# Evaluation Abstract: Evaluation of the Crossroads Program in Arlington, TX

### **Grantee**

Arlington Independent School District Project Director: Tori Sisk, M.Ed, LPC, tsisk@aisd.net

#### **Evaluator**

University of Texas at Arlington Evaluation Leads: Diane Mitschke, PhD, <u>dianemitschke@uta.edu</u> and

Holli Slater, PhD, slater@uta.edu

# **Intervention Name**

Crossroads

# **Intervention Description**

*Crossroads* was a co-ed program targeting academically at risk youth enrolled in the Arlington Independent School District. It was administered by trained facilitators at various locations during the academic school year. The program was administered in a large-group setting led by a primary facilitator with small break-out groups led by separate facilitators across three consecutive days for a total of 18.75 hours of program instruction. Each day had a separate focus, including building relationships, prevention of pregnancy and sexually transmitted infections (STIs), and identifying resources available within the community.

Day 1 programming, "Who Am I?", was offered at an outdoor experiential learning adventure camp, Camp Thurman, by camp staff with the assistance of *Crossroads* facilitators. The goal was to make participants aware of their attitudes and beliefs about relationships. Day 2 programming, "Where am I Going?", was offered at a local community college, with a goal to encourage participants to see educational possibilities for themselves and to understand how an unintended pregnancy could affect those goals. On day 2 *Crossroads* staff began to deliver a modified version of the *Be Proud! Be Responsible!* curriculum (BP!BR!) that built knowledge about STIs and HIV/AIDS. Day 3 programming, "Where Do I Get Help?", was offered at a community organization and a community clinic. Participants learned about resources in the community, participated in a community service project, and completed BP!BR! Facilitators continued to make monthly contact with participants for one year following the end of the intervention. Unstructured, the contacts focused on youth needs for additional support services or questions they had about the intervention content.

*Crossroads* was adapted from the evidence-based program BP!BR! Planned adaptations included integrating the curriculum throughout a three-day off-campus event, and emphasizing the concept that HIV/AIDS prevention will have the added benefit of preventing other STIs and unplanned pregnancies. Adaptations to the curriculum included presentation of some activities in a large- rather than small-group format, omitting warm-up activities to ease the flow of the program, and modifying terminology to include STI/pregnancy prevention in addition to HIV to be more relevant to the population. The following unplanned adaptations occurred during implementation: reduction in length of the intervention from 21.00 hours to 18.75 hours in order to return participants to the campus before the end of the school day and change in locations due to scheduling issues.

# **Counterfactual**

Business as usual.

# **Counterfactual Description**

The counterfactual group received neither the treatment program nor any comprehensive alternative sexual health, pregnancy, or STI prevention program as part of the Arlington Independent School District-provided education. Counterfactual participants received dropout prevention services as usual through the Drop Out Prevention program that offers a variety of academic support services from graduation coaches who assist with attaining graduation goals. Drop Out Prevention was offered to both intervention and counterfactual participants.

### **Primary Research Question(s)**

What is the impact of offering participation in *Crossroads* relative to the counterfactual on participants not using a condom three months after the end of treatment?

### Sample

The study sample was composed of youth ages 17 to 19 enrolled in the Arlington Independent School District at the time of randomization and who participated in Drop Out Prevention services for academic support. Graduation coaches, academic advisors who were part of the Drop Out Prevention program, identified potential participants and recruited them to participate in the program based on the following eligibility criteria: Participants must have previously dropped out of school and/or have been considered at high risk for dropping out in the current academic school year. To be considered at risk, participants must have met one of the following criteria: not on grade level; failed the State of Texas Assessments of Academic Readiness<sup>®</sup> or Texas Assessment of Knowledge and Skills (standardized tests used to assess students' attainment of reading, writing, math, science, and social studies skills); expelled; on probation; homeless; involved in the juvenile justice system; involved with Child Protective Services; limited English proficiency; and/or pregnant or parenting. Participants must have been able to read and understand English, provided consent/assent, and been available to attend a specific intervention.

All potentially eligible youth were prioritized for academic support and recruitment in the following order: (1) youth who had previously dropped out of school, (2) youth not currently on grade level, and (3) youth who met other at-risk criteria. Out of 1,174 participant who were randomized, 957 provided data at the 3-month follow-up, 900 provided data at the 6-month follow-up, and 719 provided data at the 12-month follow-up. Final analytic samples were slightly smaller if a youth did not respond to one of the outcomes of interest.

### **Setting**

The program was implemented in Arlington, Texas, which includes one alternative and six traditional high school campuses. Program participants left their respective campuses to participate in the program activities that took place at various locations within the local community, including an outdoor experiential learning camp, a community college campus, and a nonprofit community agency.

# **Research Design**

The research design was a randomized controlled trial with youth randomized to treatment or comparison. Youth were recruited in the beginning of each school year. Two weeks before a session, a random sample of youth was drawn and graduation coaches confirmed their interest and availability to attend the session. Randomization occurred just before the start of sessions. Youth who were not randomized remained eligible for future sessions. Each school year six or seven sessions were offered to different cohorts of youth, resulting a total of 21 cohorts of youth included in the study.

The primary source of data collection was an online survey completed four times (baseline and 3, 6, and 12 months post-intervention). In cases with technology difficulties, a paper-and-pencil version of the survey was used. Baseline surveys were administered in a school setting after randomization. Treatment participants completed baseline surveys before the start of the intervention and comparison participants completed baseline surveys before the final date of the intervention. Follow-up surveys were administered in person or the participant could choose to receive a link to the survey via text or email in order to complete the survey without a survey administrator present. Program participation and academic data were obtained directly from the program and/or school records. A \$20 gift card was provided for each completed survey. Youth who completed the 12-month follow-up survey were eligible to attend a "Fun Day" at an outdoor experiential learning camp. Youth who completed all four data collection points were eligible to enter a raffle to win an iPod.

### **Method**

An intent-to-treat framework was used to assess program impacts. Impact estimates are the regression-adjusted difference between the average outcomes of youth who were assigned to the intervention program and youth who were assigned to the comparison group. Only impact estimates with *p*-values less than 0.05 were considered statistically significant and provided support that behavioral

changes were attributed to the *Crossroads* program. Adherence to the intended program, quality of staffparticipant interactions and youth engagement with the program, along with counterfactual experiences were assessed to provide context to these findings.

#### **Impact Findings**

The results of the impact analysis indicate that participation in the *Crossroads* program did not produce significant differences in vaginal intercourse without a condom between treatment and comparison groups at 3 months and 12 months post-intervention. In contrast, significant results (p < .05) were found 6 months post-intervention indicating that youth in the treatment group were less likely to have intercourse without a condom than participants in the comparison group. No significant findings were found regarding condom use during anal intercourse and oral intercourse at 3, 6, or 12 months post-intervention. No significant differences were found regarding pregnancy at 12 months post-intervention.

#### **Implementation Findings**

The results of the implementation analysis indicate that the program was implemented with high quality. Approximately three sessions per academic semester were implemented and roughly 70% of participants attended 75% or more of the intervention. Overall, staff-participant interactions and youth engagement with the program demonstrated high quality. A detailed understanding of the counterfactual experience was a limiting factor due to no formal measures being assessed. The only substantial unplanned change to the program was the reduction of the overall time from 21 hours to 18.75 hours to better accommodate the needs of the youth resulting in increased participation and attendance.

#### **Schedule/Timeline**

Sample enrollment started in the 2011–2012 school year and ended in the 2014–2015 school year. Youth enrolled in the first three years of the evaluation contributed to the 3-, 6-, and 12-month post-intervention surveys. Youth served in fall 2014 contributed to the 3- and 6-month post-intervention surveys. The final evaluation report focuses on outcomes from the 3- and 6-month post-intervention survey (for the entire sample) and 12-month post-intervention surveys for a partial sample.