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| 2014-2015 Lincoln High School Improvement Plan  |

**III c. Academic Action Plan (Optional) School Climate, Social and Emotional Learning, Positive Behavioral Supports**

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| **STUDENT ACHIEVEMENT/School Climate or Behavior GOAL (SMART GOAL): Student wellness will continue to improve at Lincoln.** |
| **MILESTONE: Students will be able to grow, learn and thrive in a safe and healthy community that teaches, reinforces and celebrates diversity, character, and well-being.**  |
| **LEARNER-CENTERED PROBLEM** (What are your students struggling to learn or to be able to do?):Students at Lincoln often struggle with depression, anxiety,stress, self harm, drugs and alcohol, suicide, and bullying are not aware of existing levels of prejudice (racism, classism, misogeny, sexual minorities). In terms of staff wellness, consistent practices that effectively support the morale of all teachers and staff are not yet in place. In addition, students struggle with the character trait of academic integrity or honesty. We believe this has a negative impact on the learning environment and on student achievement. |
| **PROBLEM OF PRACTICE** (What elements of instruction need to be improved in order to address the learner-centered problem?): We have focused our efforts on anti-bullying, suicide prevention and stress reduction and are seeing results. However,we have also seen that our course curricula lacks a focus on character building that would serve as a basis for Positive Behavior Interventions and Supports (PBIS). We are also concerned with sustainability of our efforts.  |
| **Content Area And/Or Insructional Framework:** Lincoln staff will continue to implement evidence-based practices for health and mental health that are based on the Oregon Department of Education Health standards and that serve as a basis for Lincoln’s social-emotional learning programs. Multiple sources of data will be collected across these programs to document their effectiveness. Lincoln’s Cardinal Families Health Action Network, Student Support Team and school administration are developing activities for ninth graders to learn the IB Learner Profile as a basis for character trait work and as a basis for PBIS and social justice. **PPS supported Instructional Frameworks include Sheltered Instruction, Differentiation, Assessment for Learning, Writing and /or reading across contents areas, Classroom Strategies that Work, and SIM; Safe and Civil Schools, PBIS, Social and Emotional Learnining based on ODE Health Standards** |

| **Implementation Steps for Staff** | **PERSON RESPONSIBLE** | **timeline** | **eVIDENCE of Implementation** | **ASSESS PROGRESS** |
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| *What administration and staff is going to do to address the Problem of Practice.* *Include specific instructional strategies tied to your problem of practice.* | *Who will provide the professional development to support the implementation steps?* | *When will this implementation happen?* *When will you expect to see results?* | *What visual and physical evidence will administration and staff use to determine the level of strategy implementation?* | *What will students know or be able to do as a result of this strategy implementation? List specific assessments, assignments and other indicators of student success*  |
| Leadership students will update and include race as a major emphasis in the training that they provide to the 9th grade students in their English classes. Staff/teachers will be trained using the student materials augmented by readings and discussions on microaggressions based on race. Coaches will be trained in their coaches meeting.  | Student Leadership TeamJim HansonHanisi AccettaCherie KinnersleyHealth Teachers | November 2014(presentations)June 2015(recognitions)ODE Health Standards: Students will describe consequences of prejudice, discrimination, racism, and sexism. Advocate for a safe and civil environment to foster student learning. | Based on effectiveness studies, the leadership team is updating anti-bullying posters for neurodiversity, race, and LGBT status. Ongoing research with tenth grade health classes, ninth grade study hall classes, and OHTS/OSWS will be conducted this year. Methods of recognition (trophy) will be awarded at Senior Assembly recognizing the people exemplifying anti-bullying spirit and work.  | 1) Reduction in OHTS rates of reported harassment to under 3% for every enumerated catregory on OHTS/OSWS and fewer than 3 remarks average per day on 10th grade health class surveys. 2) Increase in student witness intervention in bullying from 39% to 50% based on 10th grade health class surveys. 3) Reducation in discipline referrals for bullying to 3 or fewer. |
| **Interventions:** Sara Stember and Gabby Beard lead the Lincoln Student Leadership Team in its revision of the 2014 PowerPoint and classroom training materials. The leadership team included new student-made movies on Lincoln students' definitions of bullying, on personalized stories of bullying as regards race and disability (e.g., dyslexia), and on how microaggressions affect school climate and student health and wellbeing. They deleted or revised some of the older videos. Under the direction of Ms. Stember, Ms. Beard, Ms. Accetta and Mr. Hanson, the Leadership Team also practiced more frequently on all aspects of the presentation, particularly the pedagogy in training 9th grade students how to respond when they hear intolerant statements. The team retained the NAME, CLAIM, TAME model, types of bullying, myths about bullying, and building resources including peer mediation and adults. The Leadership Team of about 40 students divided up into groups of four and presented in all 9th grade English classes. Presentations were completed in late November and early December. Written reflections by the 9th grade students served as participatory action research. 9th graders wrote that they appreciated upperclassmen teaching them about anti-bullying rather than hearing it from adults and teachers. They wrote that this was more effective because the personal stories were relevant and that they felt safer knowing that upperclassmen would protect rather than persecute them. Lincoln staff was trained in September 2014. Ms. Stember and Ms. Beard presented the student materials to all teachers and staff. Mr. Hanson presented the Lincoln anti-bullying data and elicited feedback for 2015 goals. Mr. McGee and members of the Black Student Union conducted a “fishbowl” discussion of racism and microaggressions at Lincoln. Coaches were invited to attend the staff presentation; however, few coaches were able to attend. The goal of including coaches must be carried forward. The Queer Student Union with the help of the Student Leadership Team developed new posters regarding homophobia. The Black Student Union and Dyslexic Student Union were also invited to develop posters but did not complete them. In June at the Senior Assembly, Peyton Chapman, Principal, honored Ms. Stember and Ms. Beard for their outstanding contributions for anti-bullying. On the anti-bullying trophy, Ms. Stember’s name is inscribed with “Inspired Leadership for Peace.” (Stember); Ms. Beard’s: “A Family Tradition of Courage.” This large trophy is housed in the counseling center as a reminder of the school commitment to a safe climate. **Results:** Data regarding the effectiveness of the anti-bullying program were gathered from a variety of sources. First, data from discipline referrals for bullying and harassment indicate referrals have been reduced to three. This number is down from 5 in 2014 and from 10 to 16 in previous years. All instances of potential bullying or harassment were resolved this year through peer mediation, restorative justice, and functional behavioral assessment and behavior support plans. Second, results from the Oregon School Wellness Survey from 2012 and 2014 were compared. Percentages of students reporting that they that have been harassed during the past 30 days are reported. For Race or Ethnic Origin, rates of reported harassment declined from 12.6% to 8.4%. For Gay, Lesbian, Bisexual, or Transgender, rates declined from 7.8% to 2.1%. For sexism/misogyny, rates declined from 8.9% to 3.8%. For other reasons, from 10.9% to 5.0% Cyberbullying, however, increased from 6.6% to 8.4%. Finally, health class surveys were not conducted this year but will be conducted next year.  |
| Health teachers will continue to teach RESPONSE suicide prevention strategies. Cardinal Families will host a Courageous Conversation. All staff will be trained this year in RESPONSE. Two new counselors will be trained in ASIST. The Student Support Team will conduct Child Find meetings for students contemplating suicide.  | York, Scoville, Goldhammer, WatsonHanson, Johnson, Cardnial Families Health Action Network, SST | February, 2015ODE Health Standards: Identify warning signs, describe how to access resources when someone is considering suicide, and practice how to report and get help when someone is considering suicide. | Students will demonstrate proficiency on suicide prevention assessments in health class and appropriately refer peers to ASIST trained Lincoln staff. Parents will be trained to help at home. 8th year of no student suicides at Lincoln.  | Decrease to 10% on OHTS of students seriously considering suicide in the past year.Number of Child Find meetings will closely resemble the number of students  |
| **Interventions:** In November and December 2014, Lincoln’s **health teachers** provided one week of instruction to health class students in the RESPONSE High School Based Suicide Awareness Program. RESPONSE is an identified Best Practice for suicide prevention. About 450 health class students were trained in the warning signs of suicide, in how and when to ask the question, “Are you thinking about suicide?” in knowing building and community resource for someone struggling with depression or considering suicide, and in assisting fellow students in access those supports. Included in the instruction were classroom visits from the school psychologist or school nurse, Lincoln’s two main suicide prevention contacts. The school psychologist provided training to students on two self-care skills including cognitive behavioral strategies for managing stress and depression and distress tolerance skills for improving mood. The Cardinal Families **Health Action Network** sponsored a Courageous Conversation on the topic of depression, suicide, and cutting. Donna Noonan, the Oregon Youth Suicide Prevention Initiative Coordinator and Pam Sheffield, Ph.D. and Andrew White, Ph.D. from Portland Dialectical Behavioral Therapy Institute spoke. Ms. Noonan spoke on the Oregon Youth Suicide Prevention Plan and Oregon statistics. Dr. Sheffield, and Dr. White addressed what parents need to know about cutting and self-injury. Jim Hanson, School Psychologist, also presented the parent version of RESPONSE. Under the direction of Principal Petyon Chapman, Mr. Hanson revised the **Staff RESPONSE Presentation** to more closely address the intersection of race and mental health/suicide. Mr. Hanson is an acknowledged contributor to the Second Edition publication of RESPONSE; this allowed him the flexibility to adapt this Best Practice intervention. Mr. Hanson was joined by Andre Pruitt, a SAMSHA LGBTQI2S Committee Member and PSU doctoral candidate for a discussion of mental health and suicide in the African American community. Issues specific to the challenges and supports for students of color were discussed including African American, Native American, Latino, Asian, and Pacific Islander students. Materials on intergenerational and historical trauma were reviewed. Staff learned culturally based strategies from a Native American Elder from the Discovering Our Story program. Information on the needs of transgender youth was also added to the presentation. Staff response was very favorable to the adaptations. **Training:** This year, the school counseling and school psychology interns, Lincoln’s two new school counselors, and Lincoln’s academic counselor received two days of Advanced Suicide Intervention Training. This means that every Lincoln school counselor, nurse, psychologist, and vice-principal has received ASIST Training. Next year, Lincoln’s two new vice-principals will be offered ASIST. **Results:** Students, staff, and parents were effective in helping students to access support and preventing student suicides. Lincoln has had its eighth year without a student suicide. This comes after five suicides in seven years before RESPONSE was implemented. This year school counselors, the school psychologist, and the school nurse met with the families of 25 students who had serious suicidal ideation (plan, date), were hospitalized, attempted suicide, or who had cut on themselves repeatedly (had a sustained pattern of self-harm). Support plans and/or safety plans were established. Our Child Find number is below the Oregon School Wellness Survey number of students reporting a suicide attempt in the past twelve months; the OSWS reports that 3.3% of Lincoln students report attempted suicide last year. This represents approximately 53 students. Although this number is high and suggests that some students were not supported, it does not represent an increase from 2012 data. The Student Support Team and Lincoln stakeholders might consider that continued efforts for student, staff, and parent training are required. Next year, the Kognito program may be instituted to instruct staff more explicitly on how to talk with students and how refer them more effectively. More optimistic data are shown in the OSWS percentage reductions in suicidal ideation. In 2012, 16.7% of students reported seriously considering suicide in the past twelve months. In 2014, only 9.2% of students did. In this area, Lincoln has met its current goal.  |
| Health Teachers will continue to teach “Class Action” curriculum as well as attending national conferences and accessing district resources to augment “Class Action” with other D&A interventions. Cardinal Families Health Action Network will host a parent forum on drug and alcohol issues. Lincoln will partner with Reed College on Project Options. Lincoln and Reed College will conduct discussions on sustainability of the program next year when Reed’s grant expires. Lincoln will partner with Western Psychological Services to obtain assessment and treatment for eligible students.  | York, Scoville, Goldhammer, WatsonReed College Cardnial Families, SSTWestern Psychological Services | Spring 2015ODE Health Standards: Students will analyze the influences and pressures teenagers face and will demonstrate refusal skills related to alcohol, controlled substances, and other drug use.  | Health class assessmentsHealth teacher reports of conferences and district activitiesHealth Action Network report of Courageous ConversationLincoln’s HAN and PTSO will partner with community agencies to provide a coffee house near Lincoln as an alternative for Friday and Saturday night parties.Data from Project OptionsWPS services report | Discipline referrals for D&A issues from to below 15. Increase in number of students accessing school-community based drug and acohol intervention programs from zero to fifteen. OHTS data will show no increase in student reported marijuana use (hold steady at 27% in the past month) and a decrease in alcohol use (from 43% to 33% in the past month). |
| **Interventions**: Health teachers continued to teach Class Action to students. Sydney York participated in the PPS Summit on drug and alcohol program development. Cardinal Families Health Action Network (CFHAN) held a Courageous Conversation on the topic of Intoxicants and the Teen Brain. Parents and students were invited. Students’ written reflections were collected and examined. Students felt overwhelmingly positive about the factual manner in which the information was presented and its applicability to their lives. CFHAN and PTSO did not make progress on a coffee house near Lincoln. Lincoln continued to partner with Reed College and the Project Options intervention. Project Options served 107 students at Lincoln with 510 attendees at 94 sessions. The average student attended 4.8 sessions. Students reported high satisfaction with sessions (average rating of helpfulness of session was 6.3 out of 9, 7.2 of 9 for liking the type/style of meeting). The majority of enrollees were underclassmen (31% of enrollees were 9th graders and 32% were 10th graders); 13% were 11th graders, and 24% were 12th graders. Enrollees were largely Caucasian (72%) and slightly more girls than boys chose to attend (62% female). Over 71% reported lifetime alcohol use, but only 35% reported past 30-day alcohol use. Just under half reported lifetime marijuana use (48%), with only 26% reporting use in the past 30 days. Because of grant restrictions, Project Option will return to Lincoln next year in a more limited role. In the fall the Student Support Team will discuss what options are viable for sustaining Project Options. Lincoln will add a section of Reconnecting Youth to the fall and winter semester schedules. Reconnecting Youth is an NREPP (National Registry of Evidence-Based Programs and Practices) intervention for students at risk of drug/alcohol abuse and truancy. Finally, Lincoln established a Memo of Understanding with three community-based mental health partners: Western Psychological Services (WPS), Portland DBT Institute (PDBTI), and Judy Herzberg, LCSW. Each partner furnished a therapist on site at Lincoln one day per week. WPS provided initial assessment of D&A issues with referral to WPS providers off-site for treatment. PDBTI provided a therapist with D&A and eating disorders certifications. No therapist worked exclusively with students referred exclusively for drug and alcohol issues. All therapists saw students with a variety of needs. WPS served 15 students this school year. The WPS therapist provided a total of 101 sessions, of which 46 were family sessions. Portland DBT Institute provided services to 6 students on site and 3 students off site. Ms. Herzberg served 12 students throughout the course of the year. **Results:** Lincoln’s three contracted mental health service providers initiated services to support 36 students. These are students who would not have received such support last year. Effectiveness data are limited. Next year each service provider will be required to provide measures of student outcomes and program effectiveness. This year Portland DBT Institute was the only partner to obtain effectiveness data for their services. This data includes significant reductions in students’ reported levels of anxiety, depression, and overall internalizing disorders. Effect sizes were moderate for anxiety (.58) and very large for depression (1.5) and internalizing (1.0). Other data was examined for D&A results. The Oregon School Wellness Survey indicates that alcohol consumption in the last 30 days has been reduced from 43% of students reporting at least one drink in 2012 to 37% of students in 2014. Marijuana use remained the same. In 2012, 27.2% of students reported using in the last 30 day. In 2014, 28% reported monthly marijuana use.  |
| Counseling Center will continue to offer Dialectical Behavioral Skills Traning (DBT) as a Tier Two and Tier Three intervention. Two more school counselors will be fully trained this year on DBT.  | Hanson-PsychologistBegansky-StudentJohnson-NurseClingan, Morris-School CounselorsComer-PDBTI Therapist | December to June 1) Manage/reduce stress2) Explain causes/effects of anxiety/depression3) Build healthy family/peer relationships4) Describe how environments affect well being | Certficates of completion for staff trainingData summary for student oucomes and program effectiveness | Students in DBT will see significant decreases in anxiety and/or depreesion ( >.8) that will result in increases in Grade Point Averages of .5 or better.  |
| **Intervention:** This year the Lincoln School-Based Dialectical Behavioral Therapy program expanded to serve 20 students. DBT in an evidence-based practiced listed in the National Registry of Evidence Based Programs and Practices. It has been shown to significantly improve students’ emotional, social, and behavioral self-regulation. DBT reduces anxiety, depression, and anger. This year students participated in a eighteen-week skills training class, weekly individual coaching session on skills, and pre-emergency coaching on skills (student access to the counseling center when he or she needs immediate help/coaching to use skills and then return to class without incident). Classes are limited to a total of 7 or fewer students. Parents attend a monthly training session. With Health Action Network and PTSO support, two interns and two school counselors received full training in providing DBT. This year’s DBT team included the school psychologist (program coordinator, student and parent class facilitator, individual coach), school nurse (co-facilitator), school psychology intern (co-facilitator, individual coach), two school counselors (individual coaches), school counseling intern (parent class co-facilitator), and a Portland DBT Institute therapist (individual coach). Lincoln established a Memo of Understanding with Portland DBT Institute to include one of their therapists on site at Lincoln. The PDBTI therapist provided individual coaching to 7 students who participated in the Lincoln DBT classes. He provided program consultation (fidelity checks) at the weekly meeting for Lincoln’s DBT Team. Because Portland DBT Institute provided a therapist the Lincoln School-Based DBT program was able to support students with more pronounced social/emotional needs. Students participating in Lincoln’s DBT program were invited through a variety of sources. 9 students received special education services. 10 students were identified through “Child Find” suicide prevention meetings (2 students had both SPED and Child Find invitations). 3 students were on 504 Plans or had Academic Priority status. In addition to improving program capacity and depth, the Lincoln SB-DBT Program team made improvements including initiating a family and student orientation checklist, developing a DBT facts sheet for other schools interested in establishing a DBT program, and distributed a “DBT Skills At A Glance” two-page handout for Lincoln staff, parents, and students. In June 2015 Marsha Linehan, Ph.D., the originator of DBT, provided two research assistants to Lincoln to help Mr. Hanson and Dr. Ed Krankowski, PPS Special Education Assistant Director, collect and summarize seven years of positive student outcomes and program evaluation and to write an implementation research article for publication. **Results:** Of the 20 students, 18 completed the full program for a retention rate of 90%. Three DBT classes were provided. Attendance at classes averaged 93%. Two classes received the standardized DBT Teen curriculum. One class piloted a version of DBT for teens adapted to meet the needs of students with autism spectrum disorder, ADHD, and specific learning disabilities (neuro-atypical). The curriculum for the class for neuro-atypical students re-ordered the DBT skills from most concrete to most abstract. Average effect sizes were moderate-to-large for reductions in anxiety (.68) and large for reductions in both depression (.95) and overall internalizing problems (.85). Results of previous neuro-atypical students suggest the adaptation of DBT for neuro-atypical students increased its effectiveness. This year’s students achieved gains compared to gains with neuro-typical students. However, there was no matched control group of neuro-atypical students using the standard curriculum. Therefore, the actual effectiveness of this adaptation remains to be seen but shows promise. Results from the neuro-atypical class were similar for the standard SB-DBT classes. Overall, across all three classes, average effect sizes for reductions in anxiety were moderate-to-large. Reductions in depression were large, and reductions in overall internalizing problems were large. This is the seventh year of school-based DBT at Lincoln. In those seven years, our Special Education Team’s referrals of students for more restrictive placements for social emotional challenges have ceased. Lincoln has been able to successfully transition back 7 students from more restrictive placements, 5 of which have participated in Lincoln’s DBT program, and 1 whose parents attended Parent DBT training. This has resulted in a much more favorable learning environment for students and families and a substantial cost savings for the school district (in delivering social and emotional services in neighborhood schools rather than special schools).  |
| Peer Mediation will provide training to mediators and services to students.  | Morris-CounselorHolloway-Counselor | Ongoing Oregon Health Standard: Take perspective of others in a conflict situation. | Student training certificatesStudent satisfaction surveys | Student satisfaction surveys at 80%. Mediator reflections 80% positive. Increase in number of student mediation sessions to 10 and individual conflict coaching sessions to 10. |
| At Lincoln this year, 24 students served as peer mediators. 3 adults served as advisors and volunteers. Mediators attended 7 hours of initial peer mediation training. Peer mediators advertised their services with 39 ten-minute presentations in sophomore health classes, freshman study halls, and physical education classes. Peer Mediators provided feedback and reflections via an online survey. Reflections were 100% positive. Lincoln Peer Mediators provided a mediation involving two mediators and two disputants. Even when this number is slightly low, there were two additional written requests and three oral requests for mediations. All of these requests were withdrawn, and Lincoln Peer Mediators believe that the disputants were afraid of meeting with the other party to talk about the conflict. Therefore, Lincoln Peer Mediators developed Cardinal Counseling to combat this problem and increased the number of mediations. Cardinal Counseling is a one-on-one conflict coaching session the mediators provide to the disputants. The Student Leadership Team created a 2-hour training for the Peer Mediators. In just three months, 3 Cardinal Counseling sessions were conducted.  |
| The Student Support Team will provide instruction in the IB Learner Profile to students in 9th grade study centers. These will be used as PBIS Character Traits.  | ClinganKinnersleyHansonSST | May 2015 | Increased OHTS Positive Youth Development from 67% to 75%. Decrease to less than 10 discipline referrals per year for cheating/academic dishonesty.  | Oregon Health Standard: Advocate for a safe and civil environment to foster student learning and achievement.  |
| This goal was not accomplished. The OHTS Positive Youth Development score fell from 67% to 65%. Discipline referrals for the school year for cheating remained steady at 2; however, this number underrepresents occurrence because many situations are handled in the classroom rather than referred. The SST is in discussion to see what supports need to be in place for the SST and for 9th grade offerings for the character traits program to be successful.  |
| Student Unions will support to racial, ethnic, gender, neurodiverse, and sexual minority students. | Student Union LeadersStaff Facilitators | Ongoing | Unions will record their work in addressing the needs of their members.  |  |
| **1. M.E.Ch.A** started the year with cultural awareness creating pins to protest the disappearance of students in Ayotzinapa, Guerrero that we used to fund-raise at our conferences with other M.E.Ch.A chapters. We did more fundraising and sold sugar skulls for Day of the Dead to University of Portland. For community service we went to a Posada (traditional Christmas celebration) and helped with set up. We created a video for The Multicultural Assembly on Latino culture and identity. We attended multiple conferences were we met important leaders like Rigoberta Menchu (Nobel Peace Prize) and Dolores Huerta (Leader of Farmworkers' Rights Movement).  We finished our year with a fiesta in our school with traditional Aztec dancing, Latino music and food. 2. Last year Lincoln's **Gay Straight Alliance (GSA)** President participated in the planning and execution of an event for SW Portland GSA members at the Portland Art Museum. GSA also participated in the multi-cultural assembly at Lincoln for the first time 3) Lincoln's **Feminist Club,** in its second year, continued to draw a mixed-gender group of students.  Some of the accomplishments and goals are to make the campus - and the world - a safe, accepting and welcoming place for everyone and to investigate and challenge limits on the safety, freedom and rights of all, particularly as the limits affect girls and women.  Meetings are a mix of social, political, and activist agenda and usually have students from every grade level as well as some LHS adults. 4. **Black Student Union (BSU)** activities included a training session for Lincoln teachers and staff (9/14), a visit to the University of Oregon (12/14), “One Box at a Time” fundraiser (12/14), the MLK celebration at Buckman Elementary (1/15), a leading role in the Lincoln Multi-Cultural Assembly (2/15), advocacy with the GSA for a gender neutral bathroom (ongoing), Lean In Luncheon (4/15), Lincoln staff interviews (4/15), REAP Luncheon (4/15) and attending President Obama visit (5/15). 5. The **Dyslexic Student Union** hosted Lincoln staff training in dyslexia and appropriate accommodations as well as providing material for an Oregonian article. Several student panels with Lincoln’s DSU president were held through ORBIDA and Decoding Dyslexia Oregon. The DSU supported SB 612 (dyslexia law) that passed and was signed this spring.  |