



### The Evaluation of Crossroads in the Arlington Independent School District

Grantee	Arlington Independent School District Coordinator of Pregnancy Related Services: Tori Sisk, M.Ed., LPC AISD Hilldale Annex 4814 W. Arkansas Lane Arlington, TX 76016 (682) 867-7413 tsisk@aisd.net
Evaluator	University of Texas at Arlington Evaluation Leads: Diane Mitschke, PhD and Holli Slater, MSSW 211 S. Cooper Street, Box 19129 Arlington, TX 75040 <a href="mailto:dianemitschke@uta.edu">dianemitschke@uta.edu</a> or <a href="mailto:slater@uta.edu">slater@uta.edu</a>
Intervention Name	Crossroads
Intervention Description	<p>Crossroads is an adaptation of the evidence-based program Be Proud! Be Responsible! (BP!BR!). BP!BR! is a six session HIV/AIDS prevention program developed for urban African American youth. The program aims to build negotiation skills, refusal skills, and condom use skills. BR!BP! is typically provided as stand-alone program. 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 STDs and unplanned pregnancies. Other adaptations to the curriculum include 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 STD/pregnancy prevention in addition to HIV to be more relevant to the population. Additional adaptations occurred during implementation to address unplanned situations: 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.</p> <p>Crossroads is a three session teen pregnancy prevention program targeted at youth who are at risk of dropping out of high school. The program is administered by trained facilitators for participants from different high schools and implemented at various locations within the local community during the academic school year. A primary facilitator administers the program in a large co-ed group setting and separate facilitators lead small break-out groups across three consecutive days for a total of 18.75 hours of program instruction. Each day has a separate focus, and program content includes building relationships, prevention of pregnancy and sexually transmitted diseases (STDs), and identifying resources available within the community.</p> <p>Day 1 programming, "Who Am I?", is offered at an outdoor experiential learning adventure camp, Camp Thurman, by camp staff with the assistance of Crossroad facilitators. The goal is to make participants aware of their attitudes and beliefs about relationships. Day 2 programming, "Where am I Going?", is offered at a local community college. The goal is to encourage participants to see educational possibilities for themselves and to understand how an unintended pregnancy could affect those goals. Additionally on day 2, Crossroads staff begin to deliver a modified version of the BP!BR! curriculum that builds the youths' knowledge about STDs and HIV/AIDS. Day 3 programming, "Where Can I go From Here?", is offered at a community organization and a community clinic. Participants learn about resources in the community, participate in a community service project, and complete BP!BR! Facilitators continue to make monthly contact with participants for one year following the end of the intervention. The contact is an unstructured check-in meeting and focuses on whether the youth needs additional support services or has questions about the content of the intervention.</p>
Counterfactual	Business-as-usual

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Counterfactual Description	The counterfactual group receives no portion of the treatment program nor does it receive any comprehensive alternative sexual health, pregnancy, or STD prevention program as part of its Arlington Independent School District (AISD)-provided education. Counterfactual participants receive dropout prevention services as usual through the Drop Out Prevention (DOP) program that offers a variety of academic support services from graduation coaches who assist with attaining graduation goals. DOP is 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' use of a condom three months after the end of treatment?
Additional Outcomes	Knowledge of sexual health; academic (staying in school, graduation, complete GED); knowledge of risk reduction strategies to prevent pregnancy or STIs; reported pregnancies; awareness of personal developmental assets.
Sample	<p>The study sample was composed of youth ages 17 to 19 currently enrolled in the Arlington Independent School District at the time of randomization and who participated in DOP services for academic support. Graduation coaches, or academic advisors who were part of the DOP program, identified potential participants and recruited them to participate in the program based on the following eligibility criteria:</p> <p>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 also been able to read and understand English, provided consent/assent, and been available to attend a specific intervention.</p> <p>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. Recruitment is currently ongoing; however, the projected sample size is 1,385 participants.</p>
Setting	The program was implemented in a large school district in Texas composed of 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. Treatment and control groups received academic counseling on their home campuses.
Research Design	<p>The research design was a randomized control trial with youth randomized to treatment or control. 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 and six or seven sessions were offered during a school year.</p> <p>The primary source of data collection was an online survey completed four times (baseline and 3-, 6-, and 12-month post-intervention). In cases with technology difficulties, a paper-and-pencil version of the survey was used. Baseline surveys were administered after randomization in a school setting. Treatment participants completed baseline surveys before the start of the intervention and control 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 survey completed. 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.</p>

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Impact Findings	To be determined when data collection and analysis are complete.
Implementation Findings	To be determined when data collection and analysis are complete.
Schedule/Timeline	Sample enrollment started in the 2011–2012 school year and ends in the 2014–2015 school year. Youth enrolled in the first three years of the evaluation completed the 3-, 6-, and 12-month post-intervention surveys. Youth served in fall 2014 completed the 3- and 6-month post-intervention surveys. A final report, which focuses on outcomes from the 3-month post intervention survey (for the entire sample) will be available to the Office of Adolescent Health in 2015-2016