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A PROGRAM EVALUATION OF A SOCIAL-EMOTIONAL ALTERNATIVE LEARNING PROGRAM

By
Patricia Horton-Albritton

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

Gardner-Webb University
2022

Approval Page

This dissertation was submitted by Patricia Horton-Albritton under the direction of the persons listed below. It was submitted to the Gardner-Webb University College 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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Acknowledgments

"The race is not given to the swift or the strong but he that endure until the end" Ecclesiastes 9:11 (KJV).

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Yesterday, completing my doctorate was just a dream; that dream turned into hope, that hope turned into a reality. And today, I am Dr. Patricia Ann Horton-Albritton! Keep pushing…YOU GOT THIS!

Abstract

A PROGRAM EVALUATION OF A SOCIAL-EMOTIONAL ALTERNATIVE LEARNING PROGRAM. Horton-Albritton, Patricia, 2022: Dissertation, Gardner-Webb University.

The names of the participants and the school district used in this program evaluation are pseudonyms to protect the participant's identity. This program evaluation was from the perceptions of the parent/guardian and faculty of the Garnett County School District (GCSD) K-8 Alternative Learning Program. The study focused on the middle school program. The school district received the AWARE (Advancing Wellness and Resilience Education) grant from the North Carolina Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). GCSD used part of the grant funds to strategically implement programs to support students who attend the alternative school. The programs focused on improving students' educational performance, psychosocial emotional mental health, reducing the number of students being placed on homebound status, and reducing the number of chronic suspensions. Although the GCSD has made significant progress towards improving their K-8 Alternative Learning Program overall, at this time the program evaluation was found inconclusive due to not having a research-based mental health program embedded into the alternative learning setting. Once the K-8 ALP effectively addresses the mental health component of the program, another program evaluation should be completed.

Keywords: alternative learning program, homebound services, mental illness, North Carolina student report card, Project AWARE, psychiatric disorders, serious mental illness, mental disorder, SHAPE

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Chapter 1: Introduction

Identifying mental illness has improved over the years. Still today, one in five Americans experiences a negative psychological episode (Eichstaedt et al., 2017). Despite the increase in mental health services and people receiving services, there are still stigmas and misconceptions that prevent some people from admitting they need mental health support. In August 2017, a survey was conducted by the American Psychiatric Association (2020) that included roughly 3,000 participants. The Association's goal was to gauge people's perceptions of mental health. The results from the survey noted that 70% of the participants were willing to participate in a discussion about mental health topics. The study also found that most of the participants admitted to knowing someone who suffered from mental health problems.

Wales (2015) found people were becoming more comfortable with talking about mental health as a society; however, mental health was still misunderstood by many people. Table 1 displays some popular untruths about mental health.

Table 1

Mental Health Myths

Mental health myths
"Children do not experience mental health problems."
"A child with a psychiatric disorder is damaged for life."
"Psychiatric problems result from personal weakness."
"Psychiatric disorders result from bad parenting."
"A child can manage a psychiatric disorder through willpower."
"Therapy for kids is a waste of time."
"Children are overmedicated."

Note. Department of Health and Human Services. (2020). *Mental health myths and facts*. https://www.mentalhealth.gov/basics/mental-health-myths-facts

Table 1 reflects some of the myths the U.S. Department of Health and Human Services (2020) has noted concerning individuals who are experiencing a psychiatric disorder. Organizations like the Time to Change campaign strive to bring attention to the various challenges and stigmas of mental health and to eliminate these misunderstood falsehoods (Wales, 2015).

Mental health illnesses are critical issues worldwide. The prevalence rate for mental health disorders was 46.4% in adults and 46.3% in adolescents (Salerno, 2016) at the time of this study. Due to the stigma of mental health disorders or the lack of understanding in specific communities, some adults and adolescents have never received treatment for their mental health disorders. Salerno (2016) believed negative attitudes toward mental illness have caused difficulties for adolescents who may be seeking mental health treatment. The barriers may be linked to social adversity which makes it difficult to seek and adhere to treatments among adolescents who have a mental illness. Debunking stigmas about mental health is critical to ensure individuals suffering from a mental health illness get the services they deserve.

The response of empathizing with a child suffering from a chronic illness is a reaction people are somewhat knowledgeable of or familiar with for health challenges like HIV/AIDS or cancer; however, a child suffering from a chronic mental health illness might not receive the same level of empathy. Some children and their families may be embarrassed to speak up or seek help due to certain myths and stereotypes that some members of society possess about social-emotional disorders. According to the Child Mind Institute (2020), 74.5 million children have suffered from a mental health disorder, and approximately 17.1 million have experienced or are experiencing a psychiatric

disorder.

Social-emotional health encompasses more than just the state of one's mind; mental health comprises social-emotional wellness and a healthy sense of self (National Center for Health Statistics, 2018b). In fact, psychological illness can affect a person's total body. Mental health is the foundation of a person's total health (National Center for Health Statistics, 2018b). A person's social-emotional state is vital, regardless of the stage of life. Social-emotional disorders in children can severely affect how adolescents learn, their behavior, or how they manage their emotions. The stress from the disorder can also affect how children adapt to their environment as it changes throughout the day. In the United States, psychological health is a growing concern among youth.

> According to the U.S Department of Health and Human Services, one in five children and adolescents experience a mental health problem during their school years. Examples include stress, anxiety, bullying, family problems, depression, a learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behavior and suicide are on the rise, particularly among youth. Unfortunately, 60% of students do not receive the treatment they need due to stigma and lack of access to services. Of those who do get help, nearly two-thirds do so only during school hours. (National Association of School Psychologists, 2020, para. 2)

As a nation, we must work together to help our young people overcome mental health challenges. We must help them to understand it is okay to talk about mental wellness.

Daily, students across North Carolina are struggling with social-emotional behaviors. These behaviors can cause significant disruptions in school classrooms or the

total school environment. School systems across the state are grappling with how to help children who are wrestling with a social-emotional disorder. The rural areas in North Carolina are faced with limited mental health resources; thus, rural areas cannot fully meet the community's needs. Garnett County School District (GCSD) is located in rural eastern North Carolina. The county's school district received a grant to implement a new program to support its students struggling with social-emotional disorders.

Statement of the Problem

Educators in GCSD have seen an increase in student social-emotional discipline issues in recent years. The infractions that are the most common are aggressive, disruptive, and defiant behaviors. These behaviors have caused the superintendent and principals to have multiple discussions on addressing student behaviors while still supporting their faculty and staff. The district's leaders acknowledge several of the students have underlying factors that contributed to the negative behaviors. The most significant factor identified has been psychosocial issues among elementary and middle school students. GCSD found itself unprepared to meet the essential needs of these students.

Most mental health services adolescents receive are in non-educational facilities; approximately one third of youth receive their mental health services in an educational setting (Ali et al., 2019). The mental health concerns children experience are not limited to academic achievement but also developmental difficulties (Bains & Diallo, 2016). According to DeFosset et al. (2017),

> Annually, as many as 20% of youth in the United States are affected by mental health challenges that meet mental health disorders' criteria. We must address the

> mental health symptoms that emerge in young adolescents. We must recognize the indicators that do not meet the traditional standards for identifying a disorder due to the severity of the mental wellness outcomes. We must recognize symptoms like relationship disconnects, absenteeism, and school failure. (p. 1191)

Mental health disorders in some adolescents can be underdiagnosed, or the illness may never be treated. If the disorder is left untreated, the adolescent may experience problems associated with their condition well into adulthood.

Children who experience a stressful living environment may experience some negative brain development or mental health conditions at an early age. Similarly, children continuously exposed to poverty, a neighborhood of high crime, or traumatic stress may be more likely to develop certain psychological conditions. Brindis et al. (2017) stated,

> Chronic childhood trauma is a major social and public health problem in the United States. Approximately 80% of youth in the United States have experienced childhood trauma in the form of victimization. Exposure to childhood trauma can be associated with academic problems, emotional and behavioral difficulties, sexually risky behaviors, and substance use. One in five children and adolescents have a diagnosable mental health disorder that can cause severe lifetime impairment. Nevertheless, up to 70% of children and adolescents with mental health disorders do not receive mental health services. (p. 675)

Problems stemming from mental health can have a massive impact on children, especially those who have a physical disability or have been exposed to severe trauma. Cuellar (2015) asserted mental health problems might cause undesirable consequences

that could have long-lasting effects, including lower educational achievement. These children and adolescents have a higher risk of becoming high school dropouts or being linked to the judicial system due to a criminal offense. The lack of social-emotional disorder resources is a concern for our youth today and future generations (Bains & Diallo, 2016).

Individuals who have mental health challenges at a young age may be at a greater risk for acquiring severe problems later in life; therefore, establishing appropriate mental health protocols, assistance, and support is crucial in the education arena (Schulte-Korne, 2016). Studies show rural areas have a much higher population of people suffering from mental health disorders. Rural counties account for approximately two-thirds of the U.S. landmass. Roughly 20% of U.S. citizens live in rural, country, or farmland communities (Fortney et al., 2018); however, approximately 10% of these areas have a shortage of therapists, physicians, mental health workers, and social workers to assist with the mental health crisis. Due to the limited number of health care professionals, collaboration with other specialists may be difficult and challenging (Fortney et al., 2018). An estimated nine million students attend public schools in rural areas, and approximately 15% of those students receive some mental health services (Harley et al., 2018).

The lack of mental health resources for students is a concrete issue for many school districts across the country; therefore, some districts are starting to incorporate school-based mental health support into their educational programs. Improving student access to mental health services in school is imperative for children's mental health wellness and their academic performance. School mental health supports include social-emotional learning, behavior support, mental wellness, and resilience, in addition to

positive relationships between students and school employees. The atmosphere of the school should be one in which students feel comfortable reporting their safety concerns and communicating their emotional concerns (National Association of School Psychologists, 2020).

Moreover, school mental health supports encompass various psychosocial interventions and services to help students learn and to assist with their social and emotional challenges; therefore, all services provided by school personnel should be conducive to the learning environment. Mandates imposed by the American Disability Act denote educational institutions are traditionally the leaders in mental health service providers for children and adolescents (Bains & Diallo, 2016).

Purpose of the Study

Students who experience trauma or toxic stress environments can have difficulty functioning in a traditional school setting. Educators who interact with these students daily may find it challenging to care for students' primary academic and social and emotional needs without additional training. According to Cuellar (2015), students who are emotionally unhealthy or unstable are less likely to learn. Additionally, children suffering from mental health/behavioral challenges are less likely to receive the immediate supports they need. The National Association of School Psychologists (2020) stated,

> Good mental health is critical to children’s success in school and life. Research supports students who receive social-emotional mental health supports achieve better academically. School climate, classroom behavior, on-task learning, and students’ sense of connectedness and well-being all improved as well. Mental

> health is not simply the absence of mental illness but also encompasses social, emotional, behavioral health, and the ability to cope with life challenges. Left unmet, a mental health problem can be linked to costly and negative outcomes such as academic and behavioral problems, dropping out, and delinquency. (para. 1)

Students cannot learn if they are not mentally healthy; therefore, children must be identified so treatment can begin as early as possible.

It may be difficult for an educator to engage students who experience severe mental health or behavior challenges. It may not only be difficult for the educator, but it may also take a heavy toll on the child (Cuellar, 2015). Mental health symptoms can change as a child grows. These changes may consist of problems with how a child interacts with other children, learns, verbally communicates, acts, or displays their emotions (U.S. Department of Health and Human Services, 2020). Some indicators can be observed during the early years or in elementary school; however, some symptoms may develop during the teenage years. Young children and teens diagnosed with a psychiatric disorder may find it challenging to accept their diagnosis (U.S. Department of Health and Human Services (2020). As a result, many of these students face significant challenges in an educational setting.

Schools that create a partnership with community health providers have a higher success rate with battling the mental health crisis. Adelman and Taylor (2014) recommended schools and community agencies work together to address the mental health issues in an effort to remove any barriers that would prohibit students from learning. A mental health program located in an educational facility can offer better

access for adolescents and their families. These programs can offer an alternative way for adolescents to obtain adequate mental health aid. Educational programs can offer recommendations, assistance, and quick access to students who are in need (Bains & Diallo, 2016). Educational programs can also present parents with a connection to resources with the community. Providing the right mental health support to adolescents is critical.

As more children become victims of mental health or behavioral challenges both before and during their elementary years, academic achievement becomes a casualty. Finding appropriate educational and mental health services for children who experience an emotional or behavioral condition can be difficult for parents and school systems. Moreover, rural school districts may encounter unique challenges when attempting to meet the needs of students who qualify for mental health services (Harley et al., 2018). Some of these challenges may include travel distance, shortage of professional service providers, no insurance coverage, and lack of knowing the signs and symptoms of a psychiatric disorder.

School districts in rural areas usually do not have the necessary resources to successfully address specific challenges, and GCSD is no exception. There is an abundance of research that supports the impact mental health has on a child's behavior and their academics; however, the presence of program evaluations to support students with these challenges is limited. Finding appropriate educational and mental health services for children who experience an emotional or behavioral condition can be difficult for parents and school systems.

This study evaluated the GCSD K-8 Alternative Learning Program (ALP). The

district's program was specifically designed to assist students with mental or behavioral challenges placed in the district's alternative elementary or middle school setting. The program evaluation analyzed the overall effectiveness of the GCSD K-8 ALP school-based mental health program by examining what services were offered, what academic support was implemented, behavioral intervention strategies, and student outcomes. The evaluation also examined the goals and objectives of the ALP. Finally, the program evaluation studied the impact the program had on student behavior when the student returned to their regular school setting, as assessed by parent, teacher, and administrator perspectives.

Setting

GCSD is located in rural eastern North Carolina. It is a county split into three regions by the Tar and Pamlico Rivers. The rivers within the county establish a separation of the attendance zones within the district. The west side attendance zone is comprised of three elementary schools: Westside Primary, Grades Pre-K-1; Westside Elementary, Grades 2-3; Westside Intermittent, Grades 4-5. The east side attendance area incorporates two Pre-K through eighth-grade elementary schools: Eastside Intermittent and Northeast Intermittent. The south side of the district comprises two elementary schools: Southside Elementary, Grades Pre-K-4; and Southside Intermittent, Grades Pre-K-8. While the school system has seven primary schools, this program evaluation concentrated on the K-8 ALP located within one of the district's elementary schools.

GCSD was one of three counties that received the AWARE (Advancing Wellness and Resilience Education) grant from the North Carolina Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

(SAMHSA). The grant's purpose was to build a partnership between the state's educational agencies and the mental health agencies that provided services for children enrolled in public and private schools. The writers of the grant used the SHAPE (School Health Assessment and Performance Evaluation) model to assess GCSD's needs. The evaluation results showed GCSD was desiring to improve and increase mental health awareness and support when the grant was written. The county has a suicide rate of 15 per 100,000 and a 13.91% violent crime rate, which ranks the county 39th in the state in violent crime. The school district has an estimated 8,000 students, with 63% qualifying for free or reduced lunch and a 25.6% child poverty rate. Based on SHAPE data, GCSD needs to

1. Increase student mental health awareness and reduce the mental health stigma,
2. Provide mental health professional development to the entire district,
3. Assist parents with resources available for families dealing with mental health concerns,
4. Develop a support system for students and families, and
5. Provide early intervention and prevention for students.

The results also specified existing mental health service gaps in the area of funding, family's ability to gain mental health assistance, and reduced support in the area of behavioral interventions. The program goals in Table 2 are aligned with the statement of needs for the district.

Table 2

SHAPE Objectives

School health assessment and performance objectives
Improve behavioral and psychological indices of school engagement and decrease disciplinary events for preschool through 12th grade.
Reduce school dropout and attempted suicide by increasing the number of at-risk students receiving supplemental and intensive mental health support.
Increase the knowledge and effective practice of all school personnel in identifying and caring for students' mental health needs.

Each indicated goal has measurable objectives. The goals were put into place to assist with evidence-based services and practices.

The intent of the GCSD K-8 ALP was to support students who exhibit mental health concerns or defiant behaviors. Students were not anticipated to stay enrolled in the K-8 ALP for the complete school year. The program's curriculum was designed to offer support and teach students the essential skills needed to thrive in a normal educational setting. The skills were obtained by observing the program's goals. The goals were designed to bring awareness and provide students in Grades K-8 the assistance they need to learn how to cope with mental illness and to provide strategies to improve their academics in a smaller school environment. Table 3 specifies the goals GCSD has in place to allow the district to meet student needs based on the evaluation results from the SHAPE assessments and the Project AWARE goals.

Table 3

GCSD ALP Goals

Alternative learning goals for Garnett County Schools
Maintain an emotionally and physically safe, orderly, and caring learning environment.
Increase student daily attendance and academic engagement by providing a low teacher/student ratio.
Expand parental participation.
Decrease student suspensions.
Make mental health accessible (individual & group).

As presented in Table 3, the K-8 ALP aims to provide students with academic support, teach students behavior management techniques, provide students with the proper social skills, and address mental health concerns. Teachers integrate a result-based program that supports the North Carolina Standard Course of Study to address student academics. The Positive Behavioral Interventions and Supports (PBIS) is a multi-tiered model that employs clear strategies for behavior interventions. As stated by McKay-Jackson (2014), "social-emotional learning has been one of the missing links in academic education since the 1990s" (p. 293). The K-8 ALP was developed to focus on educating and improving student social-emotional skills by teaching them vital skills for making positive choices. The program also hopes to improve self and social awareness and self-management and increase student academic abilities. The focus of the program is to ensure students have positive mental health. In addition, families are offered an opportunity to participate in family therapy sessions.

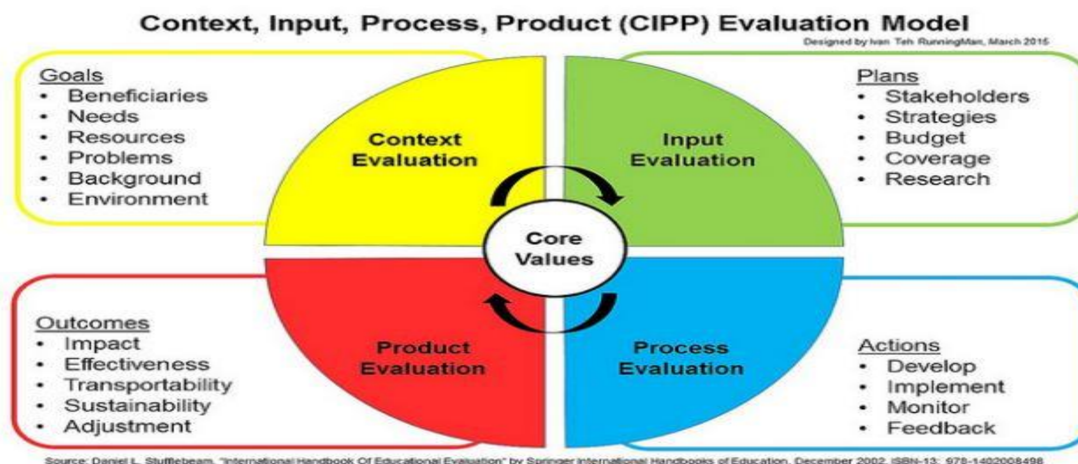
Overview of the Methodology

This study utilized the context, input, process, and product (CIPP) evaluation

model to evaluate the K-8 ALP. David Stufflebeam created the CIPP model in the 1960s, and this model was designed for the educational setting (Spaulding, 2014). Figure 1 indicates the CIPP model.

Figure 1

CIPP Model



The CIPP model allows for evaluations of a program's context, inputs, processes, and products.

Context Evaluation

The context evaluation examined the goals of the program. This concept of the CIPP model examined the intake process to improve the overall success of students and the classroom setting. Furthermore, this section targeted the program's resources, interventions offered, the program's setting, and parental involvement.

Input Evaluation

This portion of the study looked at what steps the program has put into place to reach the established goals. The input evaluation assessed the program's budget and examined the correlation between the number of available resources and the program's

activities. Also, the input evaluation assessed the K-8 ALP budget and the specified training for staff members. The input evaluation also analyzed the academic and behavior interventions used by the K-8 ALP.

Process Evaluation

This section of the CIPP model examined whether the program activities were implemented as planned and allowed an assessment of the program's efficiency towards the stated goals. In the process evaluation stage, I explored perceptions of staff members and the strengths and weaknesses of the program.

Product Evaluation

The final section of the CIPP model was an evaluation of the total curriculum from stakeholder perspectives. This section determined if the program is effective; therefore, this part of the evaluation allowed me to determine whether the K-8 ALP achieved its specified goals and objectives.

Research Questions

1. Context: What are the foundation principles that led to the implementation of the K-8 ALP?
2. Input: What type of academic and behavioral strategies are utilized in the K-8 ALP?
3. Process: How did the K-8 ALP goals and objectives assist with students being academically and behaviorally successful while meeting their mental health goals?
4. Product: From a parent/guardian and teacher perspective, did the student's disciplinary infractions decrease while in the program?

Significance of the Study

The K-8 ALP was implemented within GCSD in the 2018-2019 academic year. The superintendent at the time was concerned with the increase of suspensions in elementary and middle schools. Under the direction of the superintendent, the Exceptional Children's director was tasked with implementing a program designed to provide mental health support, increase academic growth, decrease negative behaviors, and increase the district's personnel knowledge about social-emotional awareness. The program also has a component to provide support for the student's family. The significance of this study was the information it provided regarding the impact of the K-8 ALP on the social-emotional health of the GCSD students it serves. To date, this program has not been evaluated to determine the effectiveness of the initiatives utilized through its implementation. The evaluation analyzed the program's strengths and weaknesses. Lastly, the evaluation allowed for recommendations to the program director.

Definitions

For this study, the following vocabulary terms were used.

ALP

> Alternative learning programs are defined as services for students at risk of truancy, academic failure, behavior problems, and/or dropping out of school. Such services should be designed to better meet the needs of students who have not been successful in the traditional school setting. (North Carolina Department of Public Instruction [NCDPI], 2020, What is an Alternative Learning Program, section, para. 3)

Homebound Services

According to Complex Child (2020), "homebound instruction is provided by the public school system at no charge to the family, this including all materials and instructions. The instruction is provided by a teacher hired by the school district" (Homebound Instruction for Child Who Are Medically Complex section, para. 3).

Mental Illness

American Psychiatric Association (2020) stated, "mental illnesses are health conditions involving changes in emotion, thinking, or behavior [or a combination of these]. They can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment" (What is Mental Health section, para. 1).

North Carolina Student Report Card

> North Carolina's school report cards are an important resource for parents, educators, state leaders, researchers, and others, providing information about school- and district-level data in a number of areas. These include student performance and academic growth, school and student characteristics, and many other details. (NCDPI, 2020b, School Report Cards section, para. 1)

PowerSchool

A "web-based student information system. It is intended to provide parents, students, and teachers with a tool to communicate student performance. PowerSchool may be accessed from any place the parent/guardian can access the Internet" (Ann Arbor Public Schools, 2020, PowerSchool, section 1).

Project AWARE

Advancing Wellness and Resiliency in Education: State Education Agency Grants

(SAMHSA, 2020) for school-based therapy.

Psychiatric Disorders

"A mental illness diagnosed by a mental health professional which greatly disturbs a person's thinking, moods, and/or behavior and seriously increases the risk of disability, pain, death, or loss of freedom" (Very Well Mind, 2020, Types and Symptoms of Common Psychiatric Disorders section, para. 1).

Serious Mental Illness or Mental Disorder

The National Institute of Mental Health (2020) stated that a severe mental disorder is defined as a "mental, behavior, or emotional disorder resulting in severe functional impairment, which substantially interferes with or limits one or more major life activities" (Mental Illness section, para. 2).

SHAPE

Helps schools and districts improve their school mental health systems (School Health Assessment and Performance Evaluation System, 2020).

Outline of the Study

According to the American Society for the Positive Care of Children (2022), mental health is important to children's overall health; therefore, we the people of this great nation should raise awareness of mental health rather than mental illness (Tsipursky, 2015). Chapter 1 of this study described the problem statement for the research surrounding the increase and impact of mental health and behavioral challenges. The intent of the research and the questions for the study were presented. Finally, the terms used in the study were defined. An overview of social and emotional behavior, access to mental health in urban/rural areas in North Carolina, and school-based mental

health programs are discussed in Chapter 2.

Chapter 2: Literature Review

Introduction

This chapter provides a detailed review of the research and literature surrounding mental health illnesses in youths and mental health programs based in K-12 educational facilities. The literature review introduces a brief history of psychological services for adolescents and children, along with various types of mental health disorders that may affect school-age children. In addition, a discussion of how social-emotional disorders can affect student behaviors, academics, the various associated interventions offered, and mental health access in rural areas.

History of Mental Health Services for Children

In 1963, the Joint Commission on Mental Health and Illness released a narrative that launched modern-day psychological services for youth. The information forced President John F. Kennedy to address Congress the same year to pass the Community Mental Health Act (Levine, 2015). The act was designed to provide federal funding for community health centers and research centers. Levine (2015) stated, “the legislation was the start of the deinstitutionalization of the nation’s mental hospitals” (p. S22). This act refocused the responsibility of care from the hospitals to the local communities. Initially, President Kennedy wanted the law to address a call for prevention; however, no funding or plan was provided to assist with prevention (Levine, 2015).

The report did not just focus on children's mental health; it also indicated other challenges children experienced. Levine (2015) noted,

> The Joint Commission's 1961 report noted the number and severity of problems among children on welfare, in institutions, in foster care, and broken homes.

> Adolescents were being hospitalized not for psychoses but with character problems related to drugs, sex, and delinquency. School-based epidemiological surveys discovered 7%–12% of children under age 14 had severe mental health problems that require professional help. (p. S22)

According to the 1969 Joint Commission on Children's Mental Health, the report recognized that mental health professionals needed specific training to work with children who suffered from mental health problems. The funding provided was inadequate because it lacked direction and designation for resources (Levine, 2015).

The Joint Commission Report outlined several opportunities in addition to the mental health crisis. The report concluded the United States had very few mental health clinics to help address the crisis. Children with severe intellectual and developmental disabilities were institutionalized or in foster care (Levine, 2015). Also, 80% of United States counties did not have adequate mental health clinics (Levine, 2015). The counties that provided mental health care had a waitlist (Levine, 2015); therefore, it was a challenge for adolescents to receive mental health assistance. The few providers who offered services to children were low on medical supplies and lacked direction on how to treat children with mental illness.

It was not until after World War II that a large number of medical professionals were trained in the areas of psychiatry, psychology, and social work. The professional training provided was primarily due to the interest of the Department of Veterans Affairs in mental health (Levine, 2015). Many war veterans returned home with psychiatric disabilities. The Department of Veterans Affairs employed most mental health professionals; therefore, the staff had to seek special consent to treat relatives of veterans.

(Levine, 2015). The medical professionals of the Department of Veterans Affairs were allowed to treat women and children without proper training.

In 1949, the National Institute of Mental Health recognized there was a lack of qualified specialists who provided mental health services. As a result, the institute provided grants for training and research at universities and clinical centers (Levine, 2015). The grants provided training to 62 programs; however, the grants did not explicitly state the recipients had to provide training for services for children. Unfortunately, during 1960, half of the psychiatrists who participated in the training at the universities and clinical centers left the public sector and entered private practice (Levine, 2015).

In 1969, Congress assigned a new entity of the Joint Commission. The Joint Commission on Mental Health focused on the services offered to children. The new entity's released report indicated facilities were grossly inadequate, unorganized, and offered limited services (Levine, 2015). Ten years later, another report released by the same institute was found to be more troublesome. The Joint Commission on Mental Health of Children noted most children were underserved. According to Levine (2015),

> Minority children and children from low-income families were often placed in special schools or mental institutions without adequate prior evaluation or subsequent follow-up. Excellent residential facilities specializing in the treatment of unique problems were in short supply. During the past two decades, many adolescents have struggled to adapt to rapid social changes, conflicts, and often ambiguous social values. There has been a dramatic increase in the use or misuse of psychoactive drugs among young people and nearly a threefold increase in

adolescents' suicide rate. (p. S23)

The commission report also found a lack of medical personnel to assist with substantial mental health needs; therefore, children identified as having unique needs often did not receive services, or they were put into a specific category. A different specialist had to care for children with multiple diagnoses, often causing children to transition between various service providers. The process caused confusion and additional stress for the children and the mental health care providers. The lack of care affected the children well into adulthood (Levine, 2015).

Although the report was released in 1978, it was not until 2 years later that states began to receive grant funds to provide appropriate care to adolescents (Levine, 2015). While the funding was allocated to provide children services, very few states provided specific mental health care that catered to youth. The Joint Commission released similar reports in 1983, 1990, and 2001. The reports noted there were no real changes in services provided for adolescents. Levine (2015) indicated, “the authors could have saved time by just cutting and pasting from previous reports” (p. S23). The number of children needing services had increased over time; however, the benefits were inadequate and did not reach the children with the greatest needs.

According to Cuellar (2015), due to how some policies are written, it may be difficult for some programs to offer mental health assistance to children. Funding restrictions and the lack of coordination can also make it nearly impossible for some programs to operate. According to Evans et al. (2017), experts have discussed the negative gap between the number of adolescents who receive mental health services and the adolescents who lack the services (p. XIII). Likewise, similar conversations have

transpired over the last 20 years. In 1999, the U.S. Department of Health and Human Services predicted merely 20% of youth who exhibited the need for mental health services received assistance (Evans et al., 2017). The low number of adolescents receiving mental health services indicates that even decades later, there was still a mental health crisis that affected our youth. Evans et al. went on to say that families are still facing negative obstacles that also prohibit services like transportation and cost of services.

Social-Emotional Effect on Behaviors

Mental health in young children or adolescents may be described as achieving developmental and social-emotional milestones and learning to cope with stressful life challenges (Ogundele, 2018). Untreated mental health disorders can have an influence on children's social, emotional, and academic well-being. The Child Mind Institute (2020) reported, "one in five children suffers from mental health or a learning disorder, and 80% of chronic mental disorders begin in childhood" (para. 1). Many state laws mandate children under the age of 16 must be enrolled in an education setting (National Center for Health Statistics, 2018a). The educational venue is the perfect place to integrate intervention to support children who need mental health services. These intervention services can be offered in a traditional or nontraditional educational setting. The Child Mind Institute (2020) stated,

> Children struggling with mental health and learning disorders are at risk for poor outcomes in school and life. A widely deployed, integrated system of evidence-supported, school-based mental health and preventive services is needed. If we want to help our children and our schools, we cannot wait. (para. 2)

Children who suffer from unhealthy social-emotional or behavior disorders have difficulty responding to everyday life experiences and their learning environment. Bucci et al. (2016) indicated advances in science proved an intricate correlation between social environment, child development, and long-term health consequences. “One in six people are aged 10-19 years. Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems” (World Health Organization, 2021, para. 1). Psychiatric disorders can emerge in early childhood or later in adolescence. If untreated, the effects of mental health problems can linger into adulthood (Bhutta et al., 2016).

Some adolescents may find it tough to deal with their emotions or specific behaviors that can lead to distress and other problems throughout the day. There is a strong focus on educational programs for young children (Briddle et al., 2019). An adolescent’s self-esteem can have a significant influence on their social-emotional health.

Mental health disorders include a large variety of illnesses. A vast majority of these psychiatric disorders are diagnosed in school-age children (Dadds et al., 2019); however, the onset is usually present before they are enrolled in a structured educational program. Some of the mental health disorders diagnosed among children aged 5-18 are behavioral disorders, anxiety, and attention-deficit/hyperactivity disorder (ADHD). A popular behavioral illness among children is ADHD. The occurrence is between 5% and 12% in developed states (Ogundele, 2018). Children with ADHD may display symptoms of hyperactivity or impulsivity more often than their non-ADHD peers. Teachers of students who are diagnosed with ADHD may see an increase in the negative behaviors of

students. Although less common than ADHD, students who experience an anxiety disorder may have trouble concentrating on a task (National Center for Health Statistics, 2018b).

Any display of behavior that exceeded the average level of expectations for a child's age and development could be described as challenging (Ogundele, 2018). The behaviors usually occurred at a high rate of intensity, frequency, or for extended periods. DeFosset et al. (2017) found students with ADHD may have experienced anxiety, depression, delinquent behaviors, and physical or verbal aggression. Some students may experience internalized symptoms.

Adolescents who displayed challenging behaviors may experience self-harm, aggressive behaviors, not corporating with others, or inappropriate vocalization (Ogundele, 2018). Some students' actions can put a child's safety at risk or cause serious injury to others. Young people may not understand the issues their peers are facing when it comes to mental health. Approximately 75% of chronic and persistent mental health conditions usually start in early adolescence (Addington et al., 2018). Mental health conditions can originate from a physical or social-emotional change in adolescent life. Exposure to poverty, violence, and abuse can also explain why adolescents may suffer from psychiatric issues. Subsequently, these changes can influence how a child thinks, feels, or acts. Some adolescents may never recover from their mental illness, resulting in a low quality of life.

Doctors may lack the understanding of mental health issues due to the lack of research and their inability to understand some of the precursors that affect some adolescents. Addington et al. (2018) stated, "some mental illness may be difficult to

predict which individual will develop a particular mental illness or how to provide treatment to prevent the illness from intensifying" (p. 2). Some conditions may have genetic risk factors but do not have symptoms, or they have interchangeable symptoms; therefore, the focus may be on controlling the symptoms instead of a long-term treatment option (Addington et al., 2018). These conditions may not be easily identifiable due to their unpredictable nature.

Negative early childhood experiences can be referred to as adverse childhood experiences. Adverse childhood experiences are when adolescents experience abuse or neglect or live in a dysfunctional household environment (Bucci et al., 2016). Leonard (2020) explained adverse childhood experiences as when a child experiences a negative or potentially traumatic event before the age of 18. The early years of a child's life are the most vulnerable because the brain is still developing and negative and positive external factors manipulate their biological systems. These factors can disrupt brain development. These young children are usually at risk for adverse physical and mental behavioral outcomes.

Males are exceptionally emotionally vulnerable; therefore, it takes more time to process their emotional issues. A male's mental processing time is affected when they feel their personal safety is in jeopardy (Bucci et al., 2016). These factors can cause a child to experience stress at a higher rate. Bucci et al. (2016) defined stress as, "a continuum of the physiologic stress response and an important biological pathway linking early life adversity to negative health outcomes" (p. 404). Children being subjected to specific stressors at a young age can affect how their bodies naturally respond to stress.

Social-Emotional Effects on Academics

Mental health disorders can negatively affect students, therefore decreasing their social and academic opportunities. Exposure to trauma during childhood can significantly affect a child's academics. Brindis et al. (2017) studied the literature surrounding chronic childhood trauma and its effect on educational attainment, psychological disorders, and the discrepancies in children and adolescents.

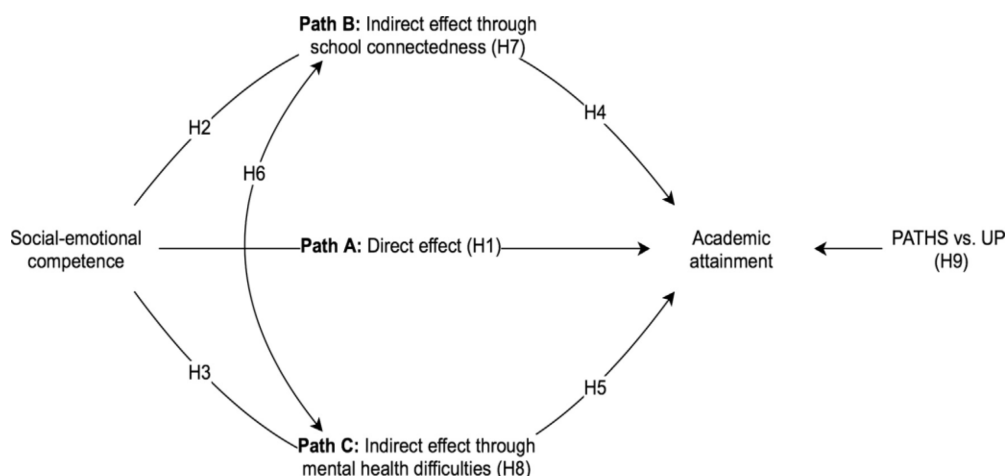
Promoting the well-being of students is essential to schools. Schools are a central location for ensuring the overall well-being of students (Humphrey et al., 2019). Most concerns that arise in school-age children can be addressed in a school setting. School personnel can provide social-emotional and academic support. School personnel like counselors, psychologists, and social workers deliver a large number of nonacademic services during school hours to students. These service providers “are specially trained in school system functioning and learning as well as how students’ behavior and mental health impacts their ability to be successful in school” (National Association of School Psychologists, 2020, para. 1). Schools can also address the self and social awareness of students and stress management and teach students how to make proper decisions. Suppose students are provided with the social-emotional support they need. In this case, Humphrey et al. (2019) believed in a caring and supportive environment so students can develop appropriate coping skills.

“Learning is a social process, and schools are social places” (Humphrey et al., 2019, p. 194). Humphrey et al. (2019) used the social revolution as the blueprint for his version of a social emotional learning (SEL) logic model. Humphrey et al.’s model suggested schools with strong disciplinary measures should assist students in developing

social-emotional ability and academic achievement; however, Humphrey et al. used a partial 2014 study conducted by Banerjee et al. that did not completely link academic achievement, school connectedness, social-emotional competence, and mental impediments. The study included a random trial of 45 elementary schools in England. The universal SEL intervention PATH (Promoting Alternative Thinking Strategies) curriculum was used to conduct the research. Figure 2 indicates the proposed SEL logic model Humphrey et al. created to build their version of a conceptual model that incorporated an in-depth theory and evidence approach.

Figure 2

Proposed Conceptual Logic Model



The proposed model is based on the "Collaborative for Academic, Social, and Emotional Learning (CASEL) model" (Humphrey et al., 2019, p. 26). CASEL "is a trusted source for knowledge about high-quality, evidence-based social and emotional learning that supports educators and policy leaders and enhances the experiences and outcomes for all PreK-12 students" (CASEL, 2020, Systemic Implementation section, para. 2).

Humphrey et al. (2019) admitted that in Path A, "some research evidence is

inconsistent that is associated with social-emotional competence and future academic outcomes" (p. 194). Students who suffered from emotional issues were less likely to achieve the same academic and emotional success as their competent peers due to them not being able to regulate their emotions (Humphrey et al., 2019). Emotional well-being can also foster positive interactions within the classroom setting. Social-emotional competence leads to academic attainment.

Path B indicates how social-emotional competence indirectly affects school connectedness. Social-emotional competence is crucial for students who are suffering from mental health-related issues. Most students who do not have a positive learning experience may feel disconnected or social rejection during school. These students usually have not developed emotional security; therefore, they were less likely to develop positive relationships (Humphrey et al., 2019). Students who suffered from emotional competence may have had difficulty in school, leading to frustration, disengagement, reduced motivation, and lack of social interactions with peers and teachers (Humphrey et al., 2019). These behaviors can lead to students performing poorly in academics and a dislike of school. Humphrey et al. (2019) found some students who suffered negative social and emotional development could self-regulate their emotions, are academically engaged, and could adapt to their social environment.

Path C shows how indirect mental health development affects positive development. The CASEL model predicted students with positive social-emotional interactions can have positive outcomes. These students were also less likely to participate in dangerous activities such as drug abuse, aggression, or sexual activities. Low social-emotional competence can affect a child's development. The CASEL model

theory reports kids who started school with little to no social-emotional competencies may feel as though they were being rejected by their teachers and peers (Humphrey et al., 2019). Students were also less likely to be engaged in learning and displayed social disengagement; therefore, students suffered academically. The purpose of Humphrey et al.'s (2019) research was to explore how social-emotional competence might affect a student's mental health and academic achievement.

Interventions

School climate plays an essential role in student success. A positive school environment can foster success in academics, reduce behavioral problems, and build respect and mutual trust among individuals (Evanovich et al., 2018). Meeting the needs of students with social-emotional behavior disorders can be difficult for some schools due to the misconceptions of student expectations and the school's lack of resources to meet student needs. Many schools have found success by implementing the PBIS model framework (Evanovich et al., 2018). Over 25,000 school districts have implemented school-wide PBIS in the United States (Gage et al., 2020). Schools have seen a decrease in student disciplinary infractions, including suspension. Likewise, schools saw an increase in students meeting state assessments benchmarks. There is one framework that has sought to assist with understanding student functional behaviors.

1. The PBIS framework is a multitier intervention model that supports improving the school's climate and "organized behavior prevention and intervention strategies that help all students" (Gage et al., 2020, p. 1).
2. The PBIS model delivery is a bold design that encourages practical interventions for students' most vulnerable populations (Evanovich et al.,

2018).

Each of these tiers and their core features have been used throughout to ensure consistency among its users. Table 4 indicates the core features in Tier 1.

Table 4

Core Features in Tier 1

Tier 1 core features
Three to five written expectations for both students and staff
How appropriate behaviors will be reinforced
How will the school respond to inappropriate behaviors?
Regular review of behavior data

According to Gage et al. (2020), student buy-in is vital to the success of PBIS. The researchers suggest expectation statements be written in a positive format. In addition, the desired behaviors should be well-defined and taught across the school's environment (Gage et al., 2020). The implementation of Tier 1 entails “creating a school-wide behavior management system that includes explicit instructions on behavior expectations along with strategies to reinforce those expectations and respond to inappropriate behaviors” (Gage et al., 2020, p. 1).

The PBIS framework recommended group support in Tier 2. The second tier offered support in group settings to students who continued to take part in inappropriate behaviors; however, Tier 1 of the model must be implemented with fidelity prior to offering students group support in Tier 2. Tier 3 may act as a gateway to the Exceptional Children's program or be used to gather data to determine if a student is qualified for specific services under the Individuals With Disabilities Education Act (IDEA; Gage et al., 2020). A student can still access Tier 1 while receiving interventions in Tiers 2 and 3.

The school-wide PBIS approach strives to improve student behavior expectations

within the total school environment. The method was geared toward providing small group interventions for those students with significant needs who may not have responded to common strategies or intensive intervention (Chon et al., 2017). Implementing a positive support behavior system with fidelity can yield positive improvements in student disciplinary infractions and suspensions. According to Chon et al. (2017), “Positive Behavior Support emerged from a field of applied behavior analysis, representing a move away from punitive strategies towards the proactive teaching and celebration of positive student behavior” (p. 168).

Students with disabilities account for roughly 12% of students in the public school population; they were suspended two times more than their non-disability peers (Evanovich et al., 2018). Students who suffered from emotional behaviors are generally at higher risk for suspension due to their disability. Districts that implemented the PBIS model district-wide saw a decrease in office discipline referrals (Chon et al., 2017). A reduction in student suspension and dropout rates can also be contributed to the implementation of PBIS. Although discipline decreased school-wide, for students with a disability, discipline referrals dropped significantly. Despite the success of school-wide PBIS, students with severe discipline problems were still being removed from the traditional school setting. Gage et al. (2020) found,

> According to the National Center for Education Statistics (U.S. Department of Education, 2019), during the 2016-2017 school year, over 22,000 (3.2%) of students with disabilities were placed in a separate school setting for disabilities, separate residential facilities, or correctional facilities. (p. 2)

Separate school settings are usually referred to as alternative schools. Students

who attended alternative schools were typically removed from their traditional school setting due to behavioral problems or transitioning from a correctional facility. Gage et al. (2020) reported students with emotional disabilities were the third-largest population placed in an alternative environment. These students were transitioned to a correctional facility at a higher rate than any other disability category.

Some school districts in North Carolina have implemented the Multi-Tiered System of Supports (MTSS) framework. According to Exceptional Children's Assistance Center (2022), MTSS is a "framework which promotes school improvement through engaging research-based academic and behavioral practices as well as SEL practices" (para. 1). The MTSS framework evolved as a support that encompassed PBIS and Response to Intervention (RTI; Barusabo, 2019). The RTI process helped school personnel support students who were having difficulty with both academics and behaviors. The RTI process was introduced in the 2004 reauthorization of IDEA (Special Education Guide, 2013-2022). The MTSS framework acted as a building block to the PBIS model in applying a functional science framework to link the research to best practices that connected the needs of all students (Berrena et al., 2017).

The MTSS framework offered supports for all students by incorporating the RTI and PBIS principles. The model identified students who occurred to be struggling intellectually or students who happened to show being at risk for social-emotional problems from the universal screening instrument. Data obtained from the screening tools were used to make important decisions regarding the intensity of the intervention a child received (Beysolow et al., 2018). A sample of the North Carolina MTSS universal screening areas is illustrated in Table 5.

Table 5

North Carolina Universal Screening Areas

Levels	Literacy	Math	Behaviors/engagement
K-1 (all students)	Discrete early literacy skills (including phonemic awareness, basic phonics, letter knowledge, reading connected text in first grade) Concepts about print High-frequency words	Early number skills (including rote counting, number identification, quantity discrimination, strategic counting)	Attendance Tardy/early dismissal Office referrals Suspensions
2-3 (all students)	Advanced phonics Accuracy and fluency with connected text Written expression Spelling	Mixed computation Concepts and application	Attendance Tardy/early dismissal Office referrals Suspensions
4-5	Accuracy and fluency with connected text Written expression Spelling	Mixed computation Concepts and application	Attendance Tardy/Early Dismissal Office Referrals Suspensions
6-8	Historical reading data (including passing grade in ELA) Accuracy and fluency with connected text Written expression Spelling	Historical math data (including passing grade in math courses) Computation Concepts and application	Attendance Tardy/early dismissal Office referrals Suspensions Overage for grade by more than 21 months GPA of less than 2.0
9-12	Historical reading data (including passing grade in English I) Accuracy and fluency with connected text Written expression Spelling	Historical math data (including passing grade in Math I) Computation Concepts and application	Attendance Tardy/early dismissal Office referrals Suspensions Overage for grade by more than 21 months Course failures On-time promotion to 10th grade GPA of less than 2.0

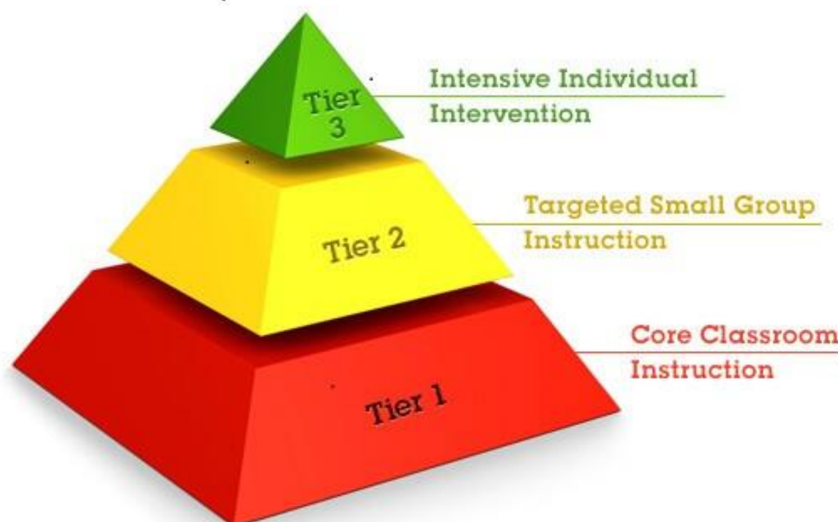
The universal screener allows educators to identify struggling students. Once

these students were identified, a team collaborated to devise a unique plan to meet the needs of a particular student (Beysolow et al., 2018). The supports that were offered through the MTSS model did not limit services to students who were enrolled in or referred to the special education program. The model offered supports to all students.

The MTSS framework offered three tiers of support with an emphasis on core instruction for all students. Tier 1 interventions were intended to support all students, while Tier 2 supported those students who showed signs of struggling in the areas of academics, behavior, or attendance. These areas caused at-risk students to fail in mastering instructional content. Tier 3 interventions offered individualized support to students who did not prove to be successful in Tiers 1 and 2. Interventions were aligned to the needs of the student. Figure 3 shows the tiers of MTSS support.

Figure 3

MTSS Tiers of Support



Each tier is a layer of added support. Tier 1 focuses on core instruction and consists of core classroom instructions. Approximately 80-90% of students within the

classroom should master the instructional materials or skills being taught. Tier 2 suggests targeted small group instruction; approximately 5-10% of the students may need intervention focused on learning materials that were not mastered. Lastly, Tier 3 offers intensive individual intervention. This type of intervention is needed for roughly 1-8% of the student population (Barusabo, 2019).

The three tiers of MTSS offer different levels of support for students. The interventions are continued from one tier to the next tier level. The continuation of support is offered to eliminate any gaps that may cause a student not to be successful (NCDPI, 2020c).

PBIS in Alternative Settings

Not all students who have transitioned to an alternative school setting receive protection under IDEA. Students who have an emotional behavior disability may require intense behavior support. Gage et al. (2020) recommended alternative educational "settings should utilize evidence-based universal practice to support individuals" (p. 2). Tobin and Sprague (2000) supported using the Tier 1 PBIS model in an alternative setting to support positive behavior management and social skills. Although the same core features in Tier 1 should be used in an alternative setting, Gage et al. recommended modifying the core features to address the students' intensive behavioral needs and the environment. Gage et al. also recommended only implementing the first tier of the model. PBIS teams must tailor the response to unwanted behaviors to meet the needs of their population. Some alternative settings may need coaching or professional development to ensure they follow the PBIS blueprint (Gage et al., 2020). Data from a 15-year study concluded a reduction in restraints and isolation, suspension rates, police involvement,

and truancy when PBIS was implemented in a kindergarten through 12th-grade alternative school (Gage et al., 2020).

Mental Health Access in Rural Areas

As reported by the 2010 U.S. Census Bureau, 19% of the U.S. population lives in what is considered rural communities. School-age children account for 24% of this subset. Roughly 32.9% of U.S. school districts are located in rural areas (Blackstock et al., 2018). Ensuring student educational needs are met can present challenges due to the lack of resources many rural areas face. The adolescents who needed the services were confronted with different barriers. Those adolescents who lived in poverty had limited resources and the stigma that came with mental health disorders. Compounding those challenges were barriers to providing services to these rural areas; therefore, many families experienced low treatment success (Blackstock et al., 2018).

In a literature review written by Beers et al. (2017) about mental health, they observed mental health and its illnesses pose a severe problem for rural areas. The problems stem from insufficient access to quality mental health care providers who treated an array of mental health conditions; therefore, day-to-day lifestyles may be altered (Blackstock et al., 2018). Mental health disorders do not discriminate among ethnic groups, genders, or ages; however, minority ethnic groups are especially at a disadvantage in rural areas due to the disparities and the quality of their lifestyles. There has been a tremendous number of studies done on mental health access to students who reside in urban and rural areas. The increasing research was focused on the different income and racial and ethnic groups of children. Howell and McFeeters (2008) found,

Disparities in children's health are particularly troubling since children can suffer

> from the consequences of this deprivation throughout their lives. As a special case, mental health disparities may perpetuate socioeconomic and racial/ethnic disparities over time through the educational and social problems derived from poor mental health. (p. 19)

The Joint Commission recognized the need for mental health services among people who lived in poverty. Individuals who lived in poverty had a greater rate of mental health needs (Beers et al., 2017). Children residing in poverty households and children with psychological health disparities were strongly correlated (Beers et al., 2017). Nevertheless, the report stated that there was no specialized training offered to individuals who worked with this population of children. Minority groups usually had less financial income than their White counterparts; thus, minorities suffered from social and emotional behaviors, resulting from poverty, at a higher rate.

Howell and McFeeters (2008) found other risk factors may also play a part in the mental health disparities in rural parts of North Carolina. Parental mental health and housing area had more of a significant impact than poverty or culture in forecasting a child's mental wellness. Wallinius et al. (2016) stated children who experienced parental abuse or parental absence and a family history of mental health problems had a greater prevalence rate for adverse unhealthy emotional outcomes. Children in rural areas may not have had access to proper mental health care; therefore, these children may have had poorer physical health and higher mortality rates than children in other places (Howell & McFeeters, 2008).

Rural areas are faced with a deficiency of mental health specialists such as therapists, physicians, mental health care, and social workers. According to Fortney et al.

(2018), rural counties make up approximately two thirds of the U.S. population; however, less than 10% of the mental health care workers worked in these areas. These mental health care providers may not have had access to other mental health providers; therefore, it may have been a challenge for them to network and provide collaborative services. These challenges also could have caused medical providers to work alone or with a "de facto system of care" (Fortney et al., 2018, p. 48); however, with some creativity and collaboration, rural areas can achieve the same mental health success as urban areas.

Rural areas may find success in using the task shifting or the task sharing approach. These approaches allow rural area providers the opportunity to share resources. This method allowed for highly trained individuals to work with and train less-skilled individuals to work with patients who struggle with mental health disabilities using adequate resources and strategies. Task sharing can assist with improving mental health in rural and low-income areas by increasing the number of service providers offered (Fortney et al., 2018).

Community health care workers were also involved in task sharing. These non-mental health care providers provided primary or specialist support to assist mental health care patients in clinics or community outreach programs. Community health care workers can offer a wide variety of services to mental health patients. These services ranged from depression to stress management, drug abuse, family violence, suicide awareness and prevention, and anxiety (Fortney et al., 2018).

Community health care workers also provided services to children struggling with mental health concerns in schools via telehealth care services. Telehealth services offered support through tele-video or telephone conferencing by delivering collaborative care for

patients. Telepsychiatry interventions were utilized in K-12 schools. These intervention services "involved direct provision care and consultation with the team assisting students, teachers, parents, social workers, school nurses and principals throughout the school day" (Fortney et al., 2018, p. 55). These services were convenient for families in rural areas and students with severe mental disabilities. Fortney et al. (2018) believed tele-video services can have an identical success rate as face-to-face counseling sessions for children with disabilities.

School-Based Mental Health Programs

School-based mental health centers date back to more than 45 years ago, according to Basaraba et al. (2015). Some researchers are still trying to measure the impact these centers have on adolescent mental health and academic performance. Although some programs have not been successful, Bagnell and Santor (2019) stated,

> The lack of success does not dimmish the importance of continuing efforts to improve the effectiveness of school-based programs, for which effect sizes can be at times modest, but the scope of child mental health problems and resource limitation highlights the need to now balance program development and improvement with maximizing uptake and implementation. (p. 81)

Therefore, mental health centers are continuing to add more services for adolescents.

In a recent study, Blackstock et al. (2018) found a significant gap between school-age children and mental health care access. Merikangas et al. completed a national study that consisted of 3,024 children (Blackstock et al., 2018). The study "found that mental health problems were fairly common among American adolescents; 13.1% had disorders without impairments, and 11.3% had a disorder with severe impairments" (Blackstock et

al., 2018, p. 12). The study also found less than half of the participants received services or treatment for their disability or impairment.

Schools should be safe places for students. Students should have a connection with peers and adults in the building and be excited about attending school; however, some students feel the exact opposite. The middle school years can be challenging for youth, especially for minorities and lower socioeconomic youth. These years can also present a time when children feel a sense of disconnection or insecurity. During this time, adolescents may experience a surge in bullying and victimization. These incidents can enhance the onset of some mental health ailments (Espelage et al., 2016).

Schools have historically had limited resources to address problems that most adolescents experience. Generally, schools are the first place students display mental health concerns. However, many schools lack the resources to serve students adequately; therefore, many students may not have received high-quality services. Some schools are faced with having to share mental health personnel between schools. According to the Elementary and Secondary Education Act, school counselors have seen a shift in their responsibilities. Counselors have seen that, along with academics, there was a need for a focus on social-emotional awareness (Paul, 2016). Counselors strived to provide children with some style of conversation therapy or instruction on how to change thoughts or behavioral patterns.

During the 2014-2015 school year, the U.S. Department of Education (2014) discovered one in five postsecondary schools did not have a qualified school counselor. Consequently, these schools could not deliver mental health services from trained personnel. According to Brindis et al. (2017), “70% of children and adolescents with

mental health disorders did not receive mental health services” (p. 675). In addition, children with psychosocial emotional illnesses were likely to perform at lower academic levels and drop out of school at a higher rate than their peers. Blackstock et al. (2018) stated that many mental health professionals have uttered uncertainties about the deficiency in mental health, the importance of having access to mental health care professionals in school settings, and to correctly recognize and provide help to families.

Although school personnel primarily focused on student academic achievement, some school districts found the need to offer students mental health services (Bonanni et al., 2015). School mental health services also provided students the necessary guidance to overcome barriers that may have hindered student success. Research from Bonanni et al. (2015) showed the most effective mental health programs were housed within a school's curriculum. The study concluded students gained a high sense of self-perception and self-efficacy and improved coping and social skills.

School-based mental health centers are typically located in an educational facility or on a school’s campus and can function as a universal access point to mental health services for youth who are dealing with psychological issues. The school-based programs have increasingly focused on their availability to help students during the school day. Students could use these services at cost-effective rates. The cost of the services is especially crucial for the underserved population of students. These high-risk students were able to receive treatment within a familiar environment. Brindis et al. (2017) noted expanding school-based mental health services can increase social-emotional benefits to underserved populations suffering from social and emotional disorders.

There is compelling data that indicate many school-age children did not receive

mental health services; therefore, Albrecht et al. (2017) acknowledged there is a need for school-based mental health services. Educational institutions can create an environment that understands and fosters mental health support for students as well as change some of the stigmatization that comes along with mental health issues. Schools have evolved to be safe and caring environments for most children; therefore, schools are possibly one gateway for providing and promoting effective mental health assistance (Bonanni et al., 2015). Not all schools offered the same mental health services; however, the programs' overall purposes were usually the same. One the goals for most school-based mental health programs is to provide intervention programs that offers students' mental and emotional support (Bonanni et al., 2015). Most school-based programs also offer academic assistance. Although the need for school-based mental health programs was great, some schools were unwilling to implement mental health programs. Bagnell and Santor (2019) explained,

> The lack of success does not diminish the importance of continuing efforts to improve school-based programs' effectiveness for which effects size can be modest. However, the scope of child mental health problems and resource limitations highlights the need to balance program development and improve with maximizing uptake and implementation. (p. 82)

Although schools may decrease some of the barriers to mental health services, there was still a potential for lack of understanding and breakdown in the communication surrounding school-based mental health services. Schools are in nearly every community; therefore, schools may assist with the identification and treatment of mental health disorders. Students are more available and accessible during school hours; therefore,

schools have become an excellent place for health interventions and services.

Students who had access to school-based mental health centers have potentially had a higher health equity than their underserved peers. Brindis et al. (2017) concluded, “there was evidence that SBHCs have demonstrated their ability to increase access and offer low-cost mental health services to children. Access and the cost of mental health services are essential to the underserved populations” (p. 676). School-based mental health centers help overcome negative barriers such as a lack of insurance coverage, transportation issues, the shortage of coordinating services with mental health providers, lack of confidentiality between provider and adolescent, and the stigma attached to the students receiving the benefits.

Conclusion

The literature highlighted some of the history surrounding mental health. Under President John F. Kennedy's leadership, the need to implement a modern-day mental health system was born. The 1963 Joint Commission report detailed the lack of services adults and children with a mental health disorder were receiving. Furthermore, the literature review discussed some of the social and emotional effects on behaviors and academics. The study indicated one in five children suffered psychological or learning disorders. While the onset of a psychological disorder may have occurred during childhood, some children may have a productive adulthood with proper treatment and services. Additionally, the discussion continued with implementing the PBIS and MTSS framework models and how the models could be used in an alternative school setting. The literature concluded by discussing the mental health concerns in rural areas and how school-based mental health programs may have been affected. The results and findings of

the K-12 ALP evaluation are discussed in Chapter 4.

Chapter 3: Methodology

Introduction

This study analyzed the K-12 ALP school-based mental health program's overall effectiveness by examining the services offered, academic and behavior intervention strategies, and student outcomes from administrator and teacher perspectives. The study was conducted in GCSD, which is located in rural eastern North Carolina. The GCSD K-12 ALP was designed to assist students who displayed social and emotional concerns or challenging behaviors in the normal classroom setting. The K-12 ALP goal was to give students the social-emotional, academic, and mental health support needed in a smaller setting so they would have an opportunity to return to the traditional classroom setting.

The study used the CIPP evaluation model created by David Stufflebeam (Spaulding, 2014) to evaluate the K-12 ALP. The CIPP framework was developed to be used in an educational setting. The model is a decision-based methodology to allow for the collection of formative and summative data. In this chapter, the participants involved are described, instrumentations utilized to answer the research questions are explained, and a description of the program’s goals and objectives is discussed. Furthermore, the data collection and analysis techniques implemented are introduced as well as the overall methodology for the study.

Participants

Garnett County is home to roughly 46,994 residents. The median income was reported at $43,688, according to the county’s website. The Pamlico and Tar Rivers flow through the center of Garnett County and form boundaries for the school district's attendance areas. Although the geographic area is sparse, there is a large amount of

farmland in the county; thus, the attendance makeup may differ in the number of students in each attendance area, but the percentage of students living in poverty was the same in each attendance area. The district has four elementary schools, two Pre-K-8 schools, two middle schools, four high schools, and an early college high school. This program evaluation focused on middle school students who were enrolled in the ALP located in one of the district's high schools.

According to the North Carolina Schools Report Card data, there were 6,445 students enrolled in the district during the 2018-2019 school year. There were 4,377 students enrolled in Grades K-8 during that same school year. The district provided services to 632 elementary and middle school students through the Exceptional Children's program. Twenty-five elementary and middle school students within the district had a diagnosis of emotional or behavioral disability. The district also provided services to 131 students in first through eighth grade through a 504 plan (Anonymous, personal communication, June 22, 2020).

During the 2018-2019 school year, 11 students attended the K-8 ALP middle school program. Students placed in the program received both academic and behavioral support. Three of the students who participated in the middle school's program had a 504 plan in place. A 504 plan is a "state mandated option for children who are experiencing difficulty socially, emotionally or behaviorally in a manner that interferes with their academic environment and learning" (TLC Foundation for Body-Focused Repetitive Behaviors, 2020, para. 3). The 504 plan is under the umbrella of the Rehabilitation Act of the Americans With Disabilities Act. None of the middle school students enrolled in the ALP had an Individualized Educational Plan (IEP) or a plan for individualized

instruction. Six students were enrolled in the alternative elementary program. Only one of the six students did not have an IEP. There were no students in the elementary program served under a 504 plan.

The program staff consisted of two full-time elementary special education teachers, a full-time middle school teacher, and a full-time behavior specialist assistant. Furthermore, the program had outside support personnel from the district's central office staff. The support personnel included a behavior evaluator/coach, a behavior specialist, and the mental health coordinator for the district. Students were enrolled in the program throughout the school year, allowing for a continuous flow of services.

A student could be recommended to the K-8 ALP by the school-level administrator, the superintendent, a parent or guardian, or an outside community agency; i.e., therapist recommendation. At the school level, a counselor must create a screening committee to review discipline and academic data. The committee must include the student’s teachers, a school counselor, the principal, and the student’s parent or guardian. Jointly, the team must decide if more interventions are needed, if the student can remain in a traditional school setting, or if the student should be referred to the K-8 ALP committee at the district level. Once it is determined the student will be recommended to the ALP, the school counselor must complete a referral packet to be reviewed by the district's superintendent.

Some participants who were referred to the program were not part of the Exceptional Children's program; however, they had a documented history of social, emotional concerns or challenging behaviors. Not all students in the program needed academic support, yet all students enrolled needed psychosocial and behavioral

interventions. The program was designed to enroll students from the entire school district, regardless of where the student's domicile school was in the county.

The socioeconomic status of the students enrolled in the program may vary. Most participants resided in subsidized housing or were from a single-parent home; however, there was a small number of students who lived in an affluent suburban neighborhood. Although there was a racially diverse population of students enrolled in the Special Education program within the school system, there were 14 African American students, two Caucasian students, and one Hispanic student enrolled or assigned to the ALP across all grade levels. Other participants who were included in the study were the teachers of the students, the behavior specialist assistant, the principal, and the support personnel.

Research Design

This study constituted a qualitative analysis of the faculty, parent, guardian, and central office personnel perspectives of students enrolled in the K-8 ALP. This study was a replication of a study conducted by Whisnant (2019). Mrs. Whisnant gave her permission to replicate her study. The data were compiled and analyzed through surveys and various interviews from the faculty, staff, and parents/guardians of the K-8 ALP as well as from Educators Handbook, PowerSchool, and NC Check-In data. The research questions that guided this study were

1. Context: What are the foundation principles that led to the implementation of the K-8 ALP?
2. Input: What type of academic and behavioral strategies are utilized?
3. Process: How does the K-8 ALP goals and objectives assist with students being academically and behaviorally successful while meeting their mental

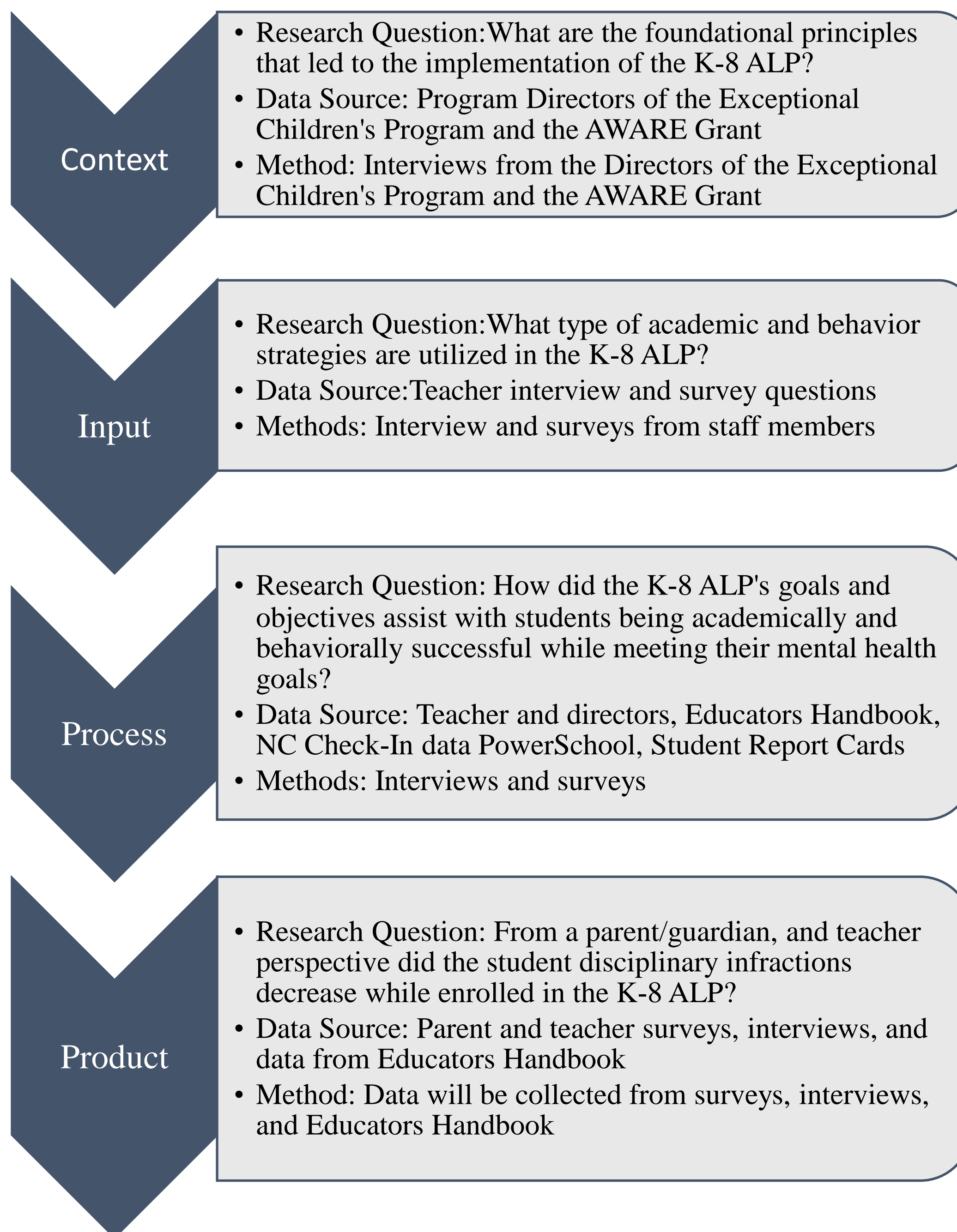
health goals?

4. Product: From a parent/guardian and teacher perspective, did the student's disciplinary infractions decrease while in the program?

The CIPP model was used as a framework to analyze the program's goals, objectives, and strategies. The collected data created the framework for answering the four research questions. Figure 4 indicates an overview of the CIPP methods.

Figure 4

Overview of CIPP Methods



I focused on the program's ability to meet student needs through the services and the interventions offered. Furthermore, the program's success was measured by the

participants accomplishing their goals and objectives, as well as their ability to successfully return to their traditional school setting, from a teacher's perspective. The program services were created to support the four core areas that are indicated in Table 6, which specifies the program's areas of focus and how each area was addressed.

Table 6

Program Services

Academic	Behavior	Social skills	Mental health
North Carolina Common Core Standard	Crisis intervention	Responsible decision-making	Group therapy twice a day
Exceptional Children services	PBIS	Relationship skills	Individual therapy as prescribed
Research-based reading and math instruction		Self-Awareness Social-Awareness Self-Management	Family wellness and in-home therapy

As described in Table 6, the K-8 ALP provided support in academics, behavior intervention, social skills, and mental health. Educators integrated a research-based program that paired with the North Carolina Common Core Standards to strengthen the role of academics. The PBIS multi-tiered framework was used to offer support and foster positive behaviors. According to McKay-Jackson (2014), psychological education was disregarded in education prior to the 1990s. The K-8 ALP was created to educate and improve student social skills by offering them the essential skills to make constructive decisions by learning self-awareness, social awareness, and self-management skills. Mental health is a substantial element in the program. Individuals and their family members were given a chance to obtain psychiatric care via personal, group, and family therapy as part of the program.

Instruments

Participants in this study were asked to respond to interview questions and surveys that allowed them to express their viewpoints on the ALP. Data were collected from Indistar, which houses the School Improvement Team goals and data for the 2018-2019 school year. Indistar is a platform that guides high-quality work by the School Improvement Team. To assess behavioral data, I used teacher and administrator observations as well as Educators Handbook to identify trends in behavior. Educators Handbook is a data bank that stores student discipline records. Additionally, data were collected through surveys and the interview process with all participants anonymized for final data analysis and reporting.

Interviews

Interview questions, found in Appendices A, B, and C were emailed to the Exceptional Children's director, the Project AWARE director, the school's principal, and teachers of the students enrolled in the K-8 ALP. According to the Virginia Tech Library (2020), "interviews are used to help explain, better understand, and explore research subject's opinions, behavior, experiences, and phenomenon" (para. 1). The interview questions for this program evaluation were developed by Whisnant (2019) in a program evaluation based on the goals and objectives of a program designed for students with social-emotional concerns. Permission to utilize these interview questions was granted by Whisnant. The questions were adapted "to meet the needs of this study and were previously validated by an expert group of principals and assistant principals" (Whisnant, 2019, p. 59) who did not participate in Whisnant's research.

Institutional Review Board

Authorization of the study was acquired through the Institutional Review Board at Gardner-Webb University and the GCSD superintendent.

Survey

I sent an email to the directors, teachers, administrators, and parents involved in the K-8 ALP. A consent statement was included in the email. If the participants agreed to contribute to the survey, they were asked to click on a hyperlink that contained the survey. The survey questions for this program evaluation were developed by Whisnant (2019). I obtained approval to use the survey in its entirety. According to Whisnant, the questions "were validated by an expert group of principals and assistant principals who" (p. 59) did not participate in her research.

Discipline Data

To understand if the behavioral intervention affected student behavior, I collected discipline data from Educators Handbook. Educators Handbook is an online databank that houses discipline information for GCSD.

Academic Data

To know if academic interventions were effective, I used NC Check-In assessment and report card data to determine student academic trends.

Homebound Data

Homebound data will be used to understand the frequency of the students placed on homebound prior to enrolling in the K-8 ALP.

Procedures

This program evaluation aimed to determine if the goals and objectives of the

GCSD K-8 ALP were being accomplished. As previously stated, the CIPP model allowed for an organized analysis of the responses to the research questions. The questions were answered by exploring the four parts of the core value model. I collected academic and behavioral data from the 2018-2019 school year during the period the students were enrolled in the K-8 ALP. The data were collected from observations, i-Ready, IXL, NC Check-In, and Educators Handbook. Data analysis was conducted to establish if student academics improved after receiving interventions from the K-8 ALP. Data were also collected from stakeholders of the K-8 ALP. The data were collected through historical observational data, interviews, and survey data.

Data Analysis

The components of the CIPP model were used as a guide for this program evaluation. I analyzed the data by addressing the context, inputs, processes, and products. The interview responses from the administrators and the directors of the Exceptional Children's department and Project AWARE/Advancing Coordinated and Timely Interventions, Awareness, Training, and Education (ACTIVATE) addressed the context and were coded for trends and themes. This information assisted with understanding the mission of the program.

The previously collected observation data were used to analyze the input data. Survey data from the K-8 ALP’s teachers, behavior specialist, and the mental health coordinator were used to determine if the intervention and strategies improved student academic, behavioral, and mental health goals.

The process data examined the K-8 ALP’s goals and objectives. The students’ personal goals and objectives were analyzed to ensure they are aligned with the K-8 ALP

goals and objectives.

I used the discipline data from Educators Handbook to look at the rate and trends of student behaviors and compare the types of incidents that preempted student referrals. The discipline data were compared with the current discipline data of the same students.

Summary of the Methodology

The goal of this program evaluation was to establish the success of the K-8 ALP on student academic and behavioral success from administrator, teacher, and parent perspectives. This chapter provided a summary of the participants, the research design, and how data for the program evaluation were collected and analyzed. The data from the surveys, observations, interviews, Educators Handbook, PowerSchool, Student's Report Cards Homebound Data, and NC Check-Ins are discussed in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this program evaluation was to examine the GCSD K-8 ALP from the perspective of parents, teachers, administrators, and central office personnel utilizing the CIPP model. The data sources for this study were interviews, surveys from school personnel and parents, Educators Handbook, NC Check-Ins, and PowerSchool. Analysis of the data from these resources was used to evaluate the four research questions.

1. Context: What were the foundational principles that led to the implementation of the K-8 ALP?
2. Input: What type of academic and behavioral strategies were utilized in the K-8 ALP?
3. Process: How did the K-8 ALP goals and objectives assist with students being academically and behaviorally successful while meeting their mental health goals?
4. Product: From parent/guardian and teacher perspectives, did the student's disciplinary infractions decrease while in the program?

The method for presenting the research findings in this chapter consists of a description of the participants and an analysis of the data collected from the previously mentioned data sources.

Program Evaluation Participants

The participants in this study were all given pseudonyms to protect their identities. The participants included the principal of the K-8 ALP, Mrs. Lloyd, the teachers from the K-8 ALP, Mrs. Miller, Ms. Woolard, and Ms. Cookie. Additionally,

parents of the students who were enrolled in the K-8 ALP during the 2018-2019 school year, Mrs. Rae, Ms. Sue, Ms. Leigh, and the director of the project, Mrs. Lynette, participated in the evaluation.

Student and Family Backgrounds

Although students were not an active part of the K-8 ALP program evaluation, insight into their backgrounds provided fidelity and depth to the study. The K-8 ALP was housed under the Special Education Department for GCSD; however, not all students enrolled in the alternative setting were identified as Special Education students. One particular student, Dre', was administratively placed in the K-8 ALP by the superintendent due to his inability to control his anger. His academic ability was starting to decline due to his behavior. During the school year the study was completed, there were three African American male middle school students enrolled in the K-8 ALP. The students' ages ranged from 11 to 13. When the students were enrolled, two of the students were living in single-parent households with their mothers. The third student was being raised by his grandmother.

Carson, a sixth-grade student enrolled in the program, lived with his mother, Rae, and younger brother. According to interviews conducted with Carson's mom, Rae, she was a teen parent and never married. At the time of her son's enrollment in the K-8 ALP, mom [Rae] worked at Walmart and lived in public housing. The mother did not have a high school diploma; however, she regretted not completing high school.

Glen, a seventh-grade student who was the second student in the program, was an only child raised by his mother, Leigh, a single mom. During his tenure at the K-8 ALP, his mother attended the local community college and worked the second shift at a

manufacturing company in town. The mother admitted to not being involved with her son's schooling due to providing for him. Leigh and her son Glen lived with her mother.

At the time of the study, the third student, Dre', a seventh-grade student, and three siblings lived with his grandmother, Sue. According to the grandmother, Dre's mother was addicted to drugs. The Department of Social Services had given her (the grandmother) custody of the children. Sue also stated Dre' was addicted to drugs when he was born. Dre's grandmother worked in the medical field. She had difficulty raising the children, but she was determined to keep the family together.

Faculty Background

During the 2018-2019 school year, the K-8 ALP assigned three regular education teachers to educate the middle school students in the program. The courses were divided among them, so each teacher taught two subjects daily. The school also employed a principal, a special education teacher, a custodian, and a guidance counselor. Other staff members worked with the high school students, but only the staff members directly involved with the middle school program participated in the program evaluation.

The participants who were employed at the K-8 ALP were asked about the number of years they had been employed at the alternative school. The English/social studies teacher, Mrs. Miller, has a BA in English and was a lateral entry teacher. At the time she was hired, she had no previous teaching experience. Ms. Woolard was hired during the middle of the school year and had less than 2 years of teaching experience. The superintendent transferred the math and science teacher, Ms. Cookie, from another middle school within the district to the K-8 ALP. Ms. Cookie had 7 years of teaching experience total; 4 of those years were at the alternative school. The school counselor,

Mrs. Lashon, and the principal, Mrs. Lloyd, were new to the alternative school setting, and they had less than 4 years of experience combined. Figure 5 displays the survey results regarding the experience of the faculty for the K-8 ALP.

Figure 5

Staff Work Experience

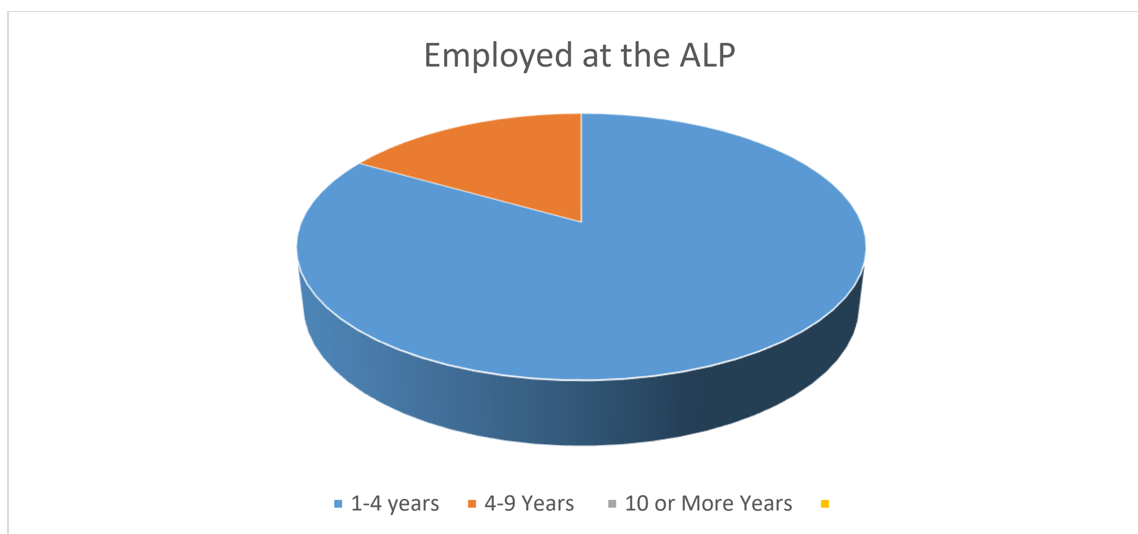


Figure 5 indicates years of experience for the K-8 ALP staff members working at this particular school site. Further conversation with Mrs. Lloyd, the school principal, revealed that although the staff had fewer than 9 years working at the school, all but one of the staff members had worked at other school sites or districts.

In addition to the school personnel, the project director, Mrs. Lynette, was also interviewed. Mrs. Lynette had 32 years of experience in education. Before Lynette became the project director, she served in various roles, including an Exceptional Children's teacher at the high school level, an assistant principal and principal of a middle school, and the director of Exceptional Children. During the time the AWARE grant was written, Mrs. Lynette was the Exceptional Children's director. She played a vital role in securing the funding for the K-8 ALP. The district superintendent who

assisted with the program's implementation was no longer working in the district.

Context of the K-8 ALP

The research question regarding the context area of the K-8 ALP explored the foundation principles that led to ALP's implementation in GCSD. The open-ended question, "What are the foundation principles that led to the implementation of the K-8 ALP," was discussed in an interview with the current Exceptional Children's director and the project's director, Mrs. Lynette.

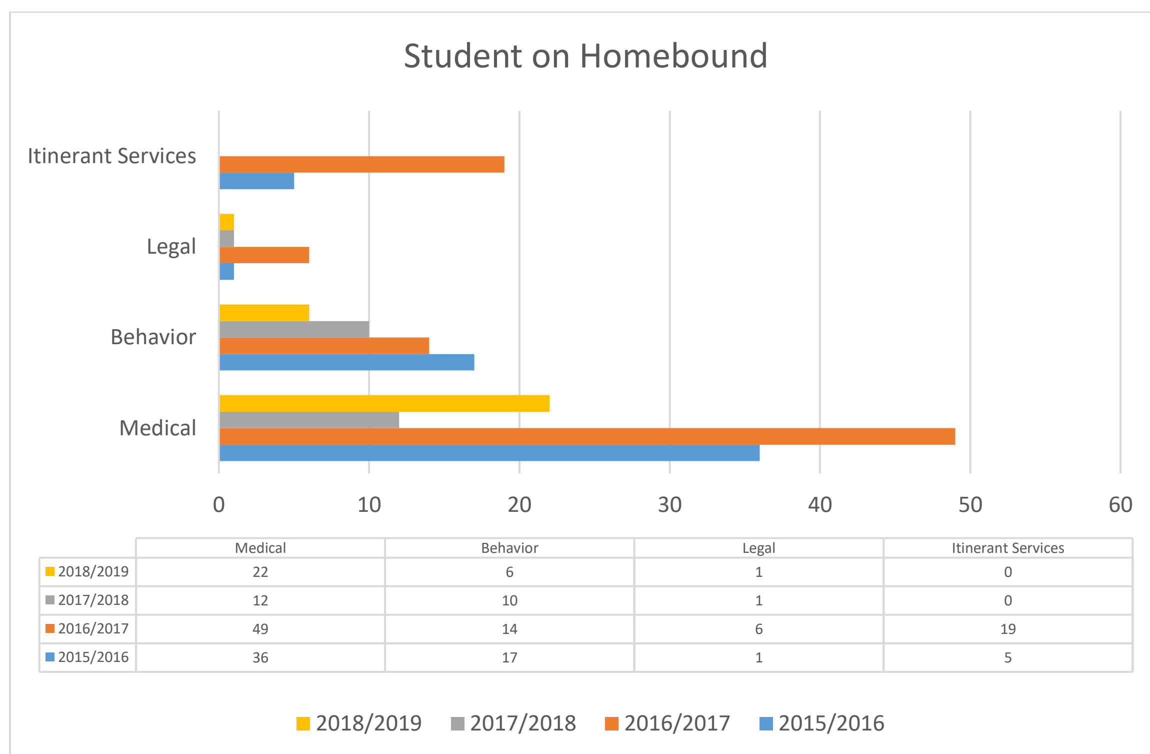
The project's director (Lynette, personal communication, April 14, 2021) explained the educational piece of the alternative program was already established before implementing the K-8 ALP; however, there was nothing to address student behaviors or psychological concerns from teachers, administrators, or parents. According to Lynette, prior to the program being established, the superintendent noticed students were being placed in or recommended to the alternative program because of their discipline infraction history or current behaviors rather than academic concerns (Lynette, personal communication, April 14, 2021). Therefore, the superintendent felt that placing the students on homebound status would not address the psychological issues or provide the students with emotional and behavioral support (Lynette, personal communication, April 14, 2021).

Students in the school district who were placed on homebound status received 3 to 5 hours of direct instruction a week from a certified instructor, a minimum of 2 days a week. The district employed three teachers who provided these homebound services exclusively. The teachers were usually retired and were hired part- or full-time to serve in this capacity. Figure 6 indicates the number of and reasons why students were placed on

homebound services for the school years 2015-2019.

Figure 6

Students on Homebound



	Medical	Behavior	Legal	Itinerant Services
2018/2019	22	6	1	0
2017/2018	12	10	1	0
2016/2017	49	14	6	19
2015/2016	36	17	1	5

Figure 6 indicates the number of students placed on homebound has declined over the last 4 years. During the 2015-2016 school year when the grant was being pursued, the number of students placed on homebound was at an all-time high. Fifty-nine students received homebound services, and there was a total of 17 students placed on homebound status for discipline concerns. Data from the school year of 2016-2017 revealed an increase in the number of students placed on homebound due to medical reasons; however, there was a slight decline in students who were placed due to displaying negative behaviors. Additionally, the number of students who received homebound service for legal issues rose during the same school year.

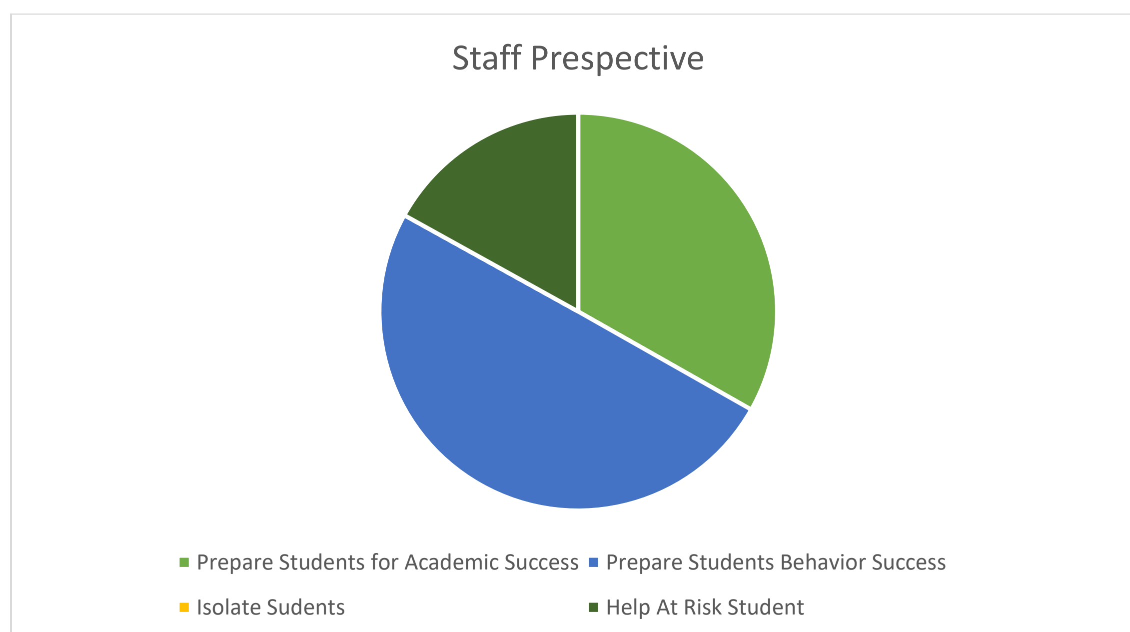
Throughout the 2017-2018 school year, the number of students placed on

homebound status due to school discipline issues was three times higher than the number placed because of some legal issues; however, the number of students placed on homebound status for the 2018-2019 school year showed an increase in students with legal issues. Figure 6 also indicates the number of students placed on homebound status due to medical issues was far greater than the number of students with legal issues or behavioral concerns. The number of students who received itinerant services through homebound did not affect the K-8 ALP due to those students being enrolled in the prekindergarten program.

To further investigate the foundations of ALP's implementation from a teacher's perspective, teachers were surveyed about the program's purpose. Figure 7 displays the results of the six teachers who completed the survey.

Figure 7

Program Purpose From a Teacher Perspective



As evidenced in Figure 7, 50% of the teachers who completed the survey believed

the program's goal was to allow students to learn behavioral skills to return to the regular educational setting. Thirty-three percent of the staff members sensed the idea of the program was to keep at-risk students on track to graduate. Of the six teachers surveyed, only 16.7% felt the program prepared the enrolled students for academic success.

Parents of the students placed in the K-8 ALP were also surveyed regarding their understanding of the foundations of the program's implementation. The results of this survey are included in Figure 8.

Figure 8

Program Purpose From a Parent Perspective

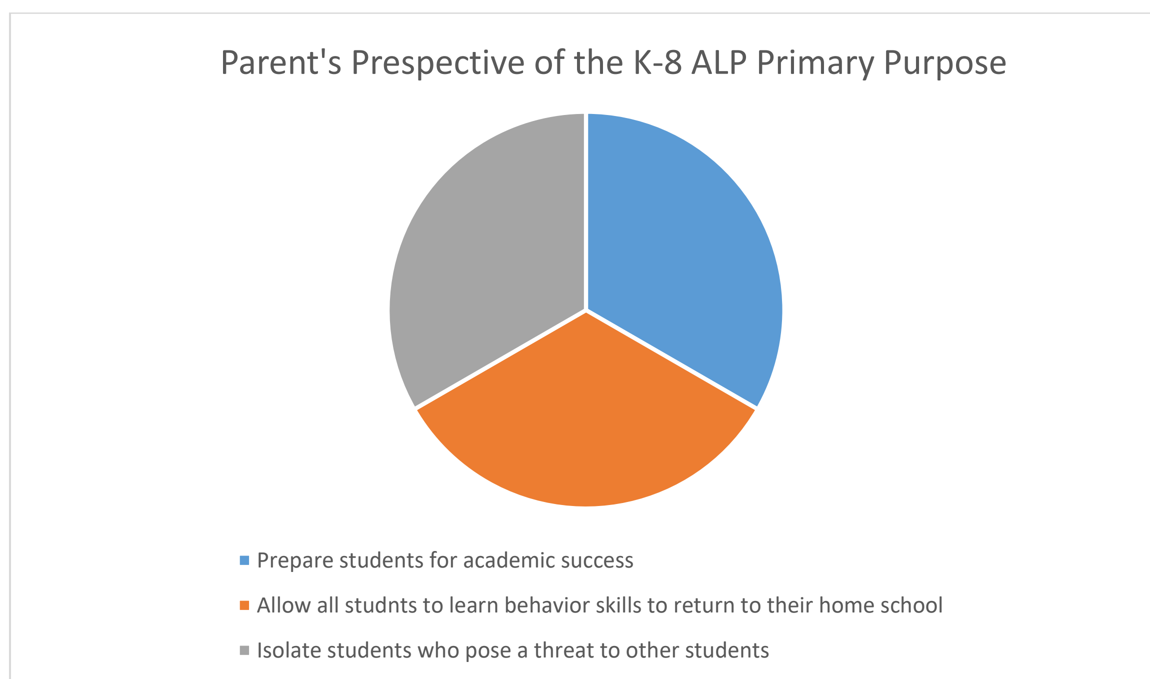


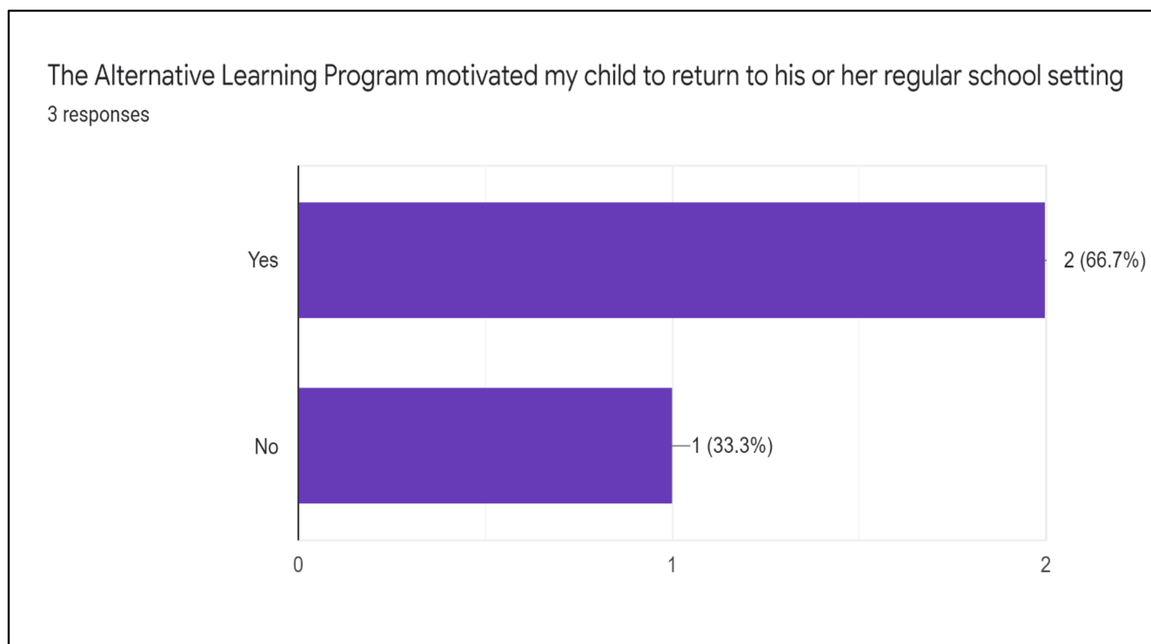
Figure 8 indicates parents may not have had a clear understanding of the program's primary purpose. Each parent who completed the survey had a different response to the question about the program's primary purpose. In comparing staff and parent responses about the primary focus of the ALP survey, it was evident there was a lack of understanding of the program's purpose of reducing the number of students

placed on homebound for chronic behaviors to address psychological concerns.

Parents were also asked if the program motivated their child to return to the regular school setting. Figure 9 denotes the results from the parents who responded about their child's motivation to return to the regular school setting.

Figure 9

Student Motivation



As indicated in Figure 9, only two of the three parents felt the program motivated their child to return to the traditional setting.

Input

The research question regarding the input of the K-8 ALP defined what type of academic and behavioral strategies are utilized in the program. Middle school students enrolled in the program are allowed to return to their traditional educational setting with behavioral modifications in place if they do not already have an IEP or a behavioral modification plan. Since not all students have an IEP, behavioral goals may need to be

implemented to teach students behavioral strategies in order for them to self-regulate their behaviors or emotions. The input question sought to assess the instructional and behavioral strategies utilized to ensure the students received instructions compatible with the traditional school setting. Data for the instructional and behavioral strategies utilized were collected via interviews with the administrator and the teachers. The results of the interview are displayed in Table 7.

Table 7

Instructional Strategies

Instructional strategies
Hands-on
One-on-one
Whole group
Independent
Project-based learning
Lecture
Technology-based

Teacher and administrator interviews indicated there were multiple strategies used to assist with teaching and learning; however, based on the student's mood, there were days a teacher may not have taught a lesson due to behaviors or a social-emotional crisis with a student (Mrs. Lloyd, personal communication, April 30, 2021). According to the principal (Mrs. Lloyd, personal communication, April 30, 2021), "on those days, we have to regroup and try the next day again because we must make sure the basic needs of our students are met."

In the survey, the teachers at the ALP were asked to list the types of training they had received to prepare them to work with the population of students they served. The responses were based on the staff's training prior to the 2018-2019 school year. The

results of the survey are evident in Table 8.

Table 8

Training the Staff Received

Training the staff received
CPR and first aid
Academic instructional strategies professional development
MTSS professional development

From Table 8, it is apparent the staff members did receive some training on academic strategies; however, there seemed to be no focus on specific behavioral strategies. During one interview, a staff member mentioned the team members had received some MTSS professional development, but the MTSS framework was not utilized at the school. Mr. Sand (personal communication, April 26, 2021) stated in an interview that due to his experience in teaching, he depended on prior professional development to assist with incorporating strategies into his classroom:

> I used project-based learning with my students. I feel that students respond better when they can use their hands. I had to find independent projects for those boys to complete because the two of them did not get along; therefore, working in groups was not ideal for that group of students. (Mr. Sand, personal communication, April 26, 2021)

According to the Buck Institute for Education (2021), project-based learning is when students are given an assignment or an activity in which they must apply real-world problem-solving skills. Project-based learning also teaches students to explore and solve authentic and challenging life concerns (Buck Institute for Education, 2021).

Students enrolled in the K-8 ALP can return to the traditional school setting at the

end of the academic school year. Students with psychosocial-emotional behaviors may experience some of the poorest academic outcomes of all students; therefore, it is essential to have some additional support when they return to the traditional school setting (McDaniel et al., 2020). To understand what supports were put into place to assist with the transition back into the traditional school setting, the following question was asked of the middle school staff at the ALP: “What should teachers do to support students during their transition to the regular education setting?” The teachers listed the following responses in Table 9.

Table 9

Teacher Support

How can teachers support students
Follow-up with students' teachers regularly
Our students complete a Google Presentation (as outlined in our student handbook) as part of their return to the regular school setting.
Be available by phone, email, in person, etc. Offer or help them with assignments outside your classroom to help them with both academic and social skills.
Be supportive
Regular communication
Work with how to get along with others, stress to stay caught up with their assignments

As shown in Table 9, the supports put into place to assist students when they were transitioning back to the traditional school setting are all communication methods. The data did not indicate how long the supports were in place.

Teachers were also asked what parents should do to support their students during the transition to the regular education setting. Again, most of the suggestions were

centered on parent communication. In addition, the teachers were also asked what parents should do to support their students during the transition to the regular education setting. Table 10 shows the responses from the teacher survey.

Table 10

Recommendations for Parents

Parent recommendations
Regular communication with the teachers
Provide updated contact information to the school
Hold your child accountable at home, school, and in the community
Be active in their child's education
Regular communication with school personnel
Connect with the school community through PowerSchool

This question was also asked to assess how student educational needs were addressed when they returned to the traditional school setting. The ALP does not truly focus on student mental health. When asked in an interview, Mrs. Miller (personal communication, April 26, 2021) stated,

> The teachers focused on the student's academic needs. We [teachers] did not feel we were equipped to assist students with their mental health concerns. The school did have Mrs. Lashon [the counselor] at the time; however, [Mrs. Miller stated] she only assisted students with their academic concerns. Students who received Special Education services were served by an EC teacher who also served as a homebound teacher.

In an interview with Mrs. Miller (personal communication, April 26, 2021), she acknowledged she provided minimal service to the students, although she was certified in special education. The Exceptional Children's teacher did not focus on student psychosocial matters; her emphasis was on academics.

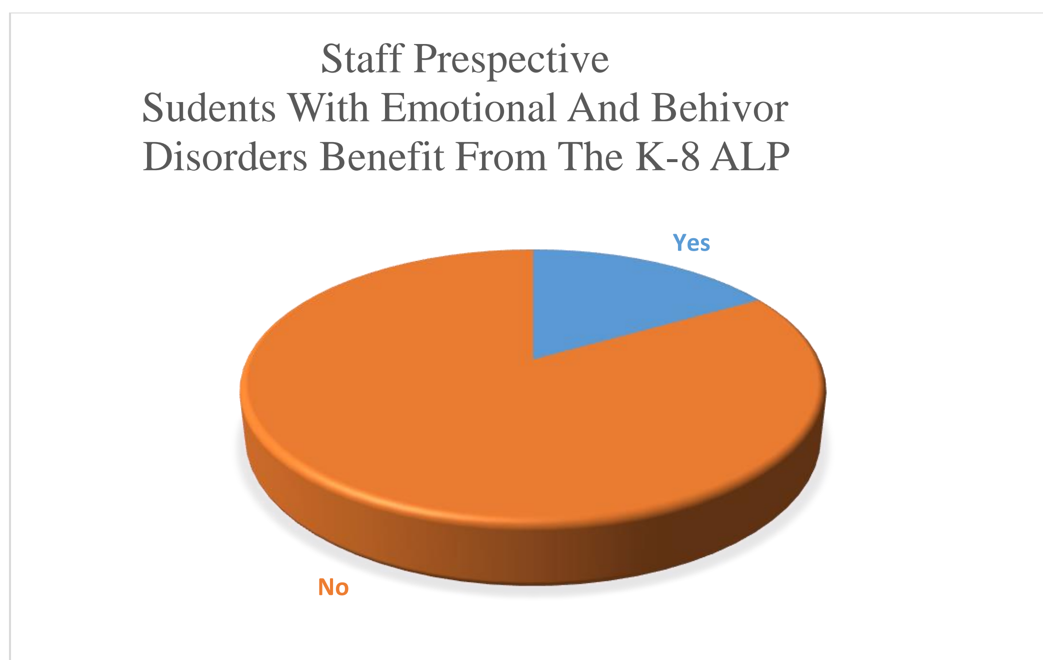
Process

The research question regarding the K-8 ALP's process addressed the program's mental health component. This question allowed me to examine the program's ability to address student mental health concerns successfully, the overarching program's goals, and its ability to assist student academic and behavioral success.

Figure 10 indicates the results of the interview and survey questions focusing on the mental health component of the K-8 ALP. The question was asked if students with emotional and behavioral disorders benefited from the ALP.

Figure 10

Teacher Response About Emotional and Behavior Disorders



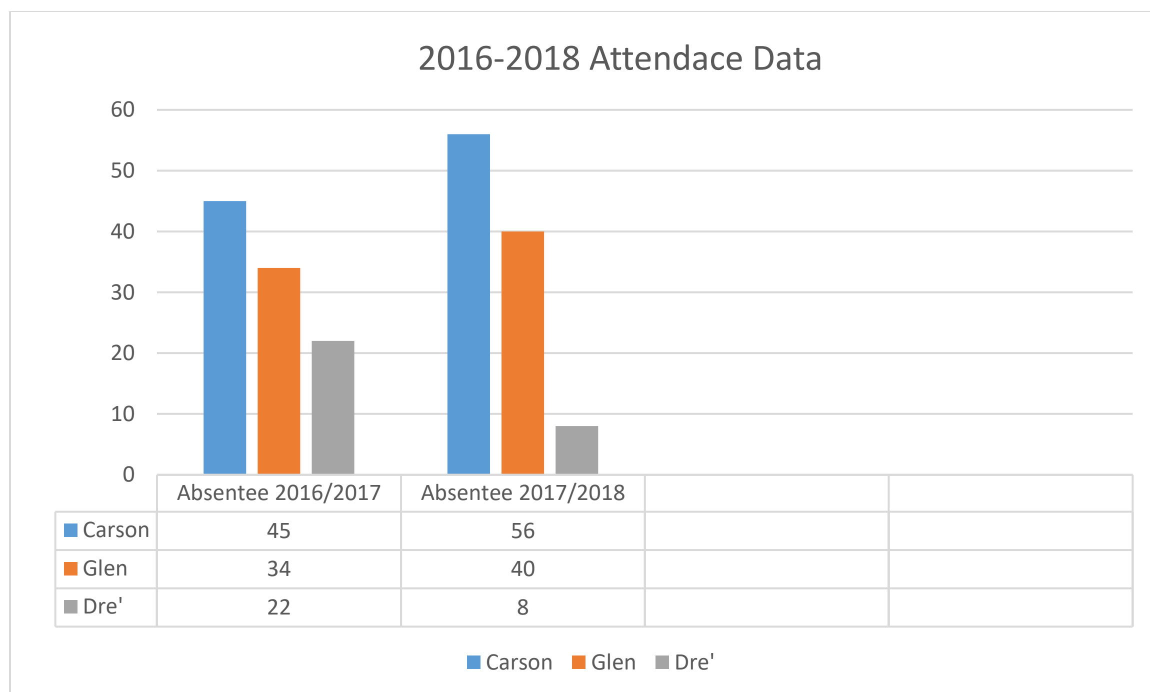
The results indicated the teachers of the K-8 ALP did feel as though the program focused on student mental health; however, the teachers did not receive any mental health training, nor did the staff implement PBIS or MTSS with fidelity.

One of the primary goals of the K-8 ALP was to increase the daily attendance and

academic engagement of students. Although PowerSchool did not have prior attendance data available, attendance data were collected from previous report cards. Figure 10 indicates the attendance data for the 2016-2018 school years.

Figure 11

2016-2018 Attendance Data



According to Figure 11, the individual student report cards report, Carson's absentee data indicated he missed 45 days during the 2016-2017 school year. It was also noted he had eight tardies during the same school year. The following year, Carson was absent 56 days, and he did not have any tardies. The absentee/tardy data collected for Glen revealed he was absent for 34 days in 2016-2017. According to the data, Glen did not have any tardies. The 2017-2018 school year indicated Glen missed 40 days due to out-of-school suspension (OSS). Dre's attendance data denoted he missed 22 days during the 2016-2017 and 8 days during the 2017-2018 school year.

According to the assessment data in PowerSchool, Carson did not meet

proficiency in math or reading during the 2016-2017 or 2017-2018 school years while attending the traditional school setting according to his end-of-grade (EOG) assessments. He did not perform at the proficiency level during 2018-2019 on the same assessments when he attended the K-8 ALP; however, upon closer review of Carson's previous assessment scores, Carson scored above proficiency during his fourth-grade school year, scoring a Level 4 on the EOG math assessment.

Students in Grades 3-8 in North Carolina must take the NC Check-In assessments three times per year. According to NCDPI (2020d), he NC Check-Ins are short evaluations developed by NCDPI. These evaluations were aligned with the North Carolina EOG. The function of the assessment was to give teachers a snapshot of how a student would perform on the EOG assessment. The assessments also assisted the teacher and the student in understanding where there may have been gaps in student learning. The NC Check-Ins are administered three times throughout the school year. The assessments are only given in Grades 3-8 in math and English/language arts and Grades 5 and 8 in science.

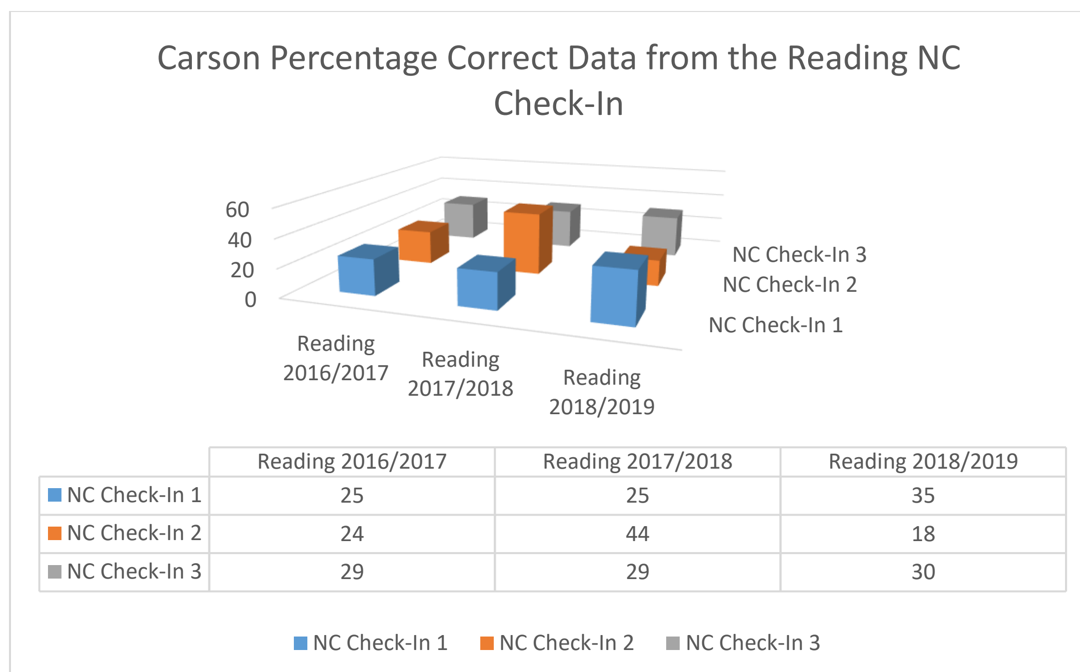
A 3-year trend of the reading NC Check-In assessments indicated Carson was below proficient. Further, the data indicated he answered less than 50% of the questions correctly for 3 straight years. Although he was not proficient, he did show some growth. During 2016-2017, Carson's scores indicated his percentage correct improved by 4% on the third NC Check-In compared to his first NC Check-In. The following school year, Carson did even better. His percentage correct for the second NC Check-In was 44%; thus, that was a 19-percentage point improvement from the first NC Check-In for the 2017-2018 school year. Unfortunately, Carson's percentage correct dropped by 15% for

his third NC Check-In for that school year.

During the 2018-2019 school year, Carson was placed in the K-8 ALP within the first 30 days of the school year. Figure 12 indicates Carson's NC Check-In data.

Figure 12

Carson's Reading NC Check-In Data Percentage Correct



	Reading 2016/2017	Reading 2017/2018	Reading 2018/2019
NC Check-In 1	25	25	35
NC Check-In 2	24	44	18
NC Check-In 3	29	29	30

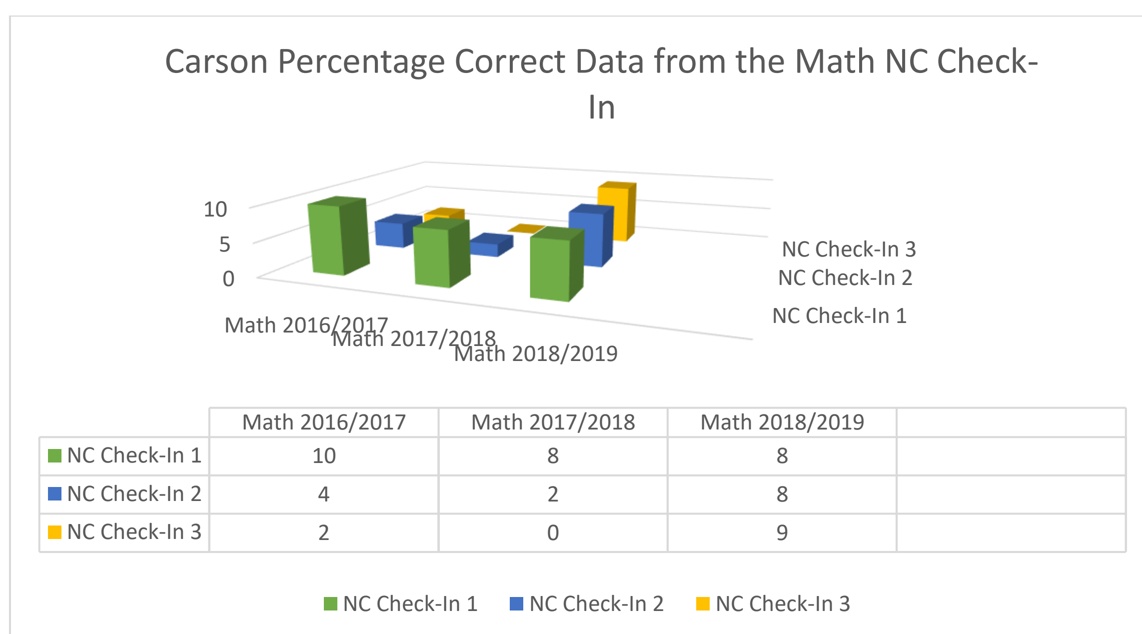
The data revealed Carson's percentage correct was higher on his first NC Check-In than any other NC Check-In that year, by 5 percentage points. The second NC Check-In score declined by 17 percentage points; however, he did bounce back with the last NC Check-In, and his score increased by 12 percentage points. NC Check-In data were explored to show Carson's academic progress 2 years before enrolling in the K-8 ALP and while the student was enrolled in the program.

The 3-year trend of the math NC Check-In assessments indicated Carson was well below proficient. Specifically, the data indicated he answered less than 15% of the questions accurately for 3 years. Carson's scores indicated his percentage correct

improved by 2 percentage points overall when enrolled in the K-8 ALP. By the end of Carson's fifth-grade year, his percentage points had declined by 8 points. During Carson's sixth-grade year (2017-2018), his percentage points decreased each time the NC Check-In assessment was administered. Figure 13 indicates Carson's math NC Check-In assessment data.

Figure 13

Carson's Math NC Check-In Data Percentage Correct



	Math 2016/2017	Math 2017/2018	Math 2018/2019	
NC Check-In 1	10	8	8	
NC Check-In 2	4	2	8	
NC Check-In 3	2	0	9	

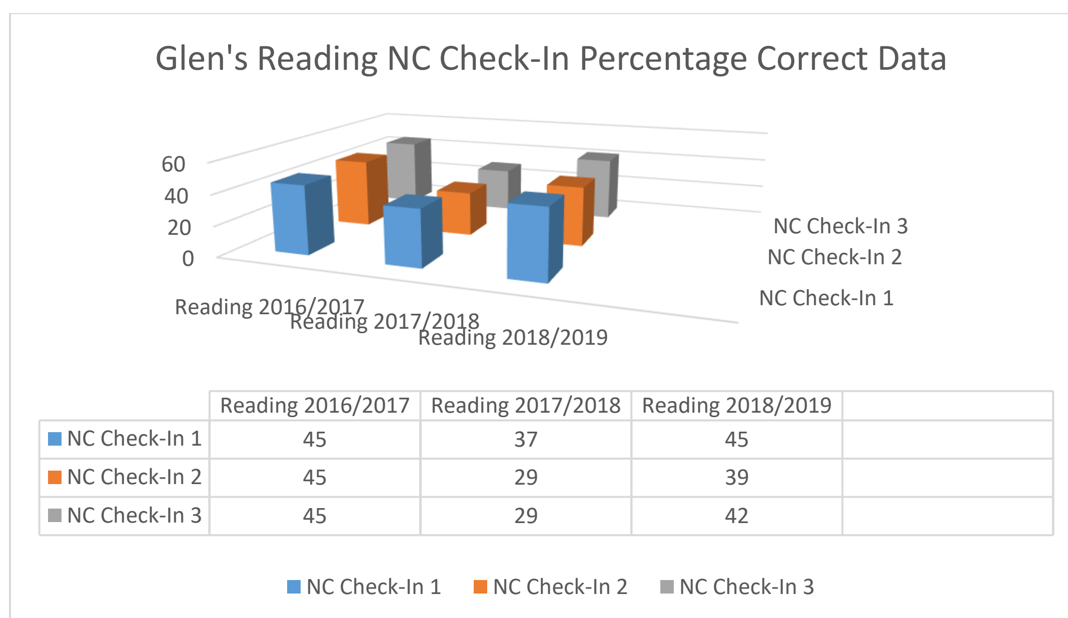
Figure 13 indicates math NC Check-In data were explored to show Carson's academic progress 2 years before enrolling in the K-8 ALP and while he was enrolled in the program. The data showed that although he was still well-below proficient, he did increase his percentage correct while enrolled in the program.

Glen's reading NC Check-In data for the past 3 years revealed he was also academically low. His deficiency in reading seemed to have been impeding his ability to be successful in other subjects. The 3-year trend of the reading NC Check-In assessments

specified Glen started at 45% correct but dropped by nearly 20 percentage points in the second year; however, he was back in the 40% correct range by the end of the third-year assessment. The data demonstrated he answered less than 50% of the questions correctly for 3 straight years. The 2017-2018 school year data may not accurately represent Glen's actual reading ability and comprehension due to a 16-point decrease from the 2016-2017 school year to the 2017-2018 school year. Glen's score was 10 percentage points lower on his second and third math NC Check-In for the 2017-2018 school year than any other year. Glen was also receiving his instruction through homebound services. The data indicated when Glen had face-to-face instruction, his scores were usually higher. Figure 14 highlights the data from Glen's reading NC Check-In performance.

Figure 14

Glen's Reading NC Check-In Data



	Reading 2016/2017	Reading 2017/2018	Reading 2018/2019	
NC Check-In 1	45	37	45	
NC Check-In 2	45	29	39	
NC Check-In 3	45	29	42	

The 3-year trend for Glen's reading data implied he was performing below grade level. Figure 14 indicates Glen's reading NC Check-In reading assessment percentage correct remained at 45% correct for the 2016-2017 school year; however, the year

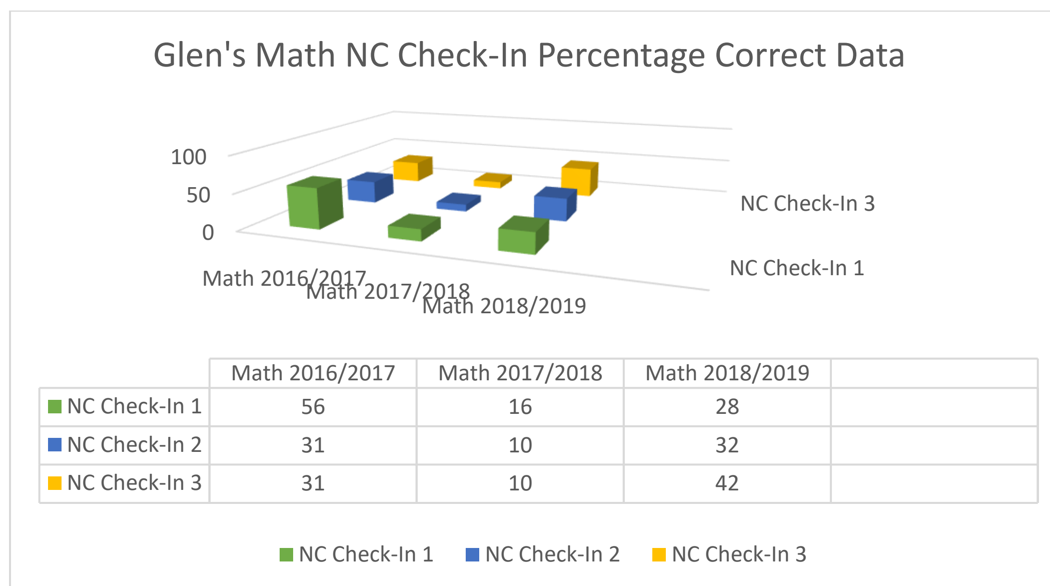
following his first assessment, the data indicated Glen fell 8 points below his percentage correct from the previous school year.

During the 2017-2018 school year, the following two assessments denoted Glen declined by another 8 points. The data revealed Glen was starting to make progress again. His 2018-2019 data revealed he started the school year like the 2016-2017 school year. For Glen's first assessment of the school year, he had 45% correct; however, on the second assessment, Glen decreased by 6 percentage points. By the third NC Check-In assessment, Glen did improve his overall percentage by 3 points.

The first math NC Check-In assessment for the 2016-2017 school year indicated Glen had a strong math foundation. His correct percentage score was 56%. Unfortunately, after that, Glen's score declined drastically by the end of the school year. Glen's score had decreased by over 25 percentage points. The following school year, 2017-2018, Glen's overall percentage correct continued to decline. He started the school year with a score of 16% correct. Glen's score never rose above the 16% mark; however, things did change for Glen during the 2018-2019 school year. His first NC Check-In assessment showed improvement. His score increased by 8 percentage points above the previous school year. Figure 15 illustrates Glen’s math NC Check-In percentage correct data.

Figure 15

Glen's Math NC Check-In Data Percentage Correct Data



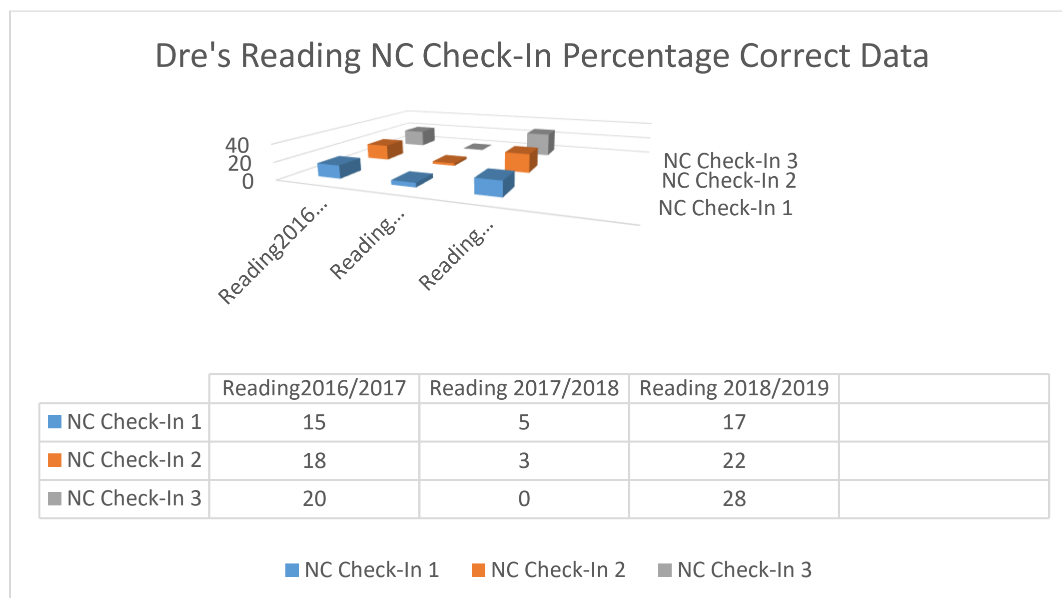
	Math 2016/2017	Math 2017/2018	Math 2018/2019	
NC Check-In 1	56	16	28	
NC Check-In 2	31	10	32	
NC Check-In 3	31	10	42	

Figure 15 represents the 3-year data for Glen's math NC Check-In assessments. Glen's math assessments depict the same dip in percentage correct as his 2017-2018 reading assessment indicated. When combining Glen's overall percentage score, there was a 40-point difference between his highest and lowest scores. The data show Glen was below proficiency in his math abilities.

According to Figure 16, Dre's reading NC Check-In assessment did improve after the superintendent placed him into the K-8 ALP.

Figure 16

Dre's Reading NC Check-In Data



	Reading2016/2017	Reading 2017/2018	Reading 2018/2019	
NC Check-In 1	15	5	17	
NC Check-In 2	18	3	22	
NC Check-In 3	20	0	28	

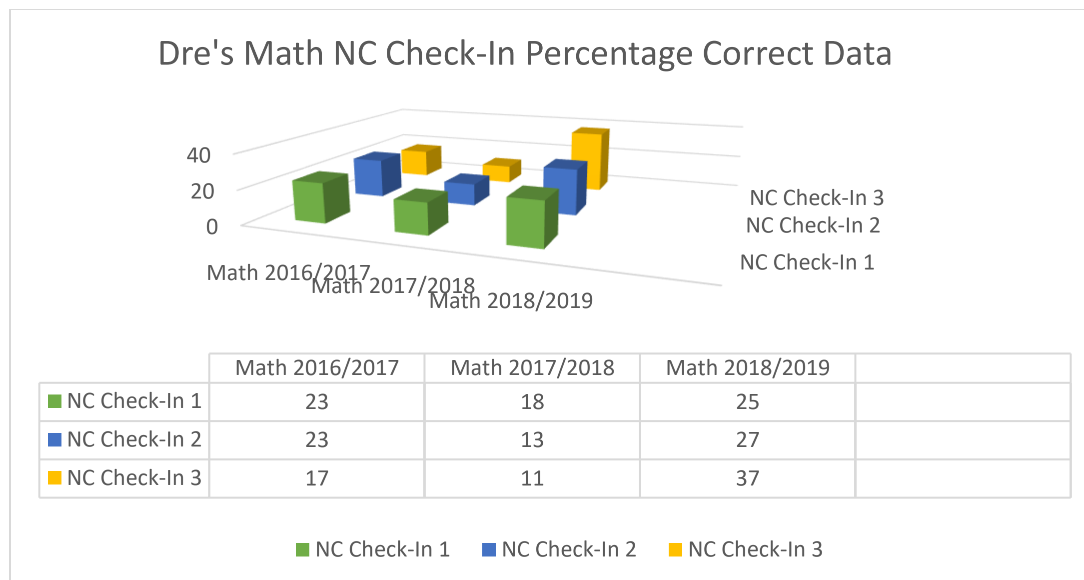
The 3-year data trend for Dre's reading NC Check-In data in Figure 16 indicated he was also performing below proficiency. Dre's 3-year percentage correct score did not increase above 25% correct; however, in the 2016-2017 school year, Dre' did improve each time he took the reading NC Check-In assessment. Dre' started the year off at 15% correct. His second NC Check-In assessment score was 18% correct. Dre' ended the 2016-2017 year with a score of 20% correct. In the 2017-2018 school year, Dre's score was up and down. At the start of the school year, he was at 5% correct. On the second assessment, Dre's score was 3% correct. Nevertheless, Dre's percent correct assessment score was down to zero by the end of the school year. Dre' was placed in the K-8 ALP during the 2018-2019 school year. During the third year, Dre's percentage correct increased for each assessment. The initial assessment data indicated his percentage correct was 17. He continued to make progress. His percentage correct was 22 for the second assessment and 28 at the time of his last assessment for the 2018-2019 school

year.

Figure 17 indicates Dre’s math NC Check-In percentage correct data. The data indicate that Dre’s scores decreased during the 2017-2018 school year.

Figure 17

Dre’s Math NC Check-In Data



	Math 2016/2017	Math 2017/2018	Math 2018/2019
NC Check-In 1	23	18	25
NC Check-In 2	23	13	27
NC Check-In 3	17	11	37

In the 2017-2018 school year, Dre's math NC Check-In scores were the opposite of the 2018-2019 school year. Dre's scores declined, plus he scored well below proficiency on each assessment. On his first assessment, the percentage correct was 18; however, his second test indicated he dropped 5 points to 13% correct, and his last assessment dropped even lower to only 11% correct. In 2016-2017, Dre's assessment score did not change for the first two math NC Check-Ins. His percentage correct was 23. The last assessment of 2016-2017 did show his percentage correct decreased by 6 points.

Dre's 3-year math NC Check-In assessments demonstrate he was also below proficiency in math. The data denote his highest math assessment score was when he was enrolled in the K-8 ALP. In the school year of 2018-2019, Dre's scores were the highest.

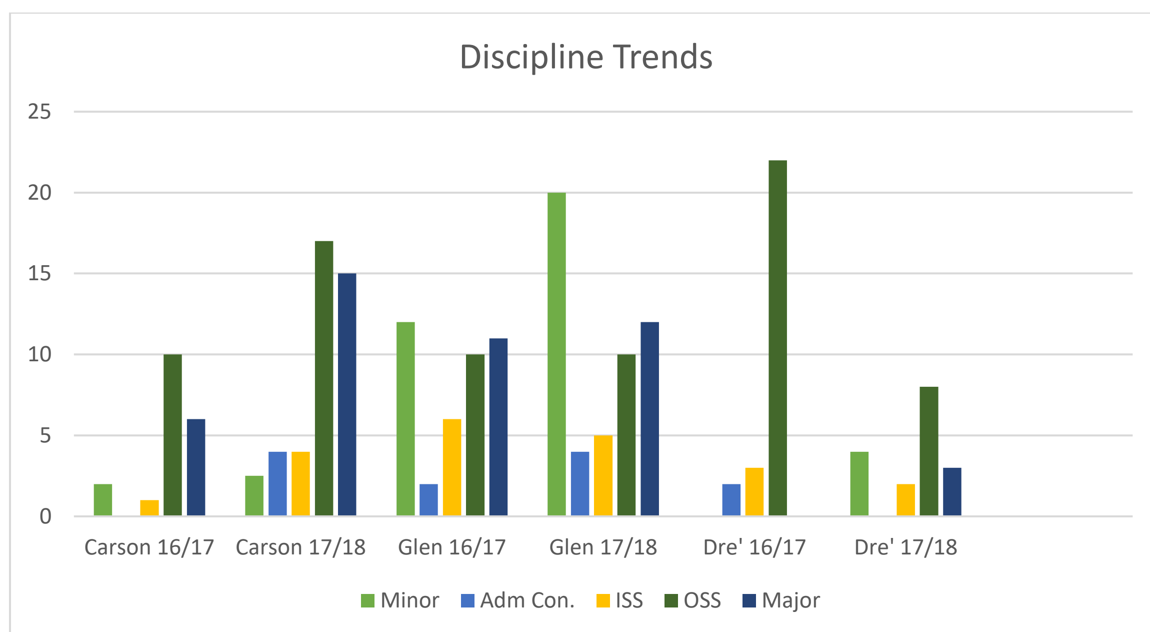
His percentage correct increased by nearly 12 percentage points. During that same year, Dre's score steadily increased for each assessment. Dre' was placed in the K-8 ALP during the first 45 days of the 2018-2019 school year. His assessment data trend revealed his first assessment percentage correct was 25. On Dre's second assessment, he increased his percentage correct to 27%. By the end of that same school year, his percentage correct score had increased to 37. Although Dre' did not meet proficiency, he did show improvement.

Product

The research question regarding the product of the K-8 ALP was assessed from the parent/guardian and teacher perspectives and investigated if the students' disciplinary infractions decreased while in the program. Data from Educators Handbook were used to review student data histories before being placed in the K-8 ALP. The research also looked at student disciplinary data from the 2016-2017 and 2017-2018 school years. Figure 18 shows the three students' discipline trends for the 2016-2017 and 2017-2018 school years.

Figure 18

Two Years Discipline Trend



According to Figure 18, the discipline data from the 2016-2017 school year indicate Dre' had 12 discipline referrals due to disruptive behavior. Upon a closer look at the referral, the disruptive behavior included running while yelling and screaming down the hallway, assault on another student, distracting students during the teacher's instruction, disorderly conduct, leaving school and class without permission, fighting, communicating threats, and using profanity. The consequences included two administrative conferences with the student and parent, 3 days of in-school suspension (ISS), 22 days of OSS, and a 3-day bus suspension. Dre' did not have any minor disciplinary infractions his teacher handled. Dre' was eventually placed on homebound status by the superintendent due to his extreme behaviors for the remainder of the 2016-2017 school year.

During the same school year, Glen had 11 major and 12 minor discipline referrals.

Educators Handbook indicated the major discipline referrals Glen received were for using inappropriate language/disrespect towards students and a staff member, verbal harassment towards a teacher, inappropriate behavior, communicating threats, and aggressive behavior. The outcomes for his discipline were 6 days of ISS, 10 days of OSS, and two administrative conferences. The minor referrals resulted in a conference with his teachers or being “bounced” to another teacher’s classroom.

That same school year indicated Carson had a total of six major disciplinary infractions from the results of him using inappropriate language/disrespect toward a teacher, fighting, assault on a student, and insubordination. For Carson's behavior, he received 25 days of OSS and 1 day of ISS. In addition, he had two minor infractions that his teachers handled. Furthermore, Carson also received a homebound placement status from the superintendent.

Middle school students placed on homebound status are only placed for the remainder of the school year; therefore, the participants placed on homebound in this study were allowed to return to the traditional school setting in which they were domiciled for the 2017-2018 school year. Although Dre’ was allowed to return to school, his grandmother sent him to a group home in October of the 2017-2018 school year (Grandmother, personal communication, May 13, 2021).

The student's disciplinary referrals did not decrease for Glen and Carson during the next school year, as seen in Figure 18. Educators Handbook indicated the two students had an increase in disciplinary infractions. Glen's referrals increased by three, and Carson's increased by five. Dre' was only at school until the beginning of October; however, he still accumulated five referrals in that short time.

Glen seemed to be struggling with the same behavior he had struggled with the previous school year. That particular school year (2017-2018), Glen received three referrals for disruptive behavior and dress code violation, one for disorderly conduct, two for inappropriate language/disrespect, two for insubordination, one for disruptive behavior/inappropriate behavior, and one for fighting. As a result, Glen had four administrator conferences, 10 days of OSS, and 5 days of ISS. In addition, Glen had 20 minor incidents recorded in Educators Handbook. Still, he managed not to be placed on homebound status by the superintendent.

In the same manner, Carson had an upsurge in his discipline during the 2017-2018 school year. Carson had two referrals for each of the following categories: disruptive behavior, disrespect to faculty/staff, and fighting. In addition, he received seven referrals for insubordination and one each for sexual harassment and aggressive behavior. He also had 21 minor infractions that his teachers handled. The discipline referrals issued to Carson resulted in four conferences with the administrator, 4 days of ISS, and 17 days of OSS. Consequently, Carson was placed on homebound status again by the superintendent.

Although Dre' was only at school for approximately 35 school days, he accumulated three major referrals. Dre' received a major incident referral for his disruptive behaviors, disrespecting faculty/staff, and insubordination. He also had four minor incidents recorded. Dre' received 2 days of ISS and 8 days of OSS during his enrollment during the 2017-2018 school year.

Behavior and discipline viewpoints began to change for GCSD during the 2018-2019 school year. The school board made significant changes to how the district

processed students who displayed chronic discipline infractions or concerns. For the first time, middle school students could be assigned to an alternative learning setting during the first 30 days of the academic school year if a student had a history of chronic discipline the previous school year.

The product question was, "From parent/guardian and teacher perspectives, did the student's disciplinary infractions decrease while in the program?" This question was asked to assess student behaviors while attending the program.

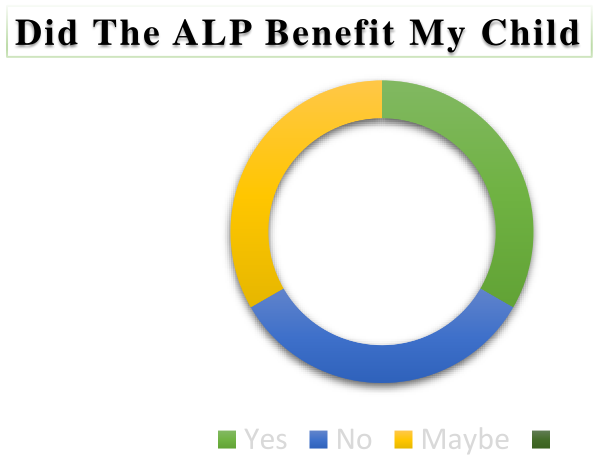
In an interview, teachers were asked, "When students are enrolled in the K-8 ALP, do you observe a decrease in student's disciplinary infractions?" Ms. Cookie (personal communication, October 7, 2021) stated in an interview,

> I did not see major disciplinary infractions. I attribute this to students wanting to go back to their home school at the end of their tenure here [K-8 ALP]. For the most part, I think that students knew that if they [students] did not display the appropriate behavior, their only other educational option was being placed on homebound. I reminded my students of this daily.

An analysis of the parent survey, Appendix D revealed each of the parents had a different response to the question regarding whether they believed the K-8 ALP benefitted their child. The parents' answers to the question were "yes," "no," and "maybe." The responses from the parent survey are evident in Figure 19.

Figure 19

Results From Parent Survey

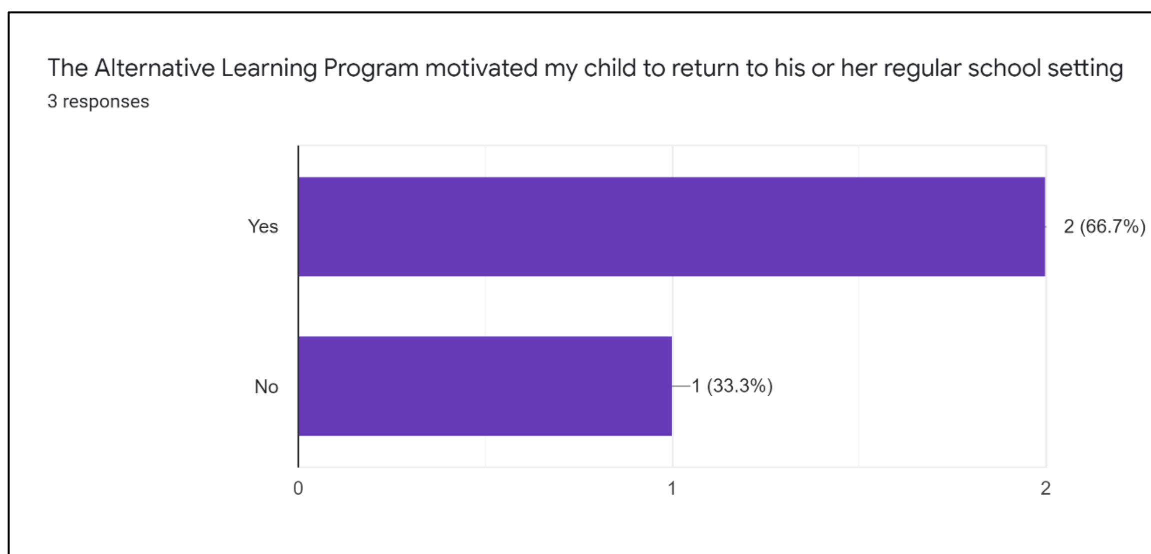


According to the survey data in Figure 19, only one parent felt their child benefited from attending the K-8 ALP. One of the parents was unsure if the program benefited her child.

In comparison, when the parents were asked if the K-8 ALP motivated their child to return to their regular education setting, 67% of parents answered, "yes." Figure 20 depicts the completed survey answers for the parents.

Figure 20

Student Motivation From Parent Perspectives



The survey results in Figure 20 specified two of the three parents did note their child was motivated to return to their regular school setting.

Summary of the Findings

A qualitative method was used for this study to investigate the GCSD K-8 ALP. The study analyzed the perspectives of teachers, administrators, and parents of students enrolled in the program. The data sources for this study were interviews and surveys, Educators Handbook, Report Cards, PowerSchool, and the reading and math NC Check-In assessments.

The logic CIPP logic model used to answer the research questions was created by David Stufflebeam in 2003. The following research questions guided the program evaluation:

1. Context: What were the foundational principles that led to the implementation of the K-8 ALP?

2. Input: What type of academic and behavioral strategies were utilized in the K-8 ALP?
3. Process: How did the K-8 ALP goals and objectives assist with students being academically and behaviorally successful while meeting their mental health goals?
4. Product: From parent/guardian and teacher perspectives, did the student's disciplinary infractions decrease while in the program

The trends from the data collected in this chapter implied students who attended the K-8 ALP did improve in the area of academics and attendance. Nevertheless, there did not seem to be a program or a curriculum in place that addressed student mental health concerns. Parents and staff members seemed to disagree with the primary purpose of why the district implemented the K-8 ALP. Chapter 5 discusses the findings from the program evaluation in more detail as well as provides some recommendations for the K-8 ALP.

Chapter 5: Discussion

Introduction

School districts across America have seen a surge in culturally diverse students from various backgrounds (Drexel University School of Education, n.d.). There are community organizations whose goal is to support families by providing academic and community support as families navigate the educational system. Quality teaching is one of the most prevalent factors in the educational success of students (Zhukova, 2018).

Educational institutions that prepare individuals to become teachers offer little to no coursework in children's mental health issues (Substance Abuse and Mental Health Services Administration, 2020); therefore, schools must provide teachers and other faculty members with the proper training and strategies when working with children who experience behavioral or mental health concerns. Three school districts in rural regions of North Carolina were chosen to be a part of the North Carolina AWARE SHAPE pilot program, which is the overarching framework of the K-8 ALP. The selection process was based on responses to the grant conducted needs analysis. The five assessed areas were the county's geographical area, the suicide and violent crime rates, student gender and cultural needs, the need for increased mental health awareness and supports, and the existing mental health service gaps.

As a recipient of the AWARE grant, GCSD assists students and their families who may need extra support with their mental health care. NCDPI (2020c), in conjunction with the state's Department of Health and Human Services, collaborated to form Project ACTIVATE. The project's mission was to provide students access to behavioral health services during school hours. Project ACTIVATE conducted a needs

assessment using the SHAPE performance evaluation tool. The review found that North Carolina is the ninth most populous state. According to the U.S. Census Bureau (2021) report, the state's population was estimated at 10.3 million people and roughly 22.7% of the people under 18. The U.S. Census Bureau reported the median household income of North Carolina residents as $53,855.00. According to the 2019 U.S. Census Bureau, Garnett County is the 54th largest county in North Carolina, with a population size of 45,212. The household median income is $48,688.00. The number of children in Garnett County under 18 is 19.8%, which is closely aligned with the state's overall population statistics.

The assessment data also found North Carolina was ranked 41 of the 50 states for children living in poverty. It is estimated that 23% of children live in poverty in North Carolina; in Garnett County, 17.6% of its population live in poverty. Beers et al. (2017) recognized that poverty is a solid component of student mental health problems, directly affecting emotional, behavioral, and psychiatric problems.

Summary of Results

The purpose of this study was to evaluate the GCSD K-8 ALP to identify if the program was meeting the program's goals and objectives. The study was conducted from the perspectives of the parents and staff members who were directly involved with the students. The study also examined the students enrolled in the program's attendance, NC Check-In assessment data, and the district's homebound data. The results from this program evaluation are summarized by the research questions using Stufflebeam's CIPP logic model.

Context Evaluation

The context research question, “What were the foundational principles that led to the implementation of the K-8 ALP,” was asked to understand the programs “why.” It also helped me understand the program's founding principles from school personnel and parents points of view. The tools used to gather the data were interviews and surveys. The program continued to meet its goals and objectives while making the necessary changes to ensure the needs of the students were being met.

Based on the data collected from the project's director, the program was implemented to reduce the number of middle school students receiving homebound services and to address student chronic behavior and psychological concerns. By implementing the program, middle school students could stay in a school setting that provided school-based instructions while addressing behavioral and mental health concerns.

The data also verified teachers agree with the program's purpose of preparing students for academic success; however, teachers did not feel the program strongly provided students with the strategies to assist with their behavioral and social-emotional needs. Upon assessing the data from the parents, these stakeholders had different opinions of why the K-8 ALP was implemented and the purpose of the program; however, two of the three parents did agree that the K-8 ALP did motivate their children to return to their home school.

Input Evaluation

The research question that was asked to address the input evaluation, “What type of academic and behavioral strategies were utilized in the K-8 ALP,” assessed the

program's ability to implement educational and behavioral strategies to assist with student learning and psychological needs. The reviewed data provided the information needed to understand if the strategies were designed to improve student needs.

The strategies used in the program were the same strategies implemented in a traditional school setting to assist students who were struggling academically and behaviorally. According to the data collected, there are no instructional or behavioral strategies unique to the K-8 ALP; however, students placed in the K-8 ALP who previously struggled with chronic behaviors in the conventional school setting did receive a modified behavior plan during their enrollment in the K-8 ALP. The modified behavior plan remained in place when the student transitioned back to the traditional school setting.

The parent survey indicated teachers did not discuss strategies or interventions that could be transferred to the home environment from the school environment to assist with student overall success. Consequently, the teacher did make some recommendations for parents or guardians; however, they were typically predominantly about communication with their child's teacher once they returned to the traditional school setting. The district did utilize the PBIS and MTSS framework; however, the frameworks were not implemented at the K-8 ALP.

Process Evaluation

Students who suffer from mental health issues usually have low academic success; therefore, we must address a child's academic, social, and emotional health (Belsky et al., 2018). The process question, “How did the K-8 ALP goals and objectives assist students in being academically and behaviorally successful while meeting their

mental health goals," examined the program's ability to align its goals and objectives with student mental health needs.

During the 2018-2019 school year, GCSD did not have an assessment to measure the program's mental health success; therefore, there is no statistical data to support the mental health area of the program. Despite there being no statistical data, the data from the staff survey, Appendix E revealed that once the students were placed in the K-8 ALP, the students with emotional and behavior disorders did benefit from the program. Eighty-three percent of the teachers agreed that students did benefit from the program.

During the 2019-2020 school year, the district hired a new school administrator who revealed her focus was to ensure staff had the proper training to assist students with mental health concerns. When asked in the survey about the training they had received after the national COVID-19 pandemic, the faculty indicated they had received social/emotional training, professional development, restorative discipline training, de-escalation training, youth mental health training, and first aid training. The team also watched Friday Focus videos and implemented PBIS school-wide. The administrator of the program responded,

> We recently completed certifications for coursework in Youth Mental Disorder which helps when dealing with children who have suffered from mental problems or traumatic trauma. We had a great deal of professional development that focused on different evidence-based strategies that work in alternative school settings. We have implemented restorative practices and look at each child and their needs independently. (Anonymous, personal communication, June 4, 2021)

The district now utilizes the Panorama survey. This survey assesses student social-

emotional needs.

Student NC Check-In data proved the students benefited academically from enrolling in the program. According to the data, each student's percentage of correct score increased on their math and reading NC Check-In once they were registered in the K-8 ALP. In addition, there were no data that suggested students had attendance concerns or were placed on homebound.

Product Evaluation

The product question of the evaluation asked, “From parent/guardian and teacher perspectives, did the student's disciplinary infractions decrease while in the program?” The data collected from the school implied students did not have any behavioral concerns when they were enrolled in the K-8 ALP. When teachers were asked about student discipline infractions in an interview, some teachers responded they handled any discipline matters in their classroom; therefore, students were not written up for discipline violations. Educators Handbook did not denote any discipline infractions for students once they were enrolled in the program; however, for the 2 years before the students were enrolled in the program, they (Carson, Glen, and Dre') had major and minor discipline infractions listed in Educators Handbook. For major discipline infractions, the students were also placed on homebound during the 2016-2017 and 2017-2018 school years.

Although student disciplinary and academic data specified that students seemed to benefit from the K-8 ALP, parents had different opinions when asked if they believed their child benefitted from being enrolled in the alternative setting. Only one parent acknowledged their child had benefited from the K-8 ALP. Another parent was unsure if

the program was beneficial. That parent's response was “maybe.” The last parent asked replied, “no”; she did not believe her child benefitted from the K-8 ALP.

Discussion of Findings

The findings from the study did support the students who attended the GCSD K-8 ALP benefitted from it. According to the data analysis, the students' percentage correct on their reading and math NC Check-Ins increased by over 15 percentage points. The project director stated one of the reasons for implementing the program was to increase student academic success—the data collected from the NC Check-Ins showed an improvement in academics. NC Check-Ins are periodic assessments students who attend North Carolina public school in Grades 3-8 complete. These assessments replaced the state benchmarks in order to align the assessments with the North Carolina EOG assessments (NCDPI, 2020d).

Another reason for implementing the program was to address student behavior and social-emotional concerns. For the school year I evaluated, there was no curriculum in place to address student social and emotional problems; however, the teachers did indicate in a survey that they felt student behaviors did improve. Two of the three parents who completed the survey said the K-8 ALP motivated their child to return to the regular school setting. In comparison, only one parent was confident her child benefited from attending the K-8 ALP.

Implications for Practice

As a result of analyzing the surveys and the interview data for the K-8 ALP, teachers and parents may not be aware of the primary purpose of the K-8 ALP or the goals and objectives of the program. The academic data did show all student grades

improved when enrolled in the K-8 ALP. In addition, the training or professional development the staff received should be specialized for the population the K-8 ALP serves. A portion of the research includes practices that will improve the implementation of the K-8 ALP by reviewing the five goals the program uses to define success.

- Goal 1. Maintain an emotionally and physically safe, orderly, and caring learning environment. As stated in Chapter 1, Students who are emotionally unhealthy are less likely to learn Cuellar (2015). School safety is an important concern for families and communities. Students find it difficult to focus on academics if their environment is not safe or their emotional needs are not met (Readiness and Emergency Management for Schools, 2022). Implementing the MTSS framework with fidelity can improve student overall success; however, school personnel must work collaboratively to understand the evidence-based assessment. GCSD must be willing to provide professional development to the K-8 ALP school personnel to support their understanding of the multi-layered system.
- Goal 2. Increase student daily attendance and academic engagement by providing a low teacher/student ratio. The first implication for practice involves students being academically engaged and attending school daily and providing a low teacher/student ratio to ensure student success. Student grades are a gauge of their academic achievement. Brunsek et al. (2017) believed smaller class sizes are a key factor for improving student academic outcomes. Smaller class sizes allow students to be successful by receiving one on one instructional support and attention from the instructor. The number of students

enrolled in the K-8 program was low during the time this program evaluation was completed.

- Goal 3. The second implication for practice is expanding parental support. Cole (2017) stated,

  > In order for a child to reach academic achievement, parents must be involved and participate in the educational process. Parental involvement impacts student academics. The more parental involvement the more students are likely to become productive members of society as well as excel in academics. (p. iii)

  The teacher survey indicated the parents were less involved during the time of their student’s enrollment in the K-8 ALP. Teachers were asked in a survey how parents could support their students. Table 10 indicates the recommendations from teachers.
- Goal 4. Decrease student suspensions. The fourth implication for practice involves decreasing student suspension rates. According to the SHAPE assessment, GCSD was at the emerging level when the grant was written. Utilizing the MTSS framework to review discipline and academic data can provide insight into student inability to understand their academics (Branching Minds, 2021). Some negative performance in a student's academics can be linked to their discipline infractions. When school personnel consistently incorporate the problem-solving modules of MTSS and support at-risk students, behaviors can be decreased or eliminated and close some of the academic gaps.

- Goal 5. Make mental health care accessible (individual & group). The last implication for this study is to make mental health care accessible for students and their families. This goal can be improved by implementing an evidence-based universal mental health care program that can be utilized across grade levels. During this program evaluation, it was evident that the program did not meet its mental health care requirement of the grant from the responses received from school personnel and parents/guardians. The SHAPE assessment also found the relationship to mental health, nutrition, sleep stress, and exercise played an important role in student mental health. Studies have shown the significance of school programs having an all-inclusive mental health care curriculum that helps students build self-assurance, social skills, self-awareness, and peer connections (Youth.gov, 2022). Youth.gov (2022) said that students who are emotionally well are more likely to engage in school activities; however, it may be difficult for the school district to implement a social-emotional program. If so, the district can reach out to the community partners. A teletherapy approach can be utilized if families and students have difficulty connecting with a mental health provider.

Recommendations for Future Research

The program evaluation was completed using data from the first year the K-8 ALP was implemented. The participants and I used data prior to the COVID-19 pandemic; therefore, the participants might have responded to the questions differently if the data had been collected from a post-COVID-19 era. Despite the pandemic, the K-8 ALP has changed over time. The first recommendation is to perform another program

evaluation after the K-8ALP program implements a research-based mental health curriculum to ensure the new strategies and procedures meet the goals and objectives of the program. In addition, it would be helpful to understand how effective the program is from student perspectives. The second recommendation is to assess the entire ALP to understand how the elementary and high school components of the program address the needs of the students and meet the grant requirements. The third recommendation is to implement a social-emotional learning program to assist with student behavior and social-emotional needs. Lastly, I would recommend that another program evaluation be completed when the school has a larger population of students enrolled in the program.

Limitations

There were several factors considered as limitations to this study. During the spring of the 2019-2020 school year, there was a national pandemic, COVID-19. The pandemic caused the face-to-face school year to end abruptly on March 13. The entire state of North Carolina was forced to a virtual platform for the remainder of the 2019-2020 school year.

Another limitation was the willingness of the parent/guardian to participate in the survey. Parents of the students were contacted by phone explaining the research and asking if they were willing to complete a survey. The parents had the right not to contribute to the study. Parents had the choice to complete the survey online or as a paper and pencil option. For parents who opted to have the paper and pencil version of the survey, the survey was mailed home.

Enrollment in the K-8 ALP is fluid; therefore, a limitation could have been the amount of time a student was enrolled in the school. The number of students enrolled in

the program during the time of the study did fluctuate; therefore, the enrollment number may have influenced the study's outcome. The program only accepted a total of 20 students per academic year. Students were enrolled in the K-8 ALP at the discretion of the superintendent. The students in this study were assigned to the program due to disciplinary infractions that could have resulted in a long-term suspension; however, the superintendent found the alternative school setting was a better option. In addition, the data indicated that the number of students placed on homebound was reduced once the K-8 ALP was implemented, it may be challenging to know if the reduction was based solely on the K-8 ALP. In addition, the district's superintendent, who was an influencer behind the implementation of the K-8 ALP, is no longer affiliated with the school district. I did reach out to him multiple times, but he did not respond to my communication requests.

Delimitations

The study only included the students who were enrolled in the K-8 ALP. This study did not consider other students in the county who were suffering from behavioral and mental health concerns who were not enrolled in the program. Other delimitations were the parents of the students who participated in the survey and interview could have been influenced by the current nontraditional school year the pandemic has caused; thus, the survey or interview questions may not have been answered with fidelity. In addition, the limited number of students who were enrolled in the program during the 2018-2019 school year may have also affected the outcome of this study.

GCSD's K-8 ALP faculty and staff involved in this study had been employees of the district for numerous years; therefore, some of the responses may have contained some bias. Additionally, the response of the parents/guardians may have been influenced

by the students' teachers when responding to the survey; thus, the fidelity of the survey and interview answers may have been questionable.

Summary

The GCSD K-8 ALP was a new program implemented in the district in the 2018-2019 school year. The program was designed to support students who displayed aggressive and defiant behavior and social-emotional and mental health concerns while reducing the number of students placed on homebound for chronic discipline. The program established five goals to define success:

- Maintain an emotionally and physically safe, orderly, and caring learning environment.
- Increase student daily attendance and academic engagement by providing a low teacher/student ratio.
- Expand parental participation.
- Decrease student suspensions.
- Make mental health accessible (individual & group).

The results of this program evaluation revealed the program was making progress towards the goals of a positive school environment, academic engagement, attendance, and a reduction in suspensions for the students attending the K-8 ALP; however, the program has not implemented a parent involvement component or individual or group therapy sessions. As the program successfully reaches its goals, the district should see fewer students displaying defiant behavior and experiencing social-emotional and mental health concerns.

Since the interception of this program, there has been significant improvement.

The location of the program has changed, and the program is now a part of the Alternative School. The Alternative School is an actual school with its own school identity code. The school shares a school building with one of the smaller high schools in the district. The schools are using the co-located schools' model.

This program evaluation study used the qualitative approach to examine the K-8 ALP housed within a school district in a rural part of eastern North Carolina. GCSD received a federal grant to assist with implementing its K-8 ALP. The program was implemented to assist middle school students who had chronic behavioral concerns, to reduce the number of students being placed on homebound, to improve student academics, and to address student social-emotional needs. The study was conducted from the perspective of teachers, principals, and parents utilizing surveys and interviews. The data points were collected from previous NC Check-In assessments, previous report cards, and Educators Handbook. According to Spaulding (2014), Stufflebeam's CIPP model guided this program evaluation. The program has seen some improvements in reducing the number of students placed on homebound due to behavioral concerns and student academic success; however, the program's mental health domain needs to be strengthened. Once the K-8 ALP effectively addresses the mental health component of the program, the program will have successfully met its original purpose. Therefore at this, I found that this program evaluation is inclusive due to not having mental health component embedded in the program during the time that this program evaluation was completed.

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Appendix A

Parent Interview Questions

1. Describe your experience having a child enrolled in the K-8 ALP.
2. How do you feel the K-8 ALP prepares students for their academic and behavioral goals?
3. How can your child's primary school assist with their transition back to the traditional school setting?
4. How can teachers at K-8 ALP support students when they transition to the K-8 ALP?
5. Did teachers at the K-8 ALP discuss with you the behavioral and academic goals specific to your student?
6. Did teachers at the K-8 ALP discuss with you any strategies or interventions that could be helpful at home?
7. What additional resources, interventions, or supports do you believe need to be added to the K-8 ALP to help your student be successful?
8. Overall, do you feel the K-8 ALP was beneficial to your student?
9. Did your child's disciplinary infractions decrease while enrolled in the K-8 ALP as well as, when they returned to their traditional school setting?
10. Is there anything else you would like to add?

Appendix B

Teacher Interview Questions

1. Describe your experience working with students at the K-8 ALP.
2. How do you feel the K-8 ALP influences students to accomplish their goals?
3. Do you feel parents support their child/children enrolled in the K-8 ALP?
4. How frequently do you meet with parents to discuss their child progress?
5. What training had the most impactful and how did you prepare to teach students enrolled in the K-8 ALP?
6. What additional training skills resources, interventions, or supports do you feel are needed for teacher at the K-8 ALP?
7. When students are enrolled in the K-8 ALP, do you observe a decrease in student's disciplinary infractions?
8. Is there anything else you would like to add?

Appendix C

Director of the AWARE Grant Questions

1. What is your title and position?
2. How did you participate in creating and implementing the K-8 ALP?
3. How did you determine the design of the program?
4. What objectives of the K-8 ALP were implemented to address the finding of the research?
5. What was your vision for the K-8 ALP throughout the design process?
6. How has the K-8 ALP fit into your original vision?

Appendix D

Parent Survey

Parent Survey

1. My child who attended the ALP is in the following grade:
   - K-4th
   - 5th-8th
   - 9th- 12th

2. My child was enrolled in the ALP:
   - Less than one year
   - One to four years
   - Several times

3. The ALP, taught my child:
   - Math
   - Science
     English/Language Arts
   - Social Studies
   - Behavior Interventions/Social Skills
   - All of the Above

4. The purpose for the ALP was to (Choose one)
   - To create an atmosphere for academic success.
   - To teach students behavioral strategies
   - To isolate students who pose a threat to other students.
   - To keep students enrolled in school to graduate.

5. Overall did you feel the ALP benefitted your child?
   - Yes
   - No
   -

6. The ALP motivated my child to return to his or her regular school setting.
   - Yes
   - No

7. Did you communicate with teachers from the program regularly?

   - Yes
   - No

8. What did you like best about the ALP?

9. What could be improved in the ALP.

10. If you would be willing to participate in a personal interview, please leave your name and email address or phone number.

Appendix E

Staff Survey

Staff Survey

1. How many years of experience do you have in education?
    - 1-5 years
    - 6-10 years
    - 10-20 years
    - 20-29 years
    - 30 or more years

2. As a teacher at the ALP, I work primarily with the following grade levels:
    - K-4th
    - 5th-8th
    - All

3. I have worked at in the ALP:
    - First year
    - 2-4 years
    - 5 years or more

4. At the ALP, I primarily teach:
    - Math
    - Science
    - English/Language Arts
    - Social Studies
    - Behavior Interventions/Social Skills
    - All academic courses

5. The reason for the ALP is
    - To create an atmosphere for academic success.
    - To teach students behavioral strategies.
    - To isolate students who pose a threat to other students.
    - To keep students enrolled in school to graduate.

6. The ALP prepares students to be successful.
    - Yes
    - No

7. Students with Emotional and Behavior Disorders benefit from the ALP.
    - Yes
    - No

8. Students at the ALP seem excited to return to their home school.
    - Yes
    - No

9. Are parents supportive in what you are trying to teach students?
    - Yes
    - No

10. Do you have regular communication with teachers from the previous school?
    - Yes
    - No

11. Do you have regular communication with parents?
    - Yes
    - No

12. What should teachers do to support students during the transition to the regular school setting?

13. What should parents do to support students during the transition to the regular school setting?

14. What do you feel could be improved in the ALP?

15. What trainings have you attended that are beneficial to working with student who have Emotional land Behavior Disorders?

16. If you would like to participate in a group interview to further discuss the ALP, please leave your name and email address.