believed eliminating fifth-grade enrollment would ensure all Trilogy students would have adequate time to transition out of the program before middle school. One Trilogy staff member summarized this second student enrollment recommendation when she stated,

Without a mental health program at the middle school level, I am concerned that fifth-grade students are accepted into Trilogy with a short amount of time before they enter a new school especially when the only level of support is the traditional classroom setting.

By limiting enrollment to fourth grade and below, participants agreed they would have enough time to fully prepare students for a traditional classroom setting and continued success at the secondary level.

Recommendations for Professional Development. A recommendation frequently discussed during sessions with principals and traditional classroom teachers was continuous professional development opportunities for all stakeholders. Principals suggested continuous learning should be differentiated to ensure all instructional personnel understood the program and had the capacity to implement mental health

support strategies. They recommended a menu of sessions ranging from basic program information to implementing restorative practices and coping mechanisms. “The more teachers know,” explained one principal, “the more they will advocate and ensure their students are supported at the highest level.” Site school teachers concurred with this recommendation, adding that in an ever-changing classroom environment where mental health is becoming dominant, “professional development would not only support the Trilogy program but support the students in all classrooms at the highest level.” Non-Trilogy teachers added that professional development should be offered to everyone throughout the district to ensure proactive classroom strategies were implemented in all traditional classrooms and sustained from year to year.

Summary. When asked to share their recommendations for Trilogy improvement, focus group participants addressed four categories. First, specific to the location of Trilogy, stakeholders recommended the program be replicated at other elementary schools throughout the district. They suggested more Trilogy sites would increase the level of intensive emotional and behavioral support throughout the district and would decrease student transitions once a student was referred from a non-Trilogy school.

The second recommendation to assign a specific administrator to the program also surfaced as a result of focus group discussions. Arguments for this addition were supported by the program’s need of the site school’s administration which was limiting the amount of attention they could give all other traditional classroom settings.

Regarding student enrollment, the focus groups made two recommendations. A majority of participants believed the program should increase its capacity to serve all students with intensive mental health needs. They argued there was an increased

population of students who were just below the enrollment criteria threshold who warranted support beyond what could be offered in a traditional classroom. Second, several members recommended fifth-grade program enrollment be eliminated entirely. Without a middle school Trilogy program, they argued there was not adequate time to fully support student needs and acclimate them back into a traditional classroom setting before moving to middle school. Without a Trilogy program at the secondary level, participants felt this was not advantageous to the overall program mission.

The final recommendation category was to provide an increased level of continuous professional development regarding Trilogy for all staff members throughout the district. Proponents suggested a tiered approach to ensure staff members could select sessions that correlated to their level of knowledge. Professional development opportunities would include sessions regarding the program's purpose, framework, and universal classroom strategies.

Chapter 5: Discussion

The program evaluation of Trilogy culminated with my analysis of participant responses from seven focus group sessions. Each focus group was asked a series of questions related to the key objectives that correlated with their relationship to the program. Additionally, I analyzed student behavioral data to determine whether Trilogy was able to meet key objective components related to behavioral interruptions. While the evaluation was specific to one program, the goal of this discussion was to ensure results of the program evaluation could be generalizable to educators who are district leaders or elementary school administrators and childhood mental health professionals or have the need to build support pathways for elementary students in their districts or schools with emotional or behavioral concerns.

Findings

Evaluation questions and responses from focus group participants were used to determine whether Trilogy met its seven key objections throughout 2 years of implementation. The conclusions for each objective follow.

Evaluation Question 1: Does Trilogy Create an Alternative Learning Pathway for Elementary Students Who Meet the Requirements for Intensive Behavioral Interventions?

The evaluation question, which correlated to Trilogy's first objective, was a nonnegotiable and required that all focus group participants agreed the program created an alternative learning pathway for elementary students who met all enrollment criteria. Participants included elementary school principals, the Trilogy Leadership Team, traditional classroom teachers, site school traditional classroom teachers, and Trilogy

parents. Responses from a series of questions related to Evaluation Question 1 enabled me to conclude that Trilogy met the 100% threshold for success and created an alternative learning pathway for elementary students who required intensive behavioral interventions.

Focus group discussions indicated the alternative learning pathway included an established referral and documentation process when student eligibility was considered. Additionally, the pathway was confirmed by unanimous consent that Trilogy identified and served students with the most significant social-emotional deficits throughout elementary schools within the district.

Evaluation Question 2: Does Trilogy Reduce Behavioral Interruptions to Learning in the Traditional Classroom Environment?

Focus group discussions related to Evaluation Question 2 led me to conclude Trilogy reduced behavioral interruptions in traditional classroom environments across the district. Responses used to determine success included those from elementary school principals, traditional classroom teachers, and site school traditional classroom teachers. All participants agreed the program reduced interruptions, which exceeded my threshold for success of 85% or higher.

In addition to reduced classroom interruptions, the discussions indicated fewer disruptions throughout all instructional environments within grade levels especially in areas of the school building where those environments were clustered. I was also able to conclude the implementation of Trilogy resulted in fewer behavioral interruptions beyond the classroom setting in all non-Trilogy schools.

Evaluation Question 3: Does Trilogy Provide Students With Scheduling

Flexibility and Academic Support to be Successful in the School Environment?

The third evaluation question was designated as a nonnegotiable by district leadership and required unanimous agreement from all participants, who included Trilogy teachers and their support staff. Their responses from a series of questions related to Objective 3 enabled me to conclude that Trilogy provided students with scheduling flexibility and academic support to be successful in the school environment. The findings met the 100% threshold for success previously determined by me.

Evidence to support my conclusion included unanimous agreement from focus group members regarding the implementation of flexible schedules and their ability to accommodate each Trilogy student's daily routines and mental health needs. Regarding instruction, responses affirmed the program's ability to provide academic support as a result of scheduling flexibility. This ultimately allowed for strengthened instruction that was differentiated to the student's specific learning needs.

Evaluation Question 4: Are Trilogy Students Able to Access Mental Health

Services to Acquire Appropriate Coping Skills and Strategies for Success in a School Environment?

Focus group responses related to Evaluation Question 4 enabled me to conclude that Trilogy provided students with access to mental health services. Furthermore, I determined those services enabled students to acquire appropriate coping skills and strategies for success in a classroom setting. Responses used to determine success included those from the program's mental health therapist and the site school counselor. I determined all focus group members agreed the program met the objective's components,

thereby meeting the nonnegotiable status designated by district leadership and my 100% threshold for success.

The discussion of focus group members indicated mental health services were provided consistently and effectively to all students within the program because all stakeholders had access to efficient implementation resources. Focus group members also referenced strong collaborative relationships among therapists and Trilogy staff. These relationships ensured services were coherent and followed students throughout their entire school day. Along with collaboration, focus group responses indicated continuous professional development and training ensured student access to support.

Evaluation Question 5: Does Trilogy Reduce the Number of Suspensions or Time Spent Out of the Classroom for Qualifying Students?

The investigation of Evaluation Question 5 included an analysis of focus group responses and student behavioral data. The focus group response analysis represented discussions from the Trilogy Leadership Team and parents. The behavioral data analysis examined the total number of ODRs for eight students following 1 full year of program enrollment. Both sources were used to determine if the program was able to reduce the number of student suspensions or time spent out of the classroom.

Responses from the Trilogy Leadership Team and parents included unanimous agreement that the program reduced the number of suspensions and time students spent out of the classroom. Discussion from the Trilogy Leadership Team and parents led me to conclude Trilogy was able to meet Objective 5 and exceed the 85% threshold for success.

The analysis of student behavioral data determined a decrease in reported offenses when compared to the number of infractions committed the school year prior to their

Trilogy enrollment. I concluded there was a 43% decrease in assigned discipline referrals following 1 year of Trilogy enrollment. While this fell short of the district's goal to reduce all referrals by 50%, I determined the reduction was substantial enough to conclude, along with the focus group findings, the program met the components of Objective 5.

Evaluation Question 6: Does Trilogy Successfully Integrate Identified Students Back Into the Traditional Classroom Setting Using a Gradual Release Framework Within a Period of 18 Months?

Responses concerning Evaluation Question 6 led me to conclude that Trilogy enabled students to integrate back into the traditional classroom within a period of 18 months. Specifically, I used discussions related to Objective 6 from Trilogy classroom teachers, behavior management technicians, site school traditional classroom teachers, mental health therapists, and the site school counselor to determine success. The analysis indicated that all participants agreed the program allowed for a successful integration which exceeded the 85% threshold for success determined by me.

All focus group members indicated there were sufficient resources for students and the classroom teacher throughout the integration process. Participants referenced the collaborative planning involved for effective implementation and how all stakeholders maximized every opportunity to ensure integration was successful. Likewise, responses attributed integration success to the knowledge of the site school's administration when appropriately assigning students to a classroom.

Evaluation Question 7: Do Trilogy Parents Feel They Are Provided With Resources to Support Best Practices for Behavior, Mental Health, and Academics While Their Child is in the Program and as They Integrate Back Into the Traditional Classroom Environment?

An analysis of focus group responses related to Evaluation Question 7 suggested that Trilogy parents and guardians were provided with resources to support their child's mental health, behavior, and academics while they were enrolled in the program. Responses indicated that all parents agreed the program allowed for their students to successfully integrate back into the traditional classroom environment as well. As a result, I concluded Trilogy met all components of Objective 7 and exceeded the 85% threshold for success.

Additionally, Trilogy classroom teachers, behavior management technicians, mental health therapists, and the site school counselor were asked questions related to resources provided to parents or guardians of Trilogy students. The response analysis of those focus group discussions indicated the program provided parents with a support framework that required monthly conferences with the Trilogy teacher and mental health therapists. The framework included additional therapy sessions for parents if or when their child demonstrated behaviors that were unsafe or harmful to others while at home. Additionally, parents were given access to free parenting classes from partnering agencies to ensure their home environments were conducive to student achievement while at school.

Further Discussion of Findings

Prior to focus group discussions and the student behavior data analysis, I

determined that program success would be measured by its ability to meet established criteria for all three nonnegotiable objectives. Additionally, two of the four remaining objectives would need to meet their criteria for success to determine the overall effectiveness of the program. Following the analysis, I concluded the program was able to meet all three nonnegotiable objectives and exceeded expectations in the remaining objectives; therefore, it was recommended the program continue to serve students with intensive emotional and behavioral needs throughout the district. Specifically, the study found Trilogy accomplished the following:

1. The program created an alternative learning pathway for elementary students who warrant intensive behavioral interventions.
2. The program reduced behavioral interruptions in the traditional classroom environment.
3. The program provided students with flexible schedules and the academic support needed to be successful in the school environment.
4. The program provided students with access to mental health services intended to support appropriate coping skills and strategies for success in a classroom setting.
5. The program reduced the number of suspensions or time spent out of the classroom due to behavior-related consequences.
6. The program successfully integrated students back into the traditional classroom setting once behavioral progress was demonstrated.
7. The program provided parents and guardians with resources to support their child's mental health, behavior, and academics while they were in the

program and when they integrated back into the traditional classroom environment.

Recommendations of Practices to Continue

To ensure the program continued to effectively serve all students eligible for the elementary alternative setting, I indicated several components of the program that must continue to be thoroughly monitored by district and program leadership. The components were identified as crucial to program efficacy and were instrumental in the program's ability to fulfill all seven key objectives.

Continue to Implement Consistent Documentation and Referral Procedures.

Focus group member responses indicated a well-organized and refined student referral process which was determined by me to be essential when identifying students with the most significant social-emotional deficits. Additionally, the prevalence of consistent behavioral documentation practices ensured a successful referral process. Focus group members indicated each school had the autonomy to implement their own behavioral documentation frameworks but maintained compliance with district requirements. I determined consistent documentation to be essential for the continued success of the program to guarantee student eligibility was consistent throughout each of the district's elementary schools.

Continue to Ensure Student Mental Health is at the Forefront of Teacher

Discussions. Focus group responses indicated a heightened sense of urgency for school leaders and teachers throughout the district to strengthen their ability to provide mental health support strategies as a result of the program's implementation. Evaluation findings indicated the program's presence enabled more frequent discussion during collaborative

planning sessions regarding student mental health. Furthermore, discussion increased a teacher's ability to provide academic support to students not referred to Trilogy but who demonstrated emotional or behavioral concerns that adversely affected their educational performance. Consequently, the strengthened ability of teachers to support those nonacademic needs of students fostered classroom environments that modeled the Trilogy framework and ultimately strengthened the program's integration process.

I determined this school-level mental health approach was instrumental for continued implementation because it supported all students and enabled Trilogy to ensure student placements were not permanent but rather a springboard for future success in the traditional classroom setting. Specifically, the recommendation emphasized the continuation of student mental health discussions during traditional teacher collaborative meetings with school administrators. The recommendation was supported by the research of Weissberg and Cascarino (2013) and their study regarding social-emotional learning in schools. They found mental health discussion and planning to be the cornerstone of alternative learning programs and advocated those discussions were just as important for traditional classrooms and teachers.

Continue to Provide Scheduling Flexibility. Throughout the study, focus group discussions correlated student success to academic learning environments designed to respond to inconsistent emotional and behavioral patterns of enrolled students. Responses indicated Trilogy schedules accommodated students' academic and mental health needs, which would not be possible in a traditional classroom setting. Specifically, flexible schedules allowed a self-paced student approach to learning that balanced academics and therapeutic support with direct instruction of grade-level curriculum.

I recommended the program continue to provide students with individualized and flexible schedules while enrolled in the program based on focus group responses which suggested they were essential to support the student's specific academic, emotional, and behavioral needs throughout the course of a school day. Additionally, this recommendation was supported by Owen et al. (2015) and their study of effective discipline strategies for alternative learning programs. Their findings underscored the importance of flexibility and student choice when ensuring alternative settings provided a learning environment that was conducive to student success.

Continue to Provide Opportunities for Trilogy Teachers to Collaborate With Traditional Classroom Teachers. Focus group members unanimously affirmed the program's ability to provide academic support when a flexible schedule was implemented. This affirmation was supported by participant descriptions of increased collaboration with grade-level teachers that ensured instruction was consistent with traditional classrooms throughout the site school. I determined this practice to be essential for the program to ensure students were provided an increased level of academic support differentiated to their specific learning needs and recommended the site school's administration continue to provide those collaborative opportunities on a regular basis.

Quinn and Poirier's (2006) research on effective practices within alternative learning settings supported my recommendation. Their study determined teachers must continually be provided with resources and support when delivering appropriate academic content to students within alternative programs. Without an emphasis on instruction, they indicated the setting would lose its ability to appropriately prepare students for a successful transition back into a traditional setting within an appropriate

period of time (Quinn & Poirier, 2006).

Continue to Provide Trilogy Students With Therapeutic Support Services.

Different from most traditional alternative settings, Trilogy's restorative and therapeutic approach to learning enabled students to acquire the appropriate behavioral and academic skills needed to be successful in an educational environment. Focus group members indicated mental health services were provided to students consistently and effectively. The analysis indicated effectiveness was strengthened by stakeholder access to ample resources and strong collaborative relationships among therapists and Trilogy staff. Additionally, mental health access was strengthened by continuous professional development and training required of all who supported the social-emotional well-being of students enrolled in the program.

The investigation of intensive behavioral strategies for students with EBDs by Maggin et al. (2016) echoed focus group members' sentiment regarding student access to mental health services within the program. Maggin et al. determined students who had exposure to toxic stress or trauma exhibited the highest level of need for mental health support. Without intensified support, they found students were less likely to demonstrate academic achievement in a school environment. As a result of focus group member consensus and research recommendations, I identified these aspects of mental health support as essential and recommended the program continue to consistently provide enrolled students with access to therapeutic support services by licensed mental health therapists.

Continue to Find Opportunities for Trilogy Students to Remain in Class. I

also determined continued success was directly correlated to Trilogy's ability to reduce

the number of suspensions or time spent out of the classroom for qualifying students. More time in the classroom provided Trilogy students with consistent access to mental health support services to acquire appropriate behavioral strategies and coping skills. Referenced above, Trilogy's effectiveness was engrained in the program's ability to provide this therapeutic support pathway used to integrate students back into the traditional classroom as quickly as possible. Without a reduction of behavior-related offenses, I believed access to therapy would be limited and the program would transition to a more traditional alternative program where student behavior was the primary deficit supported by Trilogy staff. This led me to recommend the program continue to implement all necessary strategies to guarantee students can remain in class as frequently as possible, receive consistent exposure to curriculum, and be provided all emotional and behavioral supports with fidelity.

Recommendations for Improvement

In addition to identifying components of the program that were essential to maintain, I determined recommendations for improvement for future implementation. The recommendations were a culmination of focus group concerns and their own considerations for improvement throughout each session. Recommendations from research regarding alternative learning programs have also been included.

Increase the Program's Enrollment Capacity. To strengthen the program's overall implementation and maximize its ability to support all students with emotional and behavioral concerns, I would recommend Trilogy and district leadership increase the program's enrollment capacity. The suggested recommendation was in response to classroom teachers' and school administrators' heightened concern for the growing

number of behavioral interruptions throughout the district from students who were not eligible for the program.

Specifically, I would recommend the enrollment framework remain the same but eligibility criteria be modified to include those students who were continually interrupting classroom instruction due to unwarranted behaviors. Conversely, it would be recommended that the program continue to prioritize student behaviors that were the result of mental health or social-emotional concerns. This would ensure the program continued to protect its therapeutic and proactive approach for students not successful in the traditional classroom environment.

The research of Dunlap and Fox (2011) supported my suggested recommendation for Trilogy to serve more students throughout the district. Their findings of effective elementary alternative learning programs indicated students with any level of social, emotional, or behavioral deficits had a stronger likelihood of disrupted development throughout the course of their early education. They associated this disruption with an increased likelihood of failure once the student began their secondary education. The recommendation to increase program enrollment correlated with Dunlap and Fox's (2014) strong consideration of school and district leaders to increase funding for behavioral intervention supports for any elementary student who demonstrated a heightened level of need.

Replicate the Program Throughout the District. In their study regarding the importance of transitioning alternative students back into a least restrictive environment, Sweigart and Evanovich (2015) concluded this should occur once a student has demonstrated progress in the alternative setting. Additionally, their research

recommended students should return to an environment that was familiar and relevant to their educational experience before being enrolled in the alternative program. The seminal study of Quinn and Poirier (2006) regarding critical components for alternative learning programs referenced the importance of this transition and concluded that in the absence of an effective reentry process, future learning and success pathways could be jeopardized.

To ensure student transitions adhered to best practices from research, I would recommend the program be replicated throughout the district. If implemented, this recommendation would allow Trilogy students to transition or integrate back into classrooms in the same school as their original enrollment. Several focus group participants suggested this recommendation as well and believed more Trilogy classrooms in all schools would reduce the time students spent in the restrictive setting and expedite their transition back into their original traditional classroom.

As noted in Chapter 1, district leadership originally planned to implement Trilogy classrooms throughout a majority of district elementary schools but were forced to scale back the number of site schools due to budget limitations. While this would require a considerable budgetary amendment, I would strongly encourage this recommendation be considered to strengthen student integration, limit school transitions for eligible students, and allow the program to increase student enrollment as suggested in the first recommendation. This would also ensure that schools that already had established relationships with eligible students and their families be able to implement student-focused planning and school-specific program structures which were supported by the research of Sweigart and Evanovich (2015).

Additionally, the recommendation would address concerns from focus group members who indicated mental health therapists were occasionally pulled from Trilogy to serve other district schools when their students warranted an intensive level of need. Participants indicated access to services for Trilogy students was limited when these situations arose. By implementing a Trilogy program at each school with their own assigned mental health therapist, student access to supportive therapy would strengthen and consistently serve all students within the program or any other within that respective building.

Hire a Trilogy Administrator. To ensure Trilogy was able to fully comply with the North Carolina General Assembly's mandate that alternative learning programs include leadership that demonstrates the application of shared decision-making, organizational direction, and the establishment of high expectations, I would recommend the district hire an administrator specific to the program (NCDPI, 2016). The analysis of focus group responses indicated the site school's administration often neglected their required responsibilities when managing a multifaceted alternative program and the district's second largest elementary school population simultaneously. A Trilogy administrator would ensure the site school's administration could focus on the school's day-to-day operations and provide the program with an administrator to fully support its dynamic needs.

This suggested recommendation was further supported by the research of Quinn and Poirier (2006). When outlining effective alternative learning administrators, their research emphasized the importance of leadership being able to listen, communicate, care, and prioritize each student in the program's well-being. Focus group responses

enabled me to determine the current site school's leadership was unable to fulfill the critical components of effectiveness and be readily available to support the heightened needs of the program due to their traditional school obligations (Quinn & Poirier, 2006).

Specifically, my recommendation suggested the district create an additional assistant principal position for the site school if the program remained at that location. This position would oversee the program's instruction, parent involvement, mental health therapy, integration, and student transportation. If the program was to be replicated throughout the district, I would recommend the district hire a principal to manage each program and collaborate with all other principals to ensure the program fulfilled its purpose.

Eliminate Fifth-Grade Enrollment Into the Program. During the focus group response analysis, a prevalent concern from Trilogy staff, mental health therapists, and the site school counselor was that students who enrolled in the program during their fifth-grade year would not have the same level of intensive intervention at the district's middle school. Specifically, participants were concerned former Trilogy students would not have access to mental health therapists throughout their transition. Accordingly, I would recommend that fifth-grade students not be eligible for program enrollment. This recommendation was supported by the research of Sweigart and Evanovich (2015) who determined a strong correlation between alternative learning success and effective relationships with mental health support staff. Without those established relationships, they concluded students would have a higher risk of student failure at the secondary level (Sweigart & Evanovich, 2015).

Additionally, my recommendation addressed focus group concerns that program

staff did not have the necessary time to provide newly enrolled fifth-grade students with therapeutic and restorative support before they enrolled in middle school. Focus group responses indicated the current framework was well-organized and supported by all stakeholders; however, the shortened time period for fifth-grade students could negatively impact the district's middle school learning environment. This was supported by Quinn and Poirier (2006) and their conclusions that secondary learning could be disrupted if a transition was hurried due to other circumstances besides the student's level of need.

To ensure students had adequate time to fully integrate back into the traditional classroom environment, I would recommend students not ready to exit at the end of fourth grade be provided the opportunity to remain in the program when they entered fifth grade. Moreover, those fifth-grade students would begin the integration process to a traditional classroom environment within the first academic quarter. This would ensure the student could achieve full integration before the end of their fifth-grade year.

Provide Continuous Professional Development for All Stakeholders. In their research related to effective alternative learning programs, Gagnon and Barber (2015) determined stakeholder inadequacy often inhibited program success. This inadequacy included insufficient knowledge and resources regarding policy, implementing evidence-based interventions, and the ability to fully support troubled students in all aspects of the school environment. The possibility of stakeholder inadequacy and its potential adverse impact on Trilogy implementation would lead me to recommend relative and ongoing professional development opportunities for all program stakeholders. Additionally, the recommendation would ensure the program aligned with North Carolina General

Assembly implementation standards that mandated frequent professional development to support program needs and continually promote student learning (NCDPI, 2016).

While General Assembly standards specifically addressed teachers of alternative learning programs, I would recommend professional development be offered to all elementary instructional personnel throughout the district due to the comprehensive nature of the program that impacted all aspects of learning in the elementary setting. The recommendation to provide all stakeholders with continuous learning opportunities aligned with Randle's (2016) research on the impact of alternative education. Randle recommended that programs provide opportunities for students to build relationships with other professional colleagues where the program is housed to ensure program strategies foster positive interactions and positively impact the total school environment.

I would recommend two categories of professional development be offered to instructional personnel to ensure they had the capacity to foster positive interactions and improve the school's environment as suggested by Randle (2016). Those categories would include positive behavioral supports and social-emotional learning. Increased knowledge and resources in both areas of professional development would enable administrators and teachers throughout the district's elementary schools to implement frameworks that emulate the Trilogy classroom environment.

I identified professional development related to PBIS to ensure instructional personnel reinforced positive behaviors regardless of a student's conduct level. While most educators in the district where Trilogy was implemented only had access to initial training, I would recommend additional professional development to enable instructional personnel to emulate specific processes and procedures used in Trilogy classrooms

throughout all elementary instructional settings. The research of Simonsen and Sugai (2013) determined the use of a positive behavioral framework increased a student's chances of success when they transitioned from an alternative setting to a more traditional classroom environment when making the recommendation.

Additionally, I would recommend the district invest in continued professional development related to social-emotional learning of all elementary school teachers and support staff. My recommendation was supported by the research of Weissberg and Cascarino (2013), which suggested adult learning related to the topic was the cornerstone of effective alternative learning programs and warranted the same level of attention in a traditional classroom setting. I determined the professional development should support teachers when implementing a classroom approach that promoted a student's self-awareness, self-management, social-awareness, relationships, and responsible decision-making skills (CASEL, 2013).

Identify Support Pathways for Students Not Successful in the Program. The analysis of student behavioral data would lead me to recommend an additional support pathway beyond Trilogy for students who were not successful in the program. The recommendation was a result of the program not meeting the district's expectation to decrease behavioral referrals by at least 50% for enrolled students. I found there were 43% fewer referrals for students after 1 year of enrollment in the program, which fell short of the district's expectation. While the analysis concluded most students improved, two students demonstrated an increased level of behavioral offenses following 1 full year of intensive support.

As indicated in the Trilogy program description, the duration of student placement

was not considered permanent to ensure the program maintained a therapeutic and restorative behavioral approach rather than a traditional alternative learning program focused only on student behavior. Given that select students were unable to demonstrate behavioral improvements within the district's most intensive emotional and behavioral support environment, I concluded these were extreme cases that warranted more prolonged or permanent support which was not a component of Trilogy. As a result, I would urge the district to research and implement an additional alternative pathway for students not responding to Trilogy to ensure the program's capacity was not limited or exhausting resources on students who exhibited the need for a higher level of care.

Limitations

In their guidance on designing qualitative research, Marshall and Rossman (2011) explained that no study was perfect because necessary constraints imposed limitations on the quality and the amount of information yielded. They noted that understanding the study's limitations was significant to the reader as they deciphered the usefulness of its findings as it related to their respective purpose.

The time in which focus group sessions were held could have limited information shared during focus group discussions because the district was implementing a hybrid approach to instruction. The approach was a result of the coronavirus pandemic and the school district's response to health and safety requirements required by NCDPI. Students in the district attended school 2 days per week and received virtual instruction the remaining 3 days. Families also had the option of full-time remote learning and received online instruction each day of the school week. As a result, schools were below 50% student capacity, which could have affected focus group responses related to behavioral

interruptions throughout elementary classrooms. Additionally, the hybrid model could have impacted responses regarding the integration of Trilogy students into traditional classroom environments at the site school and the overall success of Trilogy students enrolled in the program during hybrid implementation.

Health and safety guidelines also limited outside visitors to all district schools and limited the capacity of individuals in one room at a time. Consequently, the proxy used a virtual platform to facilitate all focus group discussions. The virtual platform could have affected participant responses because of poor connectivity or limited bandwidth. This may have prevented participants from being able to fully understand or be aware of all focus group member responses.

Specifically, the virtual platform may have limited parent and guardian attendance during their focus group session. When compared to employees of the school district who were very familiar with the platform, attendance was significantly lower and represented only three students of the program. This could have been a result of a lack of familiarity, limited internet access, or inactive email accounts which was the primary method I used to remind focus group members of all session details.

Regarding parent and guardian participants, responses were limited to students who were successful in the program at the time of the focus group session and to those who had successfully exited the program. Based on the response analysis, parents and guardians did not represent any Trilogy student who may have had difficulties with transitioning into the program or when integrating back into the regular classroom. This could have limited focus group responses regarding students who may not have been successful with school-based therapy as well.

Furthermore, responses from the site school administrator may have been limited during the Trilogy Leadership Team focus group session because they were hired as the site school principal just prior to the March 2020 school closure due to the coronavirus pandemic. Specifically, the school closure, which extended to the end of the 2019-2020 school year, and the hybrid learning model used throughout the study may have limited responses related to behavioral interruptions, integration barriers, and overall success for Trilogy students. Additionally, responses regarding traditional classroom interruptions or other interruptions throughout the building as a result of Trilogy students could have been impacted or skewed.

Regarding the Trilogy teacher and support staff focus groups, responses may have been limited because only one of two teachers was present during the session. Noted in an earlier chapter, the district was actively recruiting a new Trilogy teacher as a result of the resignation just prior to the time the focus group session was held. Without teacher representation from both Trilogy classrooms, responses related to student success, access to school-based therapy, student integration, and parental support could have been impacted.

Considerations for Future Research

While the results of this study could be beneficial to elementary educators seeking effective and efficient learning pathways for students demonstrating emotional and behavioral deficits, further research is needed. This research could (a) further assist elementary schools when supporting identified students who were not successful in the alternative setting; (b) provide middle schools with specific guidance to successfully implement comprehensive frameworks when addressing the social, emotional, and

behavioral support; and (c) provide prekindergarten program guidance to effectively identify and transition students with emotional and behavioral concerns into an elementary setting.

Regarding assistance for elementary schools, future research could address students who demonstrate the need for a more intensified level of service beyond an alternative setting such as Trilogy. This study could include program evaluations of elementary day-treatment programs that provide the most restrictive educational setting for students with emotional or behavioral disorders.

Related to students who demonstrate the need for a more intensified level of service, I recommended a critical instance case study be conducted of the two students whose behaviors increased while in the program. An extreme case sampling should be considered because their behavioral regression was the opposite of what was expected for students enrolled in Trilogy (Creswell, 2015).

Suggestions for future research could also include an analysis of how Trilogy students transitioned to the middle school setting. Specifically, the research could address the student's overall behavior, academic achievement, and ability to coexist in an environment without the routine, structured and differentiated supports of the Trilogy program. Additionally, future research could address successful alternative learning programs for middle school students that provide therapeutic and restorative behavioral support such as the elementary program evaluated in this study.

Pertaining to prekindergarten support for students with emotional and behavioral concerns, I suggest future research analyze systems and frameworks used to address those identified needs. This research could also include an analysis of research

recommendations for effective transitions from prekindergarten to the elementary setting for students exposed to a heightened level of trauma or who demonstrate the need for intensified social and behavioral support in an elementary classroom.

Conclusion

I concluded Trilogy successfully met all seven key objectives following 2 full years of implementation. The program, which implements a therapeutic and restorative behavioral approach to address emotional and behavioral challenges from enrolled students, was determined by me to have met all established evaluation criteria as a result of focus group responses and an analysis of student behavioral data. Accordingly, I recommended the program for continued implementation to support elementary students with intensive social, emotional, and behavioral needs.

In addition to providing an alternative learning pathway for elementary students, I determined Trilogy was able to reduce behavioral interruptions in the traditional classroom setting, provide a flexible and differentiated learning environment for enrolled students, ensure consistent student access to mental health support services, reduce the frequency enrolled students were removed from instruction due to behavioral consequences, and ensure students were integrated back into the traditional classroom environment within an appropriate period of time. Additionally, I found the program strengthened parent and guardian relationships by increasing communication, ensuring consistent involvement, and making essential resources readily available.

While results of the study indicated Trilogy could successfully continue implementation, specific program components were identified by me as essential to the program's success. Due to their instrumental value to the program's effectiveness, I

suggested continuous monitoring and support of identified components to ensure the program maintained its level of effectiveness. Those components included the student identification and referral process, the proactive mental health support approach from all elementary classrooms throughout the district, the program's therapeutic and restorative behavioral approach, scheduling flexibility and differentiated academic support for enrolled students, and continuous professional development for program staff.

Additionally, results of the program evaluation led me to recommend action steps for continued implementation success which included (a) consistent documentation and referral procedures, (b) ensuring student mental health was at the forefront of teacher discussion, (c) flexible scheduling for Trilogy students, (d) opportunities for Trilogy teachers to collaborate with traditional classroom teachers, (e) providing Trilogy students with therapeutic support services, and (f) continuing to strengthen opportunities for Trilogy students to remain in class. Those recommendations for continued implementation were a culmination of the focus group response analysis, student behavioral data analysis, and research recommendations for effective alternative learning programs.

Recommendations for improved implementation included (a) increased student enrollment capacity, (b) additional administrative staff to support the day-to-day operations of the program, (c) elimination of fifth-grade student enrollment except for those not ready to transition, and (d) continuous professional development for all stakeholders. I also recommended district and program leadership identify an additional support pathway for students who are not successful in the program or for students who required an intensified level of mental health or behavioral support not offered within the

Trilogy framework.

Research referenced in this evaluation identified that schools across the country had an increased responsibility to provide support that ensured appropriate mental health development among their student populations. Recommendations from the research suggested school leaders and stakeholders implement systems to support early identification and foster sustainable partnerships with healthcare professionals (CDC, 2019). Consequently, most schools were unable to provide the level of recommended support and collaboration because of inadequate funding, limited resources, lack of trained staff, and overworked classroom teachers who were often underpaid (Anderson, 2016). However, the results of this evaluation concluded Trilogy was able to overcome those challenges and proactively address emotional and behavioral deficits of students with sustained partnerships that ensured student success and achievement in an elementary school environment.

In the program evaluation of Trilogy, which assessed the elementary alternative learning program's ability to meet its seven key objectives, I found the program successfully met each objective following 2 years of implementation. Ultimately, evaluation results led me to determine the program was able to provide an effective and efficient restrictive behavioral environment that proactively addressed social, emotional, and behavioral deficits of students who were unable to demonstrate success within the traditional elementary classroom setting. The success of the program was also measured by its ability to ensure the alternative setting was able to successfully integrate students back into the traditional classroom setting within an appropriate period of time. The results of this study apply to school district leaders, school administrators, or school-

based childhood mental health professionals who have an interest or need to provide their students with an intensified level of emotional and behavioral support in an elementary setting.

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Appendix A

Therapeutic Support Classroom Description

Therapeutic Support Classroom

Philosophy:

The Therapeutic Support Classroom (TSC) was designed as a district, alternative program to meet the needs of our K-3 students that require intensive behavioral interventions beyond what has already been attempted at their home-school. The program serves up to 10 students led by a general education teacher with the support of a special education teacher assistant and a certified mental health therapist throughout the week. Students are provided daily structure and routines, daily social skills instruction, daily replacement behavior instruction, and individual and group therapy on a weekly basis. The primary goal is for students to learn the individual skills needed to be successful back in their mainstreamed settings and have students transition to the least restrictive classroom setting, as soon as possible. The program is designed as a temporary intervention (support) and length of stay is decided on an individual basis, usually no more than 18 months. Students must meet eligibility criteria in order to qualify for the program, using multiple sources of data and an entrance rubric.

The following criteria are required for consideration for placement:

- MTSS Supplemental + Intensive Interventions - documented
- Behavior Specialist Referral
- Functional Behavior Assessment and Behavior Intervention Plan - active
- Parent Permission/contact with documentation
- Mental Health Diagnosis - or working with outside agency
- Possible IEP or 504 (but not necessary)
- A Rubric will also be completed as an entrance/exit tool at the meeting (this may qualify them for PRC 29 support, as well)

The staff provide direct academic and behavioral instruction including but not limited to:

- Daily Social Skills Instruction
- Daily Replacement Behavior Instruction
- Behavior Intervention Logs
- Progress Monitoring Tools for IEP/BIPs
- Core Instruction in all Academics
- Mindfulness; Sensory Needs
- Self-Monitoring of Behavior
- Transition Support
- Home/School Coordination
- Therapeutic Interventions and Case Management are also components of the classroom.

Highlights of the Hybrid Model Program include:

- Small Group

- Aligned to General Education Program and Standards; Core Content
- Positive Intervention and Support; Reward Systems
- Following School-wide Expectations
- Customized Learning Approaches; Therapeutic Interventions
- Functional Application of Academic and Behavioral Skills; Mainstreaming
- Availability of Individual and Family Counseling

Additionally:

The classroom requires a structured schedule and consistent reward system throughout the day with a balance of flexibility for individual behaviors. Staff should individualize by using multiple approaches, digital tools, therapeutic recommendations, supplemental aids and supports, and the support staff assigned to the room. Instruction should align with the general education, grade level class that the student would attend if they were exited from the program. It is understandable that a student who is struggling more with behaviors would have fewer academic expectations placed on him at that moment, but working toward the same goals in smaller steps or increments.

Appendix B

Trilogy Program Description



Mission: *To empower students with the skills necessary to overcome behavior challenges and find success in the regular school environment.*

The Trilogy classrooms are designed to meet the needs of students in grades K-3 and 3-5 exhibiting significant behavior challenges preventing them from accessing the core curriculum. These classrooms will combine behavior intervention, mental health support and core academic instruction to a maximum of eight students per classroom. Behavior and academic content will be delivered by a general education teacher with the support of a behavior management technician and include group and individual outpatient mental health therapy provided by a local mental health agency. The duration of a student's placement in the program is dependent upon individual needs and progress and will be reviewed quarterly. **Students must have participated in the MTSS process resulting in Tier 3 interventions with minimal success.**

The staff provide direct academic and behavioral instruction including, but not limited to:

- Social/Interpersonal Skills
- Behavior Management and Intervention
- Progress Monitoring
- Self-Regulation
- Coping Skills
- Reading, Math and Science
- Positive Behavior Intervention and Support
- Transition Support
- Home/School coordination
- Therapeutic Interventions
- Group and Individual Mental Health Counseling
- EC/Related Services where applicable
- Case Management

The Trilogy classrooms require a structured daily schedule, including behavior support strategies and academic instruction consistent with grade level content standards. It is expected that a student who is struggling more with behaviors would have fewer academic expectations placed on him/her at that moment, but ultimately working toward the same goals in gradual increments. At times, these behavior struggles may require placement in an isolation or seclusion setting to allow a student to deescalate without causing harm to himself or others. This option will only be accessed by staff in extreme circumstances as a last resort.

Key Objectives of the Trilogy Program:

Key Objective 1: To create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been considered at-risk or diagnosed with an emotional behavioral disorder (EBD).

Key Objective 2: To reduce the number of classroom interruptions/distractions in the regular education environment by students who receive intensive behavioral interventions or who have been considered at-risk or diagnosed with an emotional behavioral disorder (EBD).

Key Objective 3: To provide Trilogy students with scheduling flexibility and academic support to be successful in the school environment.

Key Objective 4: To provide students with mental health counseling to acquire appropriate coping skills/strategies to successfully access the core curriculum in a school environment.

Key Objective 5: To reduce the number of suspensions or time spent out of the classroom (detention/In School Suspension) for identified students.

Key Objective 6: To successfully integrate Trilogy students (using a gradual release framework) into a traditional classroom setting within an 18 month time frame.

Key Objective 7: To collaborate and provide Trilogy parents with the resources necessary to support best practices for behavior, mental health, and academics while their students are in the program and following their integration back into the traditional classroom setting.

Criteria for Trilogy placement consideration:

- MTSS Tier 3 Behavior - documented interventions
- MTSS/IEP Team Referral
- Functional Behavior Assessment
- Behavior Intervention Plan (*active for at least 60 days*)
- Parent Permission
- Mental Health Screening: Record of mental health counseling (outpatient or school-based)
- IEP when applicable (not required)
- Trilogy Placement Rubric (Revised PRC Rubric)

Placement in the Trilogy Classroom will be decided by a designated team. This team will meet quarterly to discuss referrals, progress and exits from the program. This team must include:

- Assistant Superintendent
- Director of Programs for Exceptional Children
- Director of Student Services and Secondary Education
- Behavior Liaison Specialist
- Principal (Trilogy School)
- Principal (Referring School)
- Trilogy Classroom Teacher
- School Based Mental Health Therapist

Location

- **Lower (K-3) Trilogy Classroom** - Forest Park Elementary
 - B Wing with Support Services
 - Isolation/seclusion adjacent to classroom
- **Upper (3-5) Trilogy Classroom** - Forest Park Elementary
 - B Wing with Support Services
 - Isolation/seclusion adjacent to classroom

Transportation and Re-entry

- Transportation will be provided to FP from referring elementary school for the duration of the student's placement in the Trilogy classroom.
- Students will transition to a regular classroom at FP when deemed appropriate by the Trilogy team. Transportation will be provided until the end of the school year.
- Parent(s) may choose to enroll their child back to their referring elementary school at the beginning of the school year following exit from the Trilogy classroom or they may remain enrolled at FP. If they remain at FP, they will be attending as a school choice. Parents must provide transportation.

Appendix C

Program Evaluation Management Plan

Program Evaluation Management Plan

Question:	Instrument/Data Source:	Participants:	Criteria:	Timeline:
Does Trilogy create an alternative learning pathway for elementary students who meet the requirements for intensive behavioral interventions?	District principal focus group Traditional classroom teachers focus group Site school traditional classroom teachers focus group Trilogy Leadership Team focus group responses Trilogy parents and guardians focus group	District principals, District traditional classroom teachers Site school traditional classroom teachers Trilogy Leadership Team Trilogy parents and guardians	100% of district principals, traditional classroom teachers, site school traditional classroom teachers, the Trilogy Leadership Team and parents/guardians agree the program creates an alternative learning pathway for qualifying students.	Fall 2020
Does Trilogy reduce behavioral interruptions to learning in the traditional classroom environment?	District Principal focus group Traditional classroom teacher focus group Site school traditional classroom teachers focus group	District principals, and Traditional classroom teachers throughout the district's six elementary schools Traditional classroom teachers employed at the Trilogy site school	85% of district principals, district traditional classroom teachers and site school traditional classroom teachers agree there is a reduction of behavior related interruptions in the traditional classroom environment.	Fall 2020
Does Trilogy provide students with scheduling flexibility and academic support to be	Trilogy teacher/support staff focus group	Trilogy teachers and Trilogy behavior management technicians	100% of Trilogy teachers and behavior management technicians agree the program offers students	Fall 2020

successful in the school environment?			with scheduling flexibility and academic support to be successful in school.	
Are Trilogy students able to access mental health services to acquire appropriate coping skills and strategies for success in a school environment?	Mental health therapists and school counselor focus group	Mental health therapists and school counselor assigned to Trilogy	100% of school based mental health therapist and site school counselor agree Trilogy students have access to appropriate mental health services.	Fall 2020
Does Trilogy reduce the number of suspensions or time spent out of the classroom for qualifying students?	2018-2019 and 2019-20 student discipline data Trilogy Leadership Team focus group	Trilogy Leadership Team	Trilogy students will have a 50% decrease in in-school or out-of-school suspensions. 85% of the Trilogy Leadership Team agree the program reduces the number of suspensions or time spent out of the classroom for qualifying students.	Fall 2020
Does Trilogy successfully integrate identified students back into the traditional classroom setting using a gradual release framework within a period of 18 months?	Trilogy teacher/support staff focus group responses Traditional classroom teacher focus group Site school traditional	Trilogy teachers and Trilogy behavior management technicians Traditional classroom teachers throughout the district's six elementary schools Traditional classroom	85% of Trilogy teachers, behavior management technicians, district traditional classroom and site school traditional classroom teachers agree students successfully integrate back into the traditional	Fall 2020

	classroom teachers focus group	teachers employed at the Trilogy site school	classroom setting within 18 months.	
Do Trilogy parents feel they are provided with resources to support best practices for behavior, mental health and academics while their child is in the program and as they integrate back into the traditional classroom environment?	Trilogy parent and guardians focus group	Trilogy parents and guardians	85% of Trilogy parents and guardians agree the program offers support for behavior, mental health and academics throughout placement and integration into the traditional classroom environment.	Fall 2020
Overall Program Effectiveness Criteria				
Objectives one, three and four must meet their full criteria for success following focus group participant discussions.				
Student behavioral data and focus group participant discussions indicate Trilogy has met criteria for success in two of the four remaining program objections.				

Appendix D

Focus Group A Invitation

Focus Group A Invitation

Principals,

My name is Josh Sain and I am a doctoral student at Gardner-Webb University. In the coming weeks, I will be conducting a program evaluation of Trilogy to determine if the program is fulfilling its seven key objectives. Additionally, the evaluation will identify program strengths and weaknesses and provide recommendations for future implementation.

District leadership has granted me permission to conduct the program evaluation and your feedback is requested with regard to the following Trilogy objectives:

- Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with and emotional behavioral disorder (EDB)
- Objective 2 – reduce the number of classroom interruptions/distractions in the traditional classroom environment

You are invited to attend a focus group session with other district elementary principals on (DATE) at (TIME). Due to the Coronavirus Pandemic and the need for social distancing, the session will take place virtually through Google Meet. Here is the (LINK) to attend the session. The session should last approximately one hour and will follow the order listed below:

- Welcome & Introductions
- Overview of participant selection
- Explanation of purpose and topic of discussion
- Presentation of key objectives to be addressed during questioning
- Review of discussion guidelines
- Presentation of group discussion questions and requisite conversations
- Conclusion & results timeline

Because I am a former administrator in Kannapolis City Schools and directly involved with the creation and implementation of the program, the institutional research board has advised that I use a proxy to conduct the question/answer session. John Gann, the MTSS Psychologist for Lincoln County Schools, will be serving as the Proxy and lead all focus group discussions.

As an official stakeholder of Trilogy, your input will be valuable to the findings of the evaluation. Please do not hesitate to reach out if you have any additional questions.

Sincerely,

Joshua Sain

Appendix E

Focus Group B Invitation

Focus Group B Invitation

Trilogy Leadership Team Members,

My name is Josh Sain and I am a doctoral student at Gardner-Webb University. In the coming weeks, I will be conducting a program evaluation of Trilogy to determine if the program is fulfilling its seven key objectives. Additionally, the evaluation will identify program strengths and weaknesses and provide recommendations for future implementation.

District leadership has granted me permission to conduct the program evaluation and your feedback is requested with regard to the following Trilogy objectives:

- Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)
- Objective 5 – to reduce the number of suspensions or time spent out of the classroom (detention/in-school suspension) for identified students

You are invited to attend focus group session on October 23 at 2:00pm. Due to the Coronavirus Pandemic and the need for social distancing, the session will take place virtually through Google Meet. Here is the (LINK) to attend the session. The session should last approximately one hour and will follow the order listed below:

- Welcome & Introductions
- Overview of participant selection
- Explanation of purpose and topic of discussion
- Presentation of key objectives to be addressed during questioning
- Review of discussion guidelines
- Presentation of group discussion questions and requisite conversations
- Conclusion & results timeline

Because I am a former administrator in Kannapolis City Schools and directly involved with the creation and implementation of the program, the institutional research board has advised that I use a proxy to conduct the question/answer session. John Gann, the MTSS Psychologist for Lincoln County Schools, will be serving as the Proxy and lead all focus group discussions.

As an official stakeholder of Trilogy, your input will be valuable to the findings of the evaluation. Please do not hesitate to reach out if you have any additional questions.

Sincerely,

Joshua Sain

Appendix F

Focus Group C Invitation

Focus Group C Invitation

Elementary Teachers,

My name is Josh Sain and I am a doctoral student at Gardner-Webb University. In the coming weeks, I will be conducting a program evaluation of Trilogy to determine if the program is fulfilling its seven key objectives. Additionally, the evaluation will identify program strengths and weaknesses and provide recommendations for future implementation.

District leadership has granted me permission to conduct the program evaluation and your feedback is requested with regard to the following Trilogy objectives:

- Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)
- Objective 2 – reduce the number of classroom interruptions/distractions in the traditional classroom environment

You are invited to attend a focus group session with other elementary teachers throughout the district on (DATE) at (TIME). Due to the Coronavirus Pandemic and the need for social distancing, the session will take place virtually through Google Meet. Here is the (LINK) to attend the session. The session should last approximately one hour and will follow the order listed below:

- Welcome & Introductions
- Overview of participant selection
- Explanation of purpose and topic of discussion
- Presentation of key objectives to be addressed during questioning
- Review of discussion guidelines
- Presentation of group discussion questions and requisite conversations
- Conclusion & results timeline

Because I am a former administrator in Kannapolis City Schools and directly involved with the creation and implementation of the program, the institutional research board has advised that I use a proxy to conduct the question/answer session. John Gann, the MTSS Psychologist for Lincoln County Schools, will be serving as the Proxy and lead all focus group discussions.

As an official stakeholder of Trilogy, your input will be valuable to the findings of the evaluation. Please do not hesitate to reach out if you have any additional questions.

Sincerely,

Joshua Sain

Appendix G

Focus Group D Invitation

Focus Group D Invitation

Elementary Teachers,

My name is Josh Sain and I am a doctoral student at Gardner-Webb University. In the coming weeks, I will be conducting a program evaluation of Trilogy to determine if the program is fulfilling its seven key objectives. Additionally, the evaluation will identify program strengths and weaknesses and provide recommendations for future implementation.

District leadership has granted me permission to conduct the program evaluation and your feedback as a program site school teacher is requested with regard to the following Trilogy objectives:

- Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)
- Objective 2 – reduce the number of classroom interruptions/distractions in the traditional classroom environment
- Objective 6 – to successfully integrate Trilogy students (using a gradual release framework) into a traditional classroom setting with an 18-month time frame

You are invited to attend a focus group session with other elementary teachers on (DATE) at (TIME). Due to the Coronavirus Pandemic and the need for social distancing, the session will take place virtually through Google Meet. Here is the (LINK) to attend the session. The session should last approximately one hour and will follow the order listed below:

- Welcome & Introductions
- Overview of participant selection
- Explanation of purpose and topic of discussion
- Presentation of key objectives to be addressed during questioning
- Review of discussion guidelines
- Presentation of group discussion questions and requisite conversations
- Conclusion & results timeline

Because I am a former administrator in Kannapolis City Schools and directly involved with the creation and implementation of the program, the institutional research board has advised that I use a proxy to conduct the question/answer session. John Gann, the MTSS Psychologist for Lincoln County Schools, will be serving as the Proxy and lead all focus group discussions.

As an official stakeholder of Trilogy, your input will be valuable to the findings of the evaluation. Please do not hesitate to reach out if you have any additional questions.

Sincerely,

Joshua Sain

Appendix H

Focus Group E Invitation

Focus Group E Invitation

Trilogy Teachers and Behavior Management Technicians,

My name is Josh Sain and I am a doctoral student at Gardner-Webb University. In the coming weeks, I will be conducting a program evaluation of Trilogy to determine if the program is fulfilling its seven key objectives. Additionally, the evaluation will identify program strengths and weaknesses and provide recommendations for future implementation.

District leadership has granted me permission to conduct the program evaluation and your feedback as program teachers and support staff is requested with regard to the following Trilogy objectives:

- Objective 3 – to provide Trilogy students with scheduling flexibility and academic supports to be successful in the school environment
- Objective 4 – to provide students with mental health counseling to acquire appropriate coping skills/strategies to successfully access the core curriculum in a school environment
- Objective 6 – to successfully integrate Trilogy students (using a gradual release framework) into a traditional classroom setting within an 18-month time frame
- Objective 7 – To collaborate and provide Trilogy parents with the resources necessary to support best practices for behavior, mental health and academics while their students are in the program and following their integration into the traditional classroom setting

You are invited to attend a focus group session on (DATE) at (TIME). Due to the Coronavirus Pandemic and the need for social distancing, the session will take place virtually through Google Meet. Here is the (LINK) to attend the session. The session should last approximately one hour and will follow the order listed below:

- Welcome & Introductions
- Overview of participant selection
- Explanation of purpose and topic of discussion
- Presentation of key objectives to be addressed during questioning
- Review of discussion guidelines
- Presentation of group discussion questions and requisite conversations
- Conclusion & results timeline

Because I am a former administrator in Kannapolis City Schools and directly involved with the creation and implementation of the program, the institutional research board has advised that I use a proxy to conduct the question/answer session. John Gann, the MTSS Psychologist for Lincoln County Schools, will be serving as the Proxy and lead all focus group discussions.

As an official stakeholder of Trilogy, your input will be valuable to the findings of the evaluation. Please do not hesitate to reach out if you have any additional questions.

Sincerely,

Joshua Sain

Appendix I

Focus Group F Invitation

Focus Group F Invitation

Trilogy Mental Health Therapists and School Counselor,

My name is Josh Sain and I am a doctoral student at Gardner-Webb University. In the coming weeks, I will be conducting a program evaluation of Trilogy to determine if the program is fulfilling its seven key objectives. Additionally, the evaluation will identify program strengths and weaknesses and provide recommendations for future implementation.

District leadership has granted me permission to conduct the program evaluation and your feedback as mental health support specialists is requested with regard to the following Trilogy objectives:

- Objective 4 – to provide students with mental health counseling to acquire appropriate coping skills/strategies to successfully access the core curriculum in a school environment
- Objective 6 – to successfully integrate Trilogy students (using a gradual release framework) into a traditional classroom setting within an 18-month time frame
- Objective 7 – To collaborate and provide Trilogy parents with the resources necessary to support best practices for behavior, mental health and academics while their students are in the program and following their integration into the traditional classroom setting

You are invited to attend a focus group session on (DATE) at (TIME). Due to the Coronavirus Pandemic and the need for social distancing, the session will take place virtually through Google Meet. Here is the (LINK) to attend the session. The session should last approximately one hour and will follow the order listed below:

- Welcome & Introductions
- Overview of participant selection
- Explanation of purpose and topic of discussion
- Presentation of key objectives to be addressed during questioning
- Review of discussion guidelines
- Presentation of group discussion questions and requisite conversations
- Conclusion & results timeline

Because I am a former administrator in Kannapolis City Schools and directly involved with the creation and implementation of the program, the institutional research board has advised that I use a proxy to conduct the question/answer session. John Gann, the MTSS Psychologist for Lincoln County Schools, will be serving as the Proxy and lead all focus group discussions.

As an official stakeholder of Trilogy, your input will be valuable to the findings of the evaluation. Please do not hesitate to reach out if you have any additional questions.

Sincerely,

Joshua Sain

Appendix J

Focus Group G Invitation

Focus Group G Invitation

Trilogy Parents/Guardians,

My name is Josh Sain and I am a doctoral student at Gardner-Webb University. In the coming weeks, I will be conducting a program evaluation of Trilogy to determine if the program is fulfilling its seven key objectives. Additionally, the evaluation will identify program strengths and weaknesses and provide recommendations for future implementation.

District leadership has granted me permission to conduct the program evaluation and your feedback as a parent or guardian of a Trilogy student is requested. Specifically, we would like to hear your opinion with how the program is fulfilling the following objectives:

- Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)
- Objective 7 – To collaborate and provide Trilogy parents with the resources necessary to support best practices for behavior, mental health and academics while their students are in the program and following their integration into the traditional classroom setting

You are invited to attend a focus group session on (DATE) at (TIME). Due to the Coronavirus Pandemic and the need for social distancing, the session will take place virtually through Google Meet. Here is the (LINK) to attend the session. The session should last approximately one hour and will follow the order listed below:

- Welcome & Introductions
- Overview of participant selection
- Explanation of purpose and topic of discussion
- Presentation of key objectives to be addressed during questioning
- Review of discussion guidelines
- Presentation of group discussion questions and requisite conversations
- Conclusion & results timeline

Because I am a former administrator in Kannapolis City Schools and directly involved with the creation and implementation of the program, the institutional research board has advised that I use a proxy to conduct the question/answer session. John Gann, the MTSS Psychologist for Lincoln County Schools, will be serving as the Proxy and lead all focus group discussions.

As an official stakeholder of your child and the Trilogy program, your input will be valuable to the findings of the evaluation. Please do not hesitate to reach out if you have any additional questions.

Sincerely,

Joshua Sain

Appendix K

Focus Group A: Protocol and Script for District Elementary School Principals

Focus Group A: Protocol and Script for District Elementary School Principals

Welcome/Introduction/Purpose:

Welcome to our focus group session with district elementary school principals.

Thank you for being here.

I am (PROXY NAME) and will be serving as the facilitator of this focus group session. A proxy was chosen to facilitate because the evaluator is a former administrator of the district and wanted ensure fidelity of the session and participant responses.

The purpose of our session is to provide you all with an opportunity to give your input and feedback regarding Trilogy's ability to fulfill its key objectives and future implementation.

You are here today because your input as a school leader who has been directly involved in referring a student to the Trilogy program will be valuable to the overall program evaluation.

Our conversations today will emphasize two program objectives which directly relate to your role as school leaders.

Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)

Objective 2 – reduce the number of classroom interruptions/distractions in the traditional classroom environment

Additionally, participants will be allowed to detail their overall beliefs of the program and how it can be improved to best serve students.

Discussion Procedures:

Participants are asked to respond to a series of pre-determined questions selected by the evaluator regarding objectives one and two.

To ensure we maximize our time together, please make sure to do the following:

- Listen respectfully as others share their views.
- Refrain from using specific student or teacher names throughout our conversations.

- It should be noted that anything stated during our discussion is considered confidential and should not be discussed in any other setting.
- Be honest and truthful regarding your answers to questions. There are no right or wrong answers

I will serve as the moderator and will guide the group discussion and to make sure we stay on topic.

In addition to our six conversation questions, additional probing questions will be used to ensure our discussions remain relevant.

To ensure all responses are correctly documented, the session will be recorded.

The recording will be transferred to the evaluator following the session.

Only the evaluator will have access to the recordings.

Recordings will be destroyed once the evaluation report is final.

Are there any questions before we begin?

I will now begin recording.

Group Discussion Questions:

1. Do you believe the referral process for potential Trilogy candidates is easy to understand and navigate? Explain.
 - a. *What resources are provided to ensure schools know how to navigate the referral process?*
 - b. *When questions arise about the referral process, who do schools reach out to for additional support or information?*
2. Is there a clear understanding of student behavioral documentation needed to support a Trilogy referral? Explain.
 - a. *What resources or support are provided to ensure schools understand documentation needed for a referral?*
 - b. *What support does the district's behavioral liaison or Department of Student Services offer to schools when documenting student behaviors?*
3. Do you believe students who need intensive behavioral support are qualifying for Trilogy? Explain.

- a. Are your students who continually interrupt learning environments being referred or placed in the program?*
 - b. Are your most aggressive students being referred or placed in the program?*
4. Does Trilogy reduce behavioral interruptions in the traditional classroom setting throughout your schools? Explain.
 - a. How does it manifest in the classroom behavior?*
 - b. How has the program made a difference in behavioral interruptions at your school since the program was implemented?*
5. What do you believe are the strengths of Trilogy?
6. What recommendations for improvement do you have for Trilogy?
 - a. Explain your beliefs regarding the program's continuation.*

Conclusion:

Thank you for your time and willingness to participate in today's focus group session.

Please remember that today's discussion is confidential and should not be shared with others.

Your input and feedback will be used to determine over Trilogy effectiveness and its future implementation.

Once the evaluation has concluded, findings will be presented to district leadership.

Appendix L

Focus Group B: Protocol and Script for the Trilogy Leadership Team

Focus Group B: Protocol and Script for the Trilogy Leadership Team

Welcome/Introduction/Purpose:

Welcome to our focus group session with members of the Trilogy Leadership Team.

Thank you for being here.

I am (PROXY NAME) and will be serving as the facilitator of this focus group session. A proxy was chosen to facilitate because the evaluator is a former administrator of the district and wanted to ensure the fidelity of the session and participant responses.

The purpose of our session is to provide you all with an opportunity to give your input and feedback regarding Trilogy's ability to fulfill its key objectives and future implementation.

You are here today because your input as a member of the leadership team will be valuable to the overall program evaluation.

Our conversations today will emphasize two program objectives which directly relate to your role as Trilogy Leadership Team members. Those objectives include:

Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)

Objective 5 – to reduce the number of suspensions or time spent out of the classroom (detention/in-school suspension) for identified students

Additionally, focus group participants will be allowed to detail their overall beliefs of the program and how it can be improved to best serve students.

Discussion Procedures:

Participants are asked to respond to a series of pre-determined questions selected by the evaluator regarding objectives one and five.

To ensure we maximize our time together, please make sure to do the following:

- Listen respectfully as others share their views.
- Refrain from using specific student or teacher names throughout our conversations.
 - It should be noted that anything stated during our discussion is considered confidential and should not be discussed in any other setting.

- Be honest and truthful regarding your answers to questions. There are no right or wrong answers

I will serve as the moderator and will guide the group discussion and to make sure we stay on topic.

In addition to our six conversation questions, additional probing questions will be used to ensure our discussions remain relevant.

To ensure all responses are correctly documented, the session will be recorded.

The recording will be transferred to the evaluator following the session.

Only the evaluator will have access to the recordings.

Recordings will be destroyed once the evaluation report is final.

Are there any questions before we begin?

I will now begin recording.

Group Discussion Questions:

1. Do you believe the referral process for Trilogy candidates is easy to understand and navigate for the district's elementary schools? Explain.
 - a. *What resources are provided to ensure schools know how to navigate the referral process?*
 - b. *When questions arise about the referral process, who do schools reach out to for additional support or information?*
2. Is there a clear understanding of student behavioral documentation needed to support a student referral throughout the district's elementary schools? Explain.
 - a. *What resources or support are provided to ensure schools understand documentation needed for a referral?*
 - b. *What support does the district's behavioral liaison or Department of Student Services offer to schools when documenting student behaviors?*
3. Do you believe students who are in most need of intensive behavioral services are being placed into the program throughout the district? Explain.
 - a. *Are there students in traditional classrooms that you feel need to be placed?*
 - b. *Why do you believe those students not being placed into the program?*

4. Do you believe Trilogy has decreased removal consequences or time spent out of the classroom due to behavior for identified students?
 - a. *When visiting schools, what impact do you believe the program is having regarding behavioral disruptions?*
5. What do you believe are the strengths of Trilogy?
6. Moving forward, what recommendations for improvement do you have for Trilogy?
 - a. *Explain your beliefs regarding the program's continuation.*

Conclusion:

Thank you for your time and willingness to participate in today's focus group session.

Please remember that today's discussion is confidential and should not be shared with others.

Your input and feedback will be used to determine over Trilogy effectiveness and its future implementation.

Once the evaluation has concluded, findings will be presented to district leadership.

Appendix M

Focus Group C: Protocol and Script for Traditional Classroom Teachers

Focus Group C: Protocol and Script for Traditional Classroom Teachers

Welcome/Introduction/Purpose:

Welcome to our focus group session with teachers of traditional elementary classrooms throughout the district.

Thank you for being here.

I am (PROXY NAME) and will be serving as the facilitator of this focus group session. A proxy was chosen to facilitate because the evaluator is a former administrator of the district and wanted ensure fidelity of the session and participant responses.

The purpose of our session is to provide you all with an opportunity to give your input and feedback regarding Trilogy's ability to fulfill its key objectives and future implementation.

You are here today because your input as a traditional classroom teacher who has been directly involved in referring a student to the Trilogy program will be valuable to the overall program evaluation.

Our conversations today will emphasize two program objectives which directly relate to your role as school leaders.

Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)

Objective 2 – reduce the number of classroom interruptions/distractions in the traditional classroom environment

Additionally, participants will be allowed to detail their overall beliefs of the program and how it can be improved to best serve students.

Let's go around the room and introduce ourselves. Please state your name, school and the grade level you teach. Also let us know if you have referred a student to the Trilogy program.

Discussion Procedures:

Participants are asked to respond to a series of pre-determined questions selected by the evaluator regarding objectives one and two.

To ensure we maximize our time together, please make sure to do the following:

- Listen respectfully as others share their views.
- Refrain from using specific student or teacher names throughout our conversations.
 - It should be noted that anything stated during our discussion is considered confidential and should not be discussed in any other setting.
- Be honest and truthful regarding your answers to questions. There are no right or wrong answers

I will serve as the moderator and will guide the group discussion and to make sure we stay on topic.

In addition to our six conversation questions, additional probing questions will be used to ensure our discussions remain relevant.

To ensure all responses are correctly documented, the session will be recorded.

The recording will be transferred to the evaluator following the session.

Only the evaluator will have access to the recordings.

Recordings will be destroyed once the evaluation report is final.

Are there any questions before we begin?

I will now begin recording.

Group Discussion Questions:

1. Do you believe the referral process for Trilogy candidates is easy to understand and navigate for you and other teachers in your schools? Explain.
 - a. *What resources are provided to ensure schools know how to navigate the referral process?*
 - b. *When questions arise about the referral process, who do schools reach out to for additional support or information?*
2. Is there a clear understanding of student behavioral documentation need to support a student referral at your school? Explain.
 - a. *Talk with the group about familiarity amongst teachers in your buildings when maintaining appropriate behavioral documentation?*
 - b. *What resources or support are provided to you and other teachers in your buildings regarding appropriate behavioral documentation?*

- c. *Is there a designated employee or team in your school that helps teachers with behavioral documentation? If yes, please share their support process.*
- 3. Do you believe students who are in most need of intensive behavioral services at your school are being placed into the program? Explain.
 - a. *How has Trilogy impacted major behaviors in your classroom or throughout your school buildings?*
 - b. *Why do you believe these students not placed in the program?*
- 4. Does Trilogy reduce behavioral interruptions in your classrooms? Explain.
 - a. *How has Trilogy impacted behavioral interruptions at your school since the program was implemented? Increase, decrease, or stayed the same?*
- 5. What do you believe are the strengths of Trilogy?
- 6. Moving forward, what recommendations for improvement do you have for Trilogy?
 - a. *Explain your beliefs regarding the program's continuation.*

Conclusion:

Thank you for your time and willingness to participate in today's focus group session.

Please remember that today's discussion is confidential and should not be shared with others.

Your input and feedback will be used to determine over Trilogy effectiveness and its future implementation.

Once the evaluation has concluded, dissemination of findings will be presented to district leadership.

Appendix N

Focus Group D: Protocol and Script for Site School Traditional Classroom Teachers

Focus Group D: Protocol and Script for Site School Traditional Classroom Teachers

Welcome/Introduction/Purpose:

Welcome to our focus group session with teachers of the elementary classroom where Trilogy is located.

Thank you for being here.

I am (PROXY NAME) and will be serving as the facilitator of this focus group session. A proxy was chosen to facilitate because the evaluator is a former administrator of the district and wanted to ensure the fidelity of the session and participant responses.

The purpose of our session is to provide you all with an opportunity to give your input and feedback regarding Trilogy's ability to fulfill its key objectives and future implementation.

You are here today because your input as a site school traditional classroom teacher will be valuable to the overall program evaluation.

Our conversations today will emphasize three program objectives which directly relate to your role as a site school traditional classroom teacher. Those objectives include:

Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)

Objective 2 – reduce the number of classroom interruptions/distractions in the traditional classroom environment

Objective 6 – to successfully integrate Trilogy students (using a gradual release framework) into a traditional classroom setting with an 18-month time frame

Additionally, focus group participants will be allowed to detail their overall beliefs of the program and how it can be improved to best serve students.

Let's go around the room and indicate if you have referred a student to Trilogy or if a Trilogy student has integrated into your classroom.

Discussion Procedures:

Participants are asked to respond to a series of pre-determined questions selected by the evaluator regarding objectives one, two and six.

To ensure we maximize our time together, please make sure to do the following:

- Listen respectfully as others share their views.
- Refrain from using specific student or teacher names throughout our conversations.
 - It should be noted that anything stated during our discussion is considered confidential and should not be discussed in any other setting.
- Be honest and truthful regarding your answers to questions. There are no right or wrong answers

I will serve as the moderator and will guide the group discussion and to make sure we stay on topic.

In addition to our seven conversation questions, additional probing questions will be used to ensure our discussions remain relevant.

To ensure all responses are correctly documented, the session will be recorded.

The recording will be transferred to the evaluator following the session.

Only the evaluator will have access to the recordings.

Recordings will be destroyed once the evaluation report is final.

Are there any questions before we begin?

I will now begin recording.

Group Discussion Questions:

1. Do you believe the referral process for Trilogy candidates is easy to understand and navigate for site school teachers? Explain.
 - a. *What resources are provided to ensure schools know how to navigate the referral process?*
 - b. *When questions arise about the referral process, who can you reach out to for additional support or information?*
2. Is there a clear understanding of student behavioral documentation need to support a student referral at the site school? Explain.
 - a. *What resources are provided to ensure you and other teachers in the building understand the documentation needed for a Trilogy referral?*

- b. Describe the familiarity that you and other teachers throughout the building have with maintaining appropriate behavioral documentation.*
- 3. Do you believe students who are in most need of intensive behavioral services at your school are being placed into the program? Explain.
 - a. Explain why you believe student with challenging behaviors are not being placed into the program.*
- 4. Does Trilogy reduce behavioral interruptions throughout site school classrooms?
 - a. Explain the impact of Trilogy regarding behavioral interruptions at your school since the program was implemented. Increase, decrease, or stayed the same?*
- 5. Are you given the necessary resources to support Trilogy students integrating into your traditional classroom setting?
 - a. What support do you receive from leadership throughout the process of bringing a student from Trilogy into your room?*
 - b. What professional development opportunities are you provided with to ensure successful integration of students into your classroom?*
 - c. What support do you receive from Trilogy teachers and mental health therapists throughout a student's transition?*
- 6. What do you believe are the strengths of Trilogy?
- 7. Moving forward, what recommendations for improvement do you have for Trilogy?
 - a. Explain your beliefs regarding the program's continuation.*

Conclusion:

Thank you for your time and willingness to participate in today's focus group session.

Please remember that today's discussion is confidential and should not be shared with others.

Your input and feedback will be used to determine over Trilogy effectiveness and its future implementation.

Once the evaluation has concluded, dissemination of findings will be presented to district leadership.

Appendix O

Focus Group E: Protocol and Script for Trilogy Teachers and Support Staff

Focus Group E: Protocol and Script for Trilogy Teachers and Support Staff

Welcome/Introduction/Purpose:

Welcome to our focus group session with Trilogy teachers and behavior management technicians.

Thank you for being here.

I am (PROXY NAME) and will be serving as the facilitator of this focus group session. A proxy was chosen to facilitate because the evaluator is a former administrator of the district and wanted to ensure the fidelity of the session and participant responses.

The purpose of our session is to provide you all with an opportunity to give your input and feedback regarding Trilogy's ability to fulfill its key objectives and future implementation.

You are here today because your input as Trilogy teachers and behavior management technicians will be valuable to the overall program evaluation.

Our conversations today will emphasize four program objectives which directly relate to your role as Trilogy teachers and behavior management technicians. Those objectives include:

Objective 3 – to provide Trilogy students with scheduling flexibility and academic supports to be successful in the school environment

Objective 4 – to provide students with mental health counseling to acquire appropriate coping skills/strategies to successfully access the core curriculum in a school environment

Objective 6 – to successfully integrate Trilogy students (using a gradual release framework) into a traditional classroom setting within an 18-month time frame

Objective 7 – To collaborate and provide Trilogy parents with the resources necessary to support best practices for behavior, mental health and academics while their students are in the program and following their integration into the traditional classroom setting

Additionally, focus group participants will be allowed to detail their overall beliefs of the program and how it can be improved to best serve students.

Discussion Procedures:

Participants are asked to respond to a series of pre-determined questions selected by the evaluator regarding objectives three, four, six and seven.

To ensure we maximize our time together, please make sure to do the following:

- Listen respectfully as others share their views.
- Refrain from using specific student or teacher names throughout our conversations.
 - It should be noted that anything stated during our discussion is considered confidential and should not be discussed in any other setting.
- Be honest and truthful regarding your answers to questions. There are no right or wrong answers

I will serve as the moderator and will guide the group discussion and to make sure we stay on topic.

In addition to our ten conversation questions, additional probing questions will be used to ensure our discussions remain relevant.

To ensure all responses are correctly documented, the session will be recorded.

The recording will be transferred to the evaluator following the session.

Only the evaluator will have access to the recordings.

Recordings will be destroyed once the evaluation report is final.

Are there any questions before we begin?

I will now begin recording.

Group Discussion Questions:

1. Do Trilogy students have scheduling flexibility to be successful in the alternative placement? Explain.
 - a. *What challenges do you face when providing students with a flexible schedule throughout the day?*
 - b. *What resources do you have to support this flexibility?*
2. Are resources readily available to support the academic needs of students in the program? Explain.

- a. *What opportunities do you have to collaborate with other teachers in the building?*
 - b. *What access to curriculum support do you receive from administration?*
3. Do Trilogy students have access to continuous mental health services to support their specific needs? Explain.
 - a. *Is the program staffed with enough mental health therapists?*
 - b. *How do students respond to mental health therapy?*
 - c. *What prevents access to mental health services?*
 - d. *How can that be corrected?*
4. Do you have access to training and resources necessary to support the mental health well-being of Trilogy students? Explain.
 - a. *What opportunities do you have to collaborate with mental health therapists?*
 - b. *What professional development and support do you receive from mental health therapists and administration?*
5. Do traditional classroom teachers have the required resources to support a successful integration of Trilogy students into their classrooms? Explain.
 - a. *Explain how classroom teachers approach integration.*
 - b. *Describe classroom teacher's willingness to collaborate and plan for a student's transition.*
 - c. *Describe your student's willingness to transition to traditional classrooms.*
6. Please describe any and all obstacles that Trilogy students acquire when integrating back into the traditional classroom setting.
 - a. *What makes a transition difficult?*
7. Are Trilogy parents/guardians given access to resources to support their students while in the program? Explain.
 - a. *What resources are available to parents/guardians?*
8. Are Trilogy parents/guardians given access to resources to support their students as they integrate into the traditional classroom setting? Explain.

a. What opportunities do parents have to collaborate with the traditional classroom teacher?

9. What do you believe are the strengths of Trilogy?

10. Moving forward, what recommendations for improvement do you have for Trilogy?

a. Explain your beliefs regarding the program's continuation.

Conclusion:

Thank you for your time and willingness to participate in today's focus group session.

Please remember that today's discussion is confidential and should not be shared with others.

Your input and feedback will be used to determine over Trilogy effectiveness and its future implementation.

Once the evaluation has concluded, dissemination of findings will be presented to district leadership.

Appendix P

Focus Group F: Protocol and Script for Mental Health Therapists and Site School

Counselor

Focus Group F: Protocol for Mental Health Therapists and Site School Counselor

Welcome/Introduction/Purpose:

Welcome to our focus group session with mental health therapists and the site school counselor.

Thank you for being here.

I am (PROXY NAME) and will be serving as the facilitator of this focus group session. A proxy was chosen to facilitate because the evaluator is a former administrator of the district and wanted to ensure the fidelity of the session and participant responses.

The purpose of our session is to provide you all with an opportunity to give your input and feedback regarding Trilogy's ability to fulfill its key objectives and future implementation.

You are here today because your input as mental health therapists and the site school counselor will be valuable to the overall program evaluation.

Our conversations today will emphasize three program objectives which directly relate to your role as mental health therapists and the site school counselor. Those objectives include:

Objective 4 – to provide students with mental health counseling to acquire appropriate coping skills/strategies to successfully access the core curriculum in a school environment

Objective 6 – to successfully integrate Trilogy students (using a gradual release framework) into a traditional classroom setting within an 18-month time frame

Objective 7 – To collaborate and provide Trilogy parents with the resources necessary to support best practices for behavior, mental health and academics while their students are in the program and following their integration into the traditional classroom setting

Additionally, focus group participants will be allowed to detail their overall beliefs of the program and how it can be improved to best serve students.

Discussion Procedures:

Participants are asked to respond to a series of pre-determined questions selected by the evaluator regarding objectives four, six and seven.

To ensure we maximize our time together, please make sure to do the following:

- Listen respectfully as others share their views.
- Refrain from using specific student or teacher names throughout our conversations.
 - It should be noted that anything stated during our discussion is considered confidential and should not be discussed in any other setting.
- Be honest and truthful regarding your answers to questions. There are no right or wrong answers

I will serve as the moderator and will guide the group discussion and to make sure we stay on topic.

In addition to our ten conversation questions, additional probing questions will be used to ensure our discussions remain relevant.

To ensure all responses are correctly documented, the session will be recorded.

The recording will be transferred to the evaluator following the session.

Only the evaluator will have access to the recordings.

Recordings will be destroyed once the evaluation report is final.

Are there any questions before we begin?

I will now begin recording.

Group Discussion Questions:

1. Are Trilogy students are provided with mental health services to acquire appropriate coping skills/strategies? Explain.
 - a. *What time challenges do you face when supporting all Trilogy students?*
2. Are mental health services provided consistently with minimal behavioral interruptions? Explain.
 - a. *What support do you receive from Trilogy teachers and support staff when providing group therapy?*
 - b. *What opportunities do you have to collaborate with Trilogy teachers regarding mental health strategies and consistent implementation?*
3. Are resources readily available to provide Trilogy students with intensive mental health support and counseling services? Explain.

- a. *What resources you provided to support Trilogy students by administration?*
4. Do trilogy teachers support and reinforce appropriate mental health support strategies throughout the school day? Explain.
 - a. *Describe how Trilogy teachers emphasize mental health in their daily instruction.*
5. Are Trilogy teachers provided with the necessary professional development and resources to provided consistent mental health support to students? Explain
 - a. *What additional training might they need to ensure student success?*
6. Are traditional classroom teachers given the necessary resources to support Trilogy students integrating into a traditional classroom setting? Explain.
 - a. *What resources does administration provide to traditional classroom teachers regarding supportive and welcoming classroom environments?*
 - b. *Describe the willingness of traditional classroom teachers to ensure effective transitions for Trilogy students.*
7. Are Trilogy students given appropriate support from traditional classroom teachers when integrating into their classrooms? Explain.
 - a. *Explain how PBIS and SEL frameworks are implemented in traditional classrooms.*
 - b. *Explain how academics interventions are offered to Trilogy students in the traditional classroom.*
8. Do Trilogy parents utilize provided resources and collaborate with stakeholders to ensure the well-being of their students?
 - a. *What opportunities do parents have to be involved in the program?*
9. What do you believe are the strengths of Trilogy?
10. Moving forward, what recommendations for improvement do you have for Trilogy?
 - a. *Explain your beliefs regarding the program's continuation.*

Conclusion:

Thank you for your time and willingness to participate in today's focus group session.

Please remember that today's discussion is confidential and should not be shared with others.

Your input and feedback will be used to determine over Trilogy effectiveness and its future implementation.

Once the evaluation has concluded, dissemination of findings will be presented to district leadership.

Appendix Q

Focus Group G: Protocol and Script for Trilogy Parents and Guardians

Focus Group G: Protocol and Script for Trilogy Parents and Guardians

Welcome/Introduction/Purpose:

Welcome to our focus group session with Trilogy parents and guardians.

Thank you for being here.

I am (PROXY NAME) and will be serving as the facilitator of this focus group session. A proxy was chosen to facilitate because the evaluator is a former administrator of the district and wanted to ensure the fidelity of the session and participant responses.

The purpose of our session is to provide you all with an opportunity to give your input and feedback regarding Trilogy's ability to fulfill its key objectives and future implementation.

You are here today because your input as a parent or guardian of a Trilogy student will be valuable to the overall program evaluation.

Our conversations today will emphasize two program objectives which directly relate to your role as a parent or guardian. Those objectives include:

Objective 1 – to create an alternative learning program to support students who meet the requirements for intensive behavioral interventions or who have been diagnosed with an emotional behavioral disorder (EBD)

Objective 7 – To collaborate and provide Trilogy parents with the resources necessary to support best practices for behavior, mental health and academics while their students are in the program and following their integration into the traditional classroom setting

Additionally, focus group participants will be allowed to detail their overall beliefs of the program and how it can be improved to best serve students.

Discussion Procedures:

Participants are asked to respond to a series of pre-determined questions selected by the evaluator regarding objectives one and seven.

To ensure we maximize our time together, please make sure to do the following:

- Listen respectfully as others share their views.
- Refrain from using specific student or teacher names throughout our conversations.

- It should be noted that anything stated during our discussion is considered confidential and should not be discussed in any other setting.

- Be honest and truthful regarding your answers to questions. There are no right or wrong answers

I will serve as the moderator and will guide the group discussion and to make sure we stay on topic.

In addition to our seven conversation questions, additional probing questions will be used to ensure our discussions remain relevant.

To ensure all responses are correctly documented, the session will be recorded.

The recording will be transferred to the evaluator following the session.

Only the evaluator will have access to the recordings.

Recordings will be destroyed once the evaluation report is final.

Are there any questions before we begin?

I will now begin recording.

Group Discussion Questions:

1. Do you believe the program creates a learning environment where your child can be successful at school? Explain.
 - a. *How does your child feel about coming to school?*
 - b. *Describe the impact of your child's feeling toward school as a result of Trilogy.*
2. Do Trilogy teachers and support staff regularly communicate with you regarding your child's behavioral and mental health progress? Explain.
 - a. *Are you aware of things that are happening in the classroom? Explain.*
 - b. *What types of communication does the teacher use?*
 - c. *Is your communication positive, negative or both? Explain.*
3. Are you provided with mental health resources to support the well-being of your child outside of school? Explain.
 - a. *What resources does the school provide you to help your child when they come home each afternoon?*

- b. What resource helps the most?*
 - c. What resource helps the least?*
- 4. Do you feel comfortable reaching out to teachers and support staff regarding your child's academic or behavioral progress? Explain.
 - a. Describe the willingness of Trilogy teachers when communicating your child's academics and behavior.*
- 5. Overall, do you believe the program is effectively supporting the behavioral and mental health needs of your child?
 - a. What about the program helps your child the most?*
 - b. Are you happy your child was enrolled in the program? Explain.*
- 6. What do you believe are the strengths of Trilogy?
- 7. Moving forward, what recommendations for improvement do you have for Trilogy?
 - a. Explain your beliefs regarding the program's continuation.*

Conclusion:

Thank you for your time and willingness to participate in today's focus group session.

Please remember that today's discussion is confidential and should not be shared with others.

Your input and feedback will be used to determine over Trilogy effectiveness and its future implementation.

Once the evaluation has concluded, dissemination of findings will be presented to district leadership.

Appendix R

Focus Group Participant Responses: Objective 1

Focus Group Participant Responses: Objective 1

Trilogy will support students who meet the requirements for intensive behavioral interventions or who have been considered at-risk or diagnosed with an emotional behavioral disorder (EBD) in an alternative learning setting.

Question:	Do you believe the referral process for potential Trilogy candidates is easy to understand and navigate? Explain.
Focus Group A Responses: District Elementary School Principals	<ul style="list-style-type: none"> • Yes, very easy to navigate. If a teacher needs support, we are there to support them just as the district team is always eager to support us should there be any questions. • The process is easy to navigate but it would be helpful if there was more education to all teachers throughout the district on the program and who it is intended for.
Focus Group B Responses: Trilogy Leadership Team	<ul style="list-style-type: none"> • Yes, we believe the process has gotten much better over time as the district continues to make the program as effective as possible. • The team continues to make adjustments regarding the referral process to ensure the program is fluid and best meeting the needs of teachers and students. • Our efforts throughout have been to ensure a simplified referral method with the ability to serve those students who would benefit the most. • The process seems to be running very well at the site school. The other non-Trilogy schools may need more support with better understanding of the entire program which includes the referral process.
Focus Group C Responses: Traditional Classroom Teachers	<ul style="list-style-type: none"> • The process is accessible, organized and very easy to understand. <ul style="list-style-type: none"> • Data is not always the easiest to collect but there are specifics that must be collected and analyzed prior to a referral • Those specifics are clearly laid out and easy to understand • School admin or Trilogy leadership is ALWAYS available to support when our student support teams have questions or need additional guidance/resources
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> • Teachers look to administration for continuous support and guidance. This includes paperwork and data collection. • Referral process is very easy to navigate. Directions, requirements and expectations are organized and very easy to follow. Administration is always available to support and guide throughout the referral process. • The process is very easy as long as teachers are willing to put in the effort required to keep appropriate documentation and implement behavior strategies.

Question:	Is there a clear understanding of student behavioral documentation needed to support a Trilogy referral?
Focus Group A Responses: District Elementary School Principals	<ul style="list-style-type: none"> • Yes, there is a clear understanding. Because the process is evolving and time consuming, many teachers become impatient. Especially if they have a student behavior that is negatively impacting the overall learning in their classroom. • I continually remind myself and my teachers that the process is

	<p>comprehensive to ensure our resources are appropriately allocated and ultimately guarantee the program's success and longevity.</p> <ul style="list-style-type: none"> • Very easy to understand. I wish there was a way to expedite the process but totally understand the importance of exhausting all options and collecting as much data as possible before a referral is made. This has to be a continuous reminder to my staff, especially those who have students who may be eligible for the program.
Focus Group B Responses: Trilogy Leadership Team	<ul style="list-style-type: none"> • Yes, there is a clear understanding at the school level. Each school has their own specific process that is managed by the district's behavior liaison. This is manageable and successful due the small number of elementary schools throughout the district. • Each school having their own process allows for more buy-in to a district-wide program and allows for a much better understanding at each school. • There was an increased buy-in of the process by keeping familiar school-based documentation systems intact to ensure familiarity and compliance with a majority of stakeholders.
Focus Group C Responses: Traditional Classroom Teachers	<ul style="list-style-type: none"> • School admin has not explicitly told or shared with the whole school of the process or what data is needed. • District leadership has shared what is needed (in a general sense) • This has improved greatly over the course of the program's implementation as almost all elementary schools know the purpose of the classroom (mental health) and what students should be considered for placement. • All teachers are getting better at understanding what is needed for placement. They understand this is not just for students with behaviors but for students who have severe mental health needs that often exhibit harmful behaviors. • The overwhelming majority of our teachers understand the referral process, what is needed as evidence and that the program is a proactive attempt to address the mental health needs of students • There is always help and support when a teacher has a possible candidate for the program. The small district allows for school leaders and district leadership to support or provide guidance when needed.
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> • Documents are easy to use and provide a clear understanding of Trilogy eligibility. • Documents were modified to meet the specific school behavior expectations of our school which were very helpful. • I believe this has led to an exhaustive documentation process which takes a lot of time but I certainly understand the importance of thorough data analysis when referring students to the program. • I believe there is a clear understanding of all required documentation. It is a lot but is so important to the future success of the student and will help the host school with their efforts to provide the most intensive behavioral support for our students who are most in need.

Question:	Do you believe students who need intensive behavioral support are qualifying for Trilogy?
Focus Group A Responses: District Elementary	<ul style="list-style-type: none"> • Regarding mental health support, yes, the program is serving those students. This still leaves schools with students who have challenging behaviors but are not in most need of mental health support. The district should look to provide more specific behavior support at the school level.

School Principals	<ul style="list-style-type: none"> If a student needs mental health support, Trilogy is the place for them and those students are certainly qualifying for the program. Schools are struggling when determining a support pathway for students who are not eligible for Trilogy and do not have significant mental health concerns.
Focus Group B Responses: Trilogy Leadership Team	<ul style="list-style-type: none"> Yes, we believe all students at this current time who are in most need of mental health support are placed or are currently in the referral process. We understand there is some frustration from schools where extreme student behavior continues to disrupt learning but we must ensure that Trilogy serves those students who need emotional-behavioral support in an attempt to proactively address the escalating behavior problems in our classrooms.
Focus Group C Responses: Traditional Classroom Teachers	<ul style="list-style-type: none"> Yes, for those who need mental health support Yes, there are students who have extreme behaviors in our buildings but do not meet the mental health criteria for eligibility All students who have severe behavioral and mental health needs have been placed into the program. Those with significant behaviors only are supported by school administration.
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> Yes, those who need the most mental health support are being served in the program. There are certainly more students that could benefit from intensive behavioral services in a classroom like Trilogy but to know those who are in most need are being proactively supported with the intent to integrate successfully back into a traditional classroom environment is a significant step in the right direction. In the beginning, I was skeptical of the program and who it was serving but overtime have come to realize the purpose of the program is a proactive mental health approach to best support those students who desperately need more than traditional classroom practices. This is definitely happening.

Question:	Do you believe the program creates a learning environment where your child can be successful at school?
Focus Group G Responses: Trilogy Parents and Guardians	<ul style="list-style-type: none"> Yes, my child hated school before the program. Although there were still some growing pains at the start of their time in the program, it was worth it. The program helped my students in so many more ways than academics. So very thankful for Trilogy. I agree. There are certainly still some growing pains throughout the start of the program but as the days and weeks passed, my child did not hate school and wanted to be there a majority of the time. I am proud to say my child is now back in a regular classroom and being successful. This would not have happened if they were not able to spend time in Trilogy. Before Trilogy my child would never speak of anything positive about school and would always look forward to the weekends, holidays or when they were suspended. Yes, the environment empowered my child and made them feel successful in school for the first time. They still didn't like a lot of the work but at least they made an effort and were able to feel some type of success in the classroom which had never happened before. The success my child is now experiencing would never have happened if not for the support that Trilogy provided.

Appendix S

Focus Group Participant Responses: Objective 2

Focus Group Participant Responses: Objective 2

Trilogy will reduce the number of classroom interruptions/distractions in the traditional education environment by students who receive intensive behavioral interventions or who have considered at-risk or diagnosed with an emotional behavioral disorder (EBD).

Question:	Does Trilogy reduce behavioral interruptions in the traditional classroom setting throughout your schools? Explain.
Focus Group A Responses: District Elementary School Principals	<ul style="list-style-type: none"> • Overall, yes. These students often disrupted entire grade levels and could sometimes cause an entire day of instruction to be lost. • Reduced the amount of bouncing from classroom to classroom. • Most BIPs utilize the bounce strategy which most times disrupts multiple classrooms when utilized with students who demonstrate the need for a classroom like Trilogy. • This has reduced disruptions across the entire grade level. • Reduced the number of other students misbehaving as a result of seeing their classmates routinely misbehave. • Reduced disruptions during transitions (AM arrival, PM dismissal), special area classes, recess, lunch, assemblies and field trips. • Teachers can focus on all student behavior and ensure appropriate actions and procedures are always modeled and enforced wherever the class goes in the building.
Focus Group C Responses: Traditional Classroom Teachers	<ul style="list-style-type: none"> • Yes, it reduces distractions throughout the building and has reduced the amount of time teachers have to “bounce” students to other classrooms. • Administration has more time to help with other students or support teachers with curriculum. • Yes, you can physically see the stress relief from teachers who have referred students to Trilogy. • I was able to immediately notice a positive difference in both the teacher and the students. The teacher appeared more relaxed with more time to focus on all her students and the students were elated to have direct attention and academic support from their teacher. • Yes, you see it in the cafeteria and during assemblies. Especially at recess. • You can see an improvement in students who were in the same class. They are more focused and relaxed. They can see it in their teachers as well.
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> • Yes, for specific classrooms of teachers who had students referred to the Trilogy program. These teachers no longer have to bounce students as frequently which impacts the entire grade level. • Admin is not a present in classrooms because the students are now in Trilogy. • With program here at our school, there are more distractions throughout the building as a result. In the cafeteria, playground and assemblies. • Our administration is pulled frequently to assist with the Trilogy program • Principals are spread thin. Focus is less on instruction and more in the behaviors within the Trilogy program. • The program has helped some of our school’s most challenging students but our administration is frequently called to support Trilogy classrooms and is often unavailable to consistently support grade level teachers when other student concerns arise. • It would be great if the program ran like a school within a school and had its own administration and support services.

Appendix T

Focus Group Participant Responses: Objective 3

Focus Group Participant Responses: Objective 3

Trilogy students will be provided with scheduling flexibility and academic support to be successful in the school environment.

Question:	Do Trilogy students have scheduling flexibility to be successful in the alternative placement? Explain.
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • Yes, all students have a schedule that best meets their behavioral needs inside the classroom and throughout the greater building such as the cafeteria, gym and playground areas. • Students have the option of an individualized schedule because the program allows for enough staff to implement the schedules. • Yes, the program also allows for a modified day as needed for each student and their individual learning needs. • Most important is the program's ability to modify the academic schedule of a student to ensure their unique learning needs are met and they can actually be successful in a school setting. • The only challenge is trying to align individual student schedules with the the master schedule of the site school to ensure all students have access to classes such as art, music, PE and STEM <ul style="list-style-type: none"> • Admin and special area teachers are always willing to support and brainstorm when a conflict arises. • It is great to see staff members throughout the building go above and beyond to ensure our students receive the flexibility they deserve while still providing them with the same opportunities as all other students in the building.

Question:	Are resources readily available to support the academic needs of students in the program? Explain.
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • Yes, this continues to improve all the time. Teachers are more willing to collaborate and invite Trilogy staff to planning sessions and share their resources. <ul style="list-style-type: none"> • I agree. Now that the program has finished two full years of implementation, other teachers have been able to witness our dedication to instruction and are more willing to invite us to collaborate and utilize their resources. • Yes, as the program becomes more established teachers are becoming more accepting of collaboration. • The Instructional coach provides frequent academic support and shares resources that are available as often as possible

Appendix U

Focus Group Participant Responses: Objective 4

Focus Group Participant Responses: Objective 4

Trilogy students are able to access mental health services to acquire appropriate coping skills and strategies for success in a school environment.

Question:	Do Trilogy students have access to continuous mental health services to support their specific needs?
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • Yes, the mental health therapists are instrumental to the success our students are able to achieve on a daily basis. • Our Mental health therapists follow a strict schedule with student services to ensure they receive the level of support they warrant. • Trilogy students have built a strong relationship with their therapist and the school counselor. • Counselors are able to help students understand how to appropriately manage their emotions and release their energy in a positive manner, while providing them with tools to navigate the requirements of school. • What makes this effective is their consistent approach and relentless devotion to the basic needs of students in the program. • The only time access is disrupted is when there is a crisis in the school or throughout the district when a mental health therapist is pulled to assist. <ul style="list-style-type: none"> • This does have the potential to trigger in a behavior who was scheduled to see the therapist.

Question:	Do you have access to training and resources necessary to support the mental health well-being of Trilogy students?
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • All BMTs receive 40 hours of initial training which is very helpful. <ul style="list-style-type: none"> • After our initial training, we must attend an annual refresher regarding the learned strategies. • It would help even more if the training was Trilogy specific and emphasized specific classroom behaviors. • All staff members receive yearly mental health and trauma training which includes restorative behavior practices and strategies. • Our district behavior liaison provides continuous check-ins and support with strategy implementation. • All Trilogy staff have a scheduled collaborative planning time with the school counselor and mental health therapists to ensure support is consistent and fluid. <ul style="list-style-type: none"> • Collaboration with mental health therapists is a very critical component of the program because it ensures the student has consistent mental health support even when they are not in a therapy session. • Our school counselor trains Trilogy staff with zones of regulation.

Question:	Are Trilogy students provided with mental health services to acquire appropriate coping skills/strategies?
Focus Group F Responses:	<ul style="list-style-type: none"> • Yes, we provide consistent services with as minimal disruptions as possible. <ul style="list-style-type: none"> • Unfortunately, we are pulled to support students across the district

Mental Health Therapist and Site School Counselor	<p>who are in crisis which can sometimes be problematic to Trilogy students.</p> <ul style="list-style-type: none"> • In a perfect world there could be other mental health therapists to serve all other schools and allow us to only focus on Trilogy students because they have the most intense needs. • Trilogy teachers and BMTs help us ensure we can achieve this goal. • I agree. Having a knowledgeable academic staff of the program only makes the mental health component better and stronger which allows our efforts to have so much more meaning throughout the school day.
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Question:	Are mental health services provided consistently with minimal behavioral interruptions?
Focus Group F Responses: Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none"> • Yes, given the amount of personnel within the program most therapy sessions happen with minimal behavioral interruption from students. • It is presented as a group effort to get maximum buy-in from students

Question:	Are resources readily available to provide Trilogy students with intensive mental health support and counseling services?
Focus Group F Responses: Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none"> • Yes, our administration is always willing to support the program with any resource necessary to assist with mental health and counseling services. • Administration is also very supportive of regular classroom teachers because they advocate a core counseling curriculum throughout the building to support the mental health needs of all students.

Question:	Do Trilogy teachers support and reinforce appropriate mental health strategies throughout the school day?
Focus Group F Responses: Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none"> • Yes, we have a great working relationship. Students know we are all on the same page and are all in this together. • Teachers always ask questions and look to us for guidance on how to support a student in a particular situation. • As we discussed earlier, they make our work so much more effective for students throughout the school day. Because they are knowledgeable students receive mental health support from morning until afternoon. • The Trilogy staff is committed to do what is in the best mental health interest of the students and are active participants in every session with the student, especially those who may need additional behavioral assistance throughout a particular counseling session.

Question:	Are Trilogy teachers provided with necessary professional development and resources to provide consistent mental health support to students?
Focus Group F Responses:	<ul style="list-style-type: none"> • Yes, teachers are regularly trained and then refreshed of specific mental health strategies that are imperative to a strong mental health program.

Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none">• Restorative strategies• Trauma sensitive approach• Regulatory strategies• In addition to these resources, our collaboration is probably the most effective resource for all involved.
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Appendix V

Office Discipline Referrals for Trilogy Students

Office Discipline Referrals for Trilogy Students

Student	ODRs in 2017-2018	ODRs in 2018-2019	Difference
Student 1	106	114	+ 8
Student 2	56	14	- 42
Student 3	49	28	- 21
Student 4	51	57	+ 6
Student 5	63	3	- 60
Student 6	61	17	- 44
Student 7	39	8	- 31
Student 8	70	41	- 29
Total	495	282	- 213

 (Educators Handbook, 2018)

Appendix W

Focus Group Participant Responses: Objective 5

Focus Group Participant Responses: Objective 5

Trilogy will reduce the number of suspensions or time spent out of the classroom for qualifying students.

Question:	Do you believe Trilogy decreased removal consequences or time spent out of the classroom due to behavior for identified students?
Focus Group B Responses: Trilogy Leadership Team	<ul style="list-style-type: none"> • Yes, absolutely. Trilogy students are staying in class much more frequently than they would in a traditional classroom setting. • Data indicates they are not being removed from the room as often. This includes short term removals to reset their behavior or long-term removals such as ISS or OSS. • Decreasing short term removals is very indicative of success. This is just as important as reducing their time out of the room due to more punitive consequences. • Data also indicates the amount of aggressive behaviors are steadily decreasing. Defiance continues to be the most prevalent but students are able to control their emotions in a much more productive manner. • Trilogy students would typically make it through a couple of hours in the traditional classroom before they would demonstrate a behavior that would warrant their removal from the class by the teacher of the school's administration. • Trilogy students often question authority, but their consistent regulatory strategies have helped to decrease their willingness to exhibit aggressive or harmful behaviors to themselves or others. • Most of these students are able to spend an entire day at school and therefore actually learn or at the least be exposed to instructional material which is much more than they were able to achieve in a regular class. • Parents are not called as often because students are able to find it within them to turn their day around after a series of bad decisions. • The programs flexibility and additional human support helps to ensure students have multiple pathways to success in any given day.
Focus Group G Responses: Trilogy Parents and Guardians	<ul style="list-style-type: none"> • My work days is not interrupted as much because I am not continually called to the school. • There are times that I need to go pick up my child but the teacher makes sure that is always the last result. • Communication is amazing and when my child is having a bad day or moment, I always get a call to proactively talk with my child to prevent them from being sent home. • Trilogy created a pathway for my child to stay in school a majority of the time and for me to stay at work.

Appendix X

Focus Group Participant Responses: Objective 6

Focus Group Participant Responses: Objective 6

Trilogy will successfully integrate identified students back into the traditional classroom setting using a gradual release framework within a period of 18 months.

Question:	Are you given the resources to support Trilogy students integrating into your traditional classroom setting?
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> • Yes, teachers throughout the school are willing to share resources and brainstorm strategies to help make the integration successful • Yes, we are supported from beginning to end. From the Trilogy staff, mental health therapists, administration to other teachers who have experienced the integration process. • The district has been very supportive and continues to add human resources to the integration process. This allows classroom teachers to always feel supported. • More importantly, it allows the student to feel support as they make the transition. • When students have a support person they can rely on throughout the integration, it makes them more comfortable and ultimately more successful as they navigate the new expectations of the traditional classroom. • BMTs was very supportive and instrumental in the successful acclimation of the student into a traditional classroom environment.

Question:	Do traditional classroom teachers have the required resources to support a successful integration of Trilogy students into their classrooms?
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • Yes, Trilogy teachers collaborate with traditional teachers who are receiving Trilogy students • They are very aware that we are an asset to their overall classroom success and willing to collaborate and learn the strategies that we use in Trilogy to ensure that success continues in their rooms. • Teachers are always willing to collaborate and implement class-wide behavior and mental health frameworks that can improve a Trilogy student's integration and the greater instructional environment for all students. • The school counselor and the student's mental health therapist collaborate with teachers as well to provide strategies and class frameworks to support a successful integration • BMTs support students as they initially begin to integrate and become a resource for the entire class. • Teachers are very aware if they follow procedures and protocols - the integration will be much more effective.

Question:	Are traditional classroom teachers given the necessary resources to support Trilogy students integrating into a traditional classroom setting?
Focus Group F Responses: Mental Health Therapist and Site	<ul style="list-style-type: none"> • Yes, they are given time to collaborate/plan with Trilogy teachers. They also spend time with us to review behavior plans or strategies and create a counseling schedule for the student throughout integration. • If the teacher needs physical resources to support the student throughout the

School Counselor	<p>integration, those are always provided.</p> <ul style="list-style-type: none"> • You can almost see the teacher's anxiety decrease throughout our initial meetings as they begin to understand the support the student will receive throughout the process. • Administration does a great job with pairing Trilogy students with the right teacher. • Agreed. Our administration understands the importance of the student-teacher relationship throughout this integration and they always seek those teachers who have a proven record of being solution oriented and have the ability to connect and build trust with all students.
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Question:	Please describe any and all obstacles that Trilogy students acquire when integrating back into the traditional classroom setting?
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • The main obstacle is the students fear being the "new kid" in the classroom at the beginning of the process. • They also fear being isolated from the group. • The obstacles they face are not different than the obstacles of a student starting a new school. • Teachers are prepared and do a great job with making the student feel like they are a part of the class. • Their fears are quickly put to rest when they see a teacher that is prepared and eager to meet their needs and a class that is happy to have them. • Teachers do a great job offering similar resources and plans to ensure students have access to their strategies as they integrate - from modified assignments to special areas of the room they can go to when they are overwhelmed and need a break.

Question:	Are Trilogy students given appropriate support from traditional classroom teachers when integrating into their classrooms?
Focus Group F Responses: Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none"> • Yes, classroom teachers do an amazing job with integration. They go above and beyond to ensure the student feels welcomed and a part of the classroom. • Ironically, we have had to have conversations about the teacher over supporting the student throughout the process. • If teachers have questions or are unsure of what to do in a certain situation, they always ask for support or guidance. • They understand the importance of the integration and are willing to do anything to make it successful. • Our principal continually supports classroom teachers and provides any and all resources necessary for a successful transition.

Appendix Y

Focus Group Participant Responses: Objective 7

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Trilogy parents are provided with resources to support best practices for behavior, mental health, and academics while their child is in the program and as they integrate back into the traditional classroom environment.

Question:	Are Trilogy parents/guardians given access to resources to support their students while in the program?
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • Yes, Trilogy teachers and mental health therapists meet with parents for monthly conferences. They are required by the program. • The primary purpose of the parent conferences is to guarantee the parent is an instrumental stakeholder in the child's progress and to ensure the strategies and expectations of the program are carrying over into the home environment. • Parents can schedule counseling sessions with parents for a student related concern or behavior they need support with at home • The district also partners with local agencies to provide effective parenting classes for those who are interested • These have been very successful for the parents and when providing consistency at home to the Trilogy student

Question:	Do Trilogy parents utilize provided resources and collaborate with stakeholders to ensure the well-being of their students?
Focus Group F Responses: Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none"> • Regarding conferences, yes parents collaborate with the Trilogy program because it is a requirement of the program. • About half of parents take advantage of our counseling services and parenting services provided by outside agencies. • It is important to note the progress that students make when their parents are willing to get help at home when it is needed. • Agreed. Parents who take advantage of our counseling services and the parenting classes see vast improvements from their children while at school as well as the home environment. • Student success in the program has so much to do with their success at home and this program provides pares with an opportunity to give the student endless possibilities for achievement.

Question:	Are Trilogy parents/guardians given access to resources to support their students as they integrate into the traditional classroom environment?
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • Yes, this is very similar to when they are enrolled in the program full time. Parents are still involved in a monthly conference. The traditional classroom teacher becomes a part of the monthly conferences, along with the school counselor.

Question:	Are you provided with mental health resources to support the well-being of your child outside of school?
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Focus Group G Responses: Trilogy Parents/Guardians	<ul style="list-style-type: none"> • Yes, if we are having trouble with our children at home the therapist is willing to listen and provide resources or strategies that can assist. • The therapists are never judgmental and always make you feel like you are doing the best you can with a difficult situation. They are very easy to talk to. • I participated in a parenting class which greatly helped me manage my child's behavior at home. It was great to be around other parents who were experiencing the same struggles at home. • Same here. It was reassuring to be around other parents who were experiencing the same struggles at home but doing everything they could to make a difference in their child's life. I did not feel alone.
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Question:	Do Trilogy teachers and support staff regularly communicate with you regarding your child's behavioral and mental health progress?
Focus Group G Responses: Trilogy Parents/Guardians	<ul style="list-style-type: none"> • Yes, we are always informed of our child's behavior progress at least daily. Sometimes more. • What makes this better is that we are told when our students have made great decisions or demonstrated good behavior. The focus of our communication is rarely all negative. • Totally agree. Trilogy communication is so positive and focus on the progress my child is making which is vastly different from the communication I received when they were in the regular classroom. • Teachers are great with communication. Counselors are great with communication as well. Admin is always willing to communicate when needed. • Even though I get my fair share of phone calls when my child has done something wrong, their approach is always proactive and asking for our input on how to resolve the situation.

Question:	Do you feel comfortable reaching out to teachers and support staff regarding your child's behavioral or academic progress?
Focus Group G Responses: Trilogy Parents/Guardians	<ul style="list-style-type: none"> • Yes, if I ever have a question they are always quick to respond. They are so proactive that usually they are the ones reaching out to me. • The monthly conferences are great! I feel like I always know what is going on with my child's education in the program. • The communication continues once the student goes back into the regular classroom. "It is a great feeling knowing every aspect of your child's progress at school, especially when in the past they have had so many struggles in school."

Question:	Overall, do you believe the program is effectively supporting the behavioral and mental health needs of your child?
Focus Group G Responses: Trilogy Parents/Guardians	<ul style="list-style-type: none"> • Yes, without a doubt. This program has saved my child. They are able to express and positively regulate their emotions for the most part. • They like coming to school which says it all. • My child is able to succeed. This is all the answer you need to this question.

Appendix Z

Focus Group Participant Responses: Program Strengths

Focus Group Participant Responses: Program Strengths

Trilogy has a positive impact on the traditional classroom environment.	
Focus Group C Responses: District Traditional Classroom Teachers	<ul style="list-style-type: none"> I have a greater understanding of effective behavior strategies and practices to be implemented in my classroom as a result of the district's efforts to support students with mental health issues not only in the program but throughout the district. Helps all teachers understand and address student behavior and mental health effectively in their classrooms.
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> The program has catered a new level of mental health understanding and acceptance in almost all classrooms simply because people are willing to talk about it and have access to resources and strategies to improve their ability to reach students with significant needs. Agreed. Teachers are more equipped with proactive strategies to support their students.

Trilogy provides mental health support for students with significant emotional and behavioral needs.	
Focus Group B Responses: Trilogy Leadership Team	<ul style="list-style-type: none"> The program has given our students who have the most need a lifeline to be successful in school. I agree. The program is a lifeline and the true possibility of school achievement with continued support along the way.
Focus Group C Responses: District Traditional Classroom Teachers	<ul style="list-style-type: none"> Getting our students who are in most need of mental health services the support they need and a chance to be successful in school. Students are graduating from the program which is because they got the help they needed.
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> Students can get the mental health services they need. This has been missing in the district and now it is an opportunity for those in most need.
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> The program gives the students an opportunity to be successful in school and give them true tools to help along their journeys. The progress they make with mental health services makes me very emotional. I am proud to be part of this team.
Focus Group F Responses: Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none"> First time experiencing this level of mental health support for students in a traditional school environment. Regarding their access, this is the first time in my professional career where I have been able to provide a direct level of service to those young children who are most in need and give them the possibility for academic and lifetime achievement.

Focus Group G Responses: Trilogy Parents/Guardians	<ul style="list-style-type: none"> This program saved my student and gave them a change when the regular classroom could not support their individualized needs.
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The program has been able to maintain its therapeutic identity and emphasize a restorative approach.	
Focus Group A Responses: District Elementary Principals	<ul style="list-style-type: none"> The support personnel's ability to ensure the program remains a therapeutic placement and not a behavior setting is a major strength. Kudos to them for all the great work they do each day with our most challenging students.
Focus Group B Responses: Trilogy Leadership Team	<ul style="list-style-type: none"> This is a therapeutic classroom focused on improving a student's ability to access a traditional classroom environment. The therapeutic nature of the classroom allows for increased opportunity for the student to acclimate back into an environment with their grade level peers at a much faster rate than restrictive behavioral settings. The overall strength of the program is that it has maintained its intended nature.
Focus Group C Responses: District Traditional Classroom Teachers	<ul style="list-style-type: none"> This is so much more than a behavior focused classroom and truly supports the mental health needs of students. I was fearful the program would just evolve into a behavior classroom. So happy that after two years it is still supporting the mental health needs of its students.
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> The referral process identifies those who are most deserving of the program and the resources it has to offer. Students are taught how to cope with their emotions and learn strategies that can help them be successful in school. This is so more than just a behavior focused classroom. It is therapeutic. I am grateful the program is not just a behavior room. It truly has the ability to serve children.
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> A strength is the program supports the mental health well-being of students in need. It is not just a behavior classroom. I feared it would become a behavior dumping ground and am so glad it has continued to provide therapy for students.

Trilogy proactively serves younger students in need of mental health support.	
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> There is a proactive approach by targeting students at the elementary level and getting those student support so they can have a successful career in education.
Focus Group F Responses: Mental Health Therapist and Site	<ul style="list-style-type: none"> The biggest strength of the program is to be able to support students at a young age with the hope we can get them back on track. More districts need to take this approach.

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Focus Group G Responses: Trilogy Parents/Guardians	<ul style="list-style-type: none">• This program gave my child an early support pathway instead of waiting until they were older and maybe it would be too late.• I am so thankful the program assessed my child at a young age because I firmly believe it gave them a fighting chance to conquer their deficits and ultimately succeed when they go to middle and high school.

Appendix AA

Focus Group Participant Responses: Recommendations for Improvement

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Increase the program's enrollment capacity.	
Focus Group A Responses: District Elementary Principals	<ul style="list-style-type: none"> • There are so many more students in our building that need a higher level of support. • The program is wonderful but only supports those with the highest and most intense level of need. • We need this program at every school or something like this program. • I completely agree. Even if it is just an additional behavior management technician. • Regardless, the program must serve more students.
Focus Group B Responses: Trilogy Leadership Team	<ul style="list-style-type: none"> • Our goal is to continue to widen the reach of the program to ensure that we are meeting students at their level of need throughout the district. • We believe this program is sustainable and should be in areas of the district where the need is great. • We must do more to serve a larger percentage of students who need support.
Focus Group C Responses: District Traditional Classroom Teachers	<ul style="list-style-type: none"> • While the program is doing a great job supporting students who have extreme mental health and behavioral needs, it would be instrumental if the program could support those students who are just below the acceptance threshold because their needs will only increase overtime. • I believe we can serve many more students with this model. The impact would be tremendous.
Focus Group F Responses: Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none"> • We must continue to do more for those students who definitely need a higher level of support but may not meet the current Trilogy criteria. • By increasing program enrollment at the elementary level, we would be giving more students with adverse childhood experiences a fighting chance at being successful in the middle school and beyond.
Replicate the program at other locations throughout the district.	
Focus Group A Responses: District Elementary Principals	<ul style="list-style-type: none"> • I believe the program would be so much better for our students in need if the program was located at each school where students already had a relationship with the school. • This could reduce the amount of time spent in a restrictive setting and get them back into the traditional classroom faster. • It honestly makes sense and would greatly help the site school's administration.
Focus Group B Responses: Trilogy Leadership Team	<ul style="list-style-type: none"> • To limit the amount of transition, our goal is to implement the program in additional locations once we feel the program is sustainable at the current site school. • Regarding sustainability, the program has proven itself and it should be at other locations throughout the district.
Focus Group C Responses: District Traditional	<ul style="list-style-type: none"> • It would be a great thing if the program could be housed at every school and give every student access to these resources in a setting where they are most accustomed. • The benefits of having this program at each school, or even the school with

Classroom Teachers	the highest need, would be endless.
Focus Group G Responses: Trilogy Parents/Guardians	<ul style="list-style-type: none"> • Moving was hard on my child. It would have been nice if they had the program at their original school. • Yes, I agree. It was hard, considering they did not already like school, to have to move to another one where they did not have any friends or any teachers they know and could trust. • It would be a great thing if the district could offer the program at every school or at least the larger schools.
An administrator specifically for the Trilogy program.	
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> • Our administrators are always pulled to assist in Trilogy and often leave us with little support when a problem arises in our classrooms. This will only be alleviated if there is a specific administrator assigned to the program. • Our administrators do their best but support the school and the program seems very overwhelming.
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • We feel guilty always having to call administration when there is a significant safety threat in our rooms because we know they have an entire school to run. • With some of the behaviors, there must be an administrator present. There really is no other option. • We really need our own administrator to assist with behavior, instructional support and parent communication. • I agree. It would make our program so much more effective because we would have one person that could help us navigate through each day.
Focus Group F Responses: Mental Health Therapist and Site School Counselor	<ul style="list-style-type: none"> • The site school administration is exhausted by the day's end because they want to be supportive of the program and also to their entire school which is an impossible task to balance. • Even though they do a great job managing their reality, having a specific administrator for the program would only strengthen the program's ability to fulfill its mission to support students with mental health needs and get them back into the traditional classroom as quickly as possible.
Eliminate 5th graders enrollment into the program.	
Focus Group E Responses: Trilogy Teachers and Support Staff	<ul style="list-style-type: none"> • Without a mental health program at the middle school level, I am concerned that 5th graders are accepted into Trilogy with a short amount of time before they enter a new school especially when the only level of support is the traditional classroom setting. • I agree and would strongly encourage leadership to lower the acceptance grade to 4th to ensure students have enough time to be fully supported before entering middle school. • I fear if this does not happen we would be setting up several students for failure.
Focus Group F Responses: Mental Health Therapist and Site	<ul style="list-style-type: none"> • I am greatly concerned about the 5th grade students who have enrolled in the program. We have very little time to support them before sending them to a school that does not have the same level of intensive support. • We put so much energy and effort to support these students that there must

School Counselor	be avenues to ensure their continued success at the secondary level. But if there cannot be, we must ensure enrolled students have enough time to integrate back into the traditional classroom before middle school.
Continuous PD Opportunities for All Stakeholders	
Focus Group A Responses: District Elementary Principals	<ul style="list-style-type: none"> • All persons involved in the program, including teachers at non-Trilogy schools, but be provided with PD to support the mental health needs of their program which includes the Trilogy classrooms as an option. • Agreed. Current PD opportunities are primary for Trilogy teachers and the site school. It would be great if all school could get an opportunity for continuous learning support. • The more teachers know, the more they will advocate and ensure their students are supported at the highest level. • If leadership moves to include more PD, it should be tiered. Almost like beginner to advanced sessions.
Focus Group C Responses: District Traditional Classroom Teachers	<ul style="list-style-type: none"> • With the program not being housed at my school, it would be great if we could consistently get updates of the program and all strategies used to ensure we are utilizing resources to their fullest extent possible. • Yes. We need all the help we can get with classroom strategies to help the mental health needs of our students. Now more than ever.
Focus Group D Responses: Site School Traditional Classroom Teachers	<ul style="list-style-type: none"> • Mental health support is rapidly growing and I feel it would be beneficial to have continuous PD on that support, not only to support Trilogy but to support my classroom, grade level and school. • We have some PD opportunities but it would be great if they could have more of an emphasis on universal mental health support strategies.