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Evaluation of Chicago Preparatory Charter High School  
Final Grant Report to the Robert Wood Johnson Foundation

## Author

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D. Paul Moberg

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## Summary

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The principal goal of the grant to the Center for Health Policy and Program Evaluation (CHPPE) was to provide an external evaluation of the implementation, feasibility and preliminary effectiveness of the Chicago Preparatory Charter High School (CPCHS) program partially funded by the Foundation. CPCHS was established as a charter school within the Chicago Public Schools to support students in their recovery from substance abuse and dependency, while providing a rigorous educational program leading to a high school diploma.

***The evaluation was not implemented as planned.*** A full evaluation plan and all relevant instruments, data bases, MIS data entry screens, surveys and protocols were developed. After a number of delays in full implementation of the evaluation, *the school closed* and we terminated the evaluation activities. A technical report is in preparation which provides detailed findings related to program implementation and our observations regarding its failure. The report is summarized in the next section; the full report provides more detail as well as documentation of the full evaluation system we developed. Our final accomplishments were to develop the full evaluation system and to conduct some qualitative evaluation.

**FINAL GRANT REPORT TO  
THE ROBERT WOOD JOHNSON FOUNDATION**

June 1999

**Evaluation of Chicago Preparatory Charter High School**

**I.D. # 033553**

**March 15, 1998 to May 31, 1999**

D. Paul Moberg, Ph.D.  
Principal Investigator

***1. What were the project's objectives and how have the accomplishments of the project met them?***

The principal goal of the grant to the Center for Health Policy and Program Evaluation (CHPPE) was to provide an external evaluation of the implementation, feasibility and preliminary effectiveness of the Chicago Preparatory Charter High School (CPCHS) program partially funded by the Foundation. CPCHS was established as a charter school within the Chicago Public Schools to support students in their recovery from substance abuse and dependency, while providing a rigorous educational program leading to a high school diploma.

The specific objectives of the evaluation were to address the following issues:

1. Feasibility and early success of this alternative charter high school as a cross-system link between the educational system and the substance abuse treatment system
2. Success in recruitment and retention of students.
3. Program Integration--the comprehensiveness and integration of the treatment/relapse prevention aspects of "sober school" programs with their educational services.
4. What is the preliminary effectiveness of the recovery support program?
5. Is there evidence of unanticipated negative effects?
6. To what extent are the problems which were experienced by Recovery High in Albuquerque anticipated, avoided, or overcome in this (second generation) implementation of the model?
7. Effectiveness of the academic program.

These objectives were to be achieved through the collection of several types of data. First, **site visits** would be made by the principal investigator, project manager and consultants. During these site visits, individual and group interviews with key stakeholders, as well as focus groups with CPCHS staff, students and parents would be held on issues relating to the development, implementation and success of the school. Observations of academic and therapeutic programs at the school would also be made during the site visit. A second data source was to be structured data from a **student-level evaluation and management information system (MIS)**, developed jointly by evaluators and school staff and maintained by school staff. Finally, a confidential **student pre and post evaluation survey** was to be designed and implemented.

In addition to formal site visits, other visits were to be made as necessary by the principal investigator and/or project manager to ensure complete and accurate data was being collected. In an effort to maintain consistent on-going contact with the school,

regular telephone contacts would be made by the project manager to the school administrator and other school staff as necessary.

***The evaluation was not implemented as planned.*** A full evaluation plan and all relevant instruments, data bases, MIS data entry screens, surveys and protocols were developed. After a number of delays in full implementation of the evaluation, *the school closed* and we terminated the evaluation activities. A technical report is in preparation which provides detailed findings related to program implementation and our observations regarding its failure. The report is summarized in the next section; the full report provides more detail as well as documentation of the full evaluation system we developed. Our final accomplishments were to develop the full evaluation system and to conduct some qualitative evaluation.

**Findings** from the qualitative component of the evaluation must be considered cautiously. Only one full site visit by our entire team was conducted, along with four additional one day visits by evaluation team members (and one visit of key school staff to the evaluators' offices). Throughout the course of the evaluator's involvement, the school program was obviously a dynamic "work in progress" which did not stabilize beyond a "start-up" mode during its sixteen months of operation. As in all qualitative evaluations, the data we were able to collect are interpretive accounts from the perspectives of the individuals we interviewed. Staff opinions varied based on their perception or knowledge of the vision and mission of the school and their experience and length of employment. Thus the information we obtained from these interviews appeared at times to be vague or contradictory. Nonetheless, useful information emerged from these site visits which may inform future efforts and which we did use to provide formative feedback to the school administrators during the last evaluation visit to the school.

The data indicate that there was a great deal of community support for the school and its mission and that the staff were committed to the effort and the students. The staff and regularly attending students developed an almost family-like relationship. A majority of the students we interviewed in group settings found the school program to be an extremely positive and valuable educational alternative for them, although others were quite critical of their experience.

Observations from the site visits and interviews are summarized as follows:

The program as described in the proposal material was well-designed and had much promise. A thorough literature search was done; other similar programs were contacted, their materials reviewed and key actors were interviewed. Many local community experts were pulled in to the planning process. The school as planned thus represented a "second generation" attempt to implement the "sober school" model, this time under the organizational arrangement of a charter school. As a charter school, there was financial security for the educational aspects of the school for five years.

- External support from key elements of the Chicago Public Schools (CPS) educational establishment was apparent (including Safe and Drug-Free Schools; Charter Schools Office; and an independent business sponsored group Leadership for Quality Education). There was also support from the substance abuse services and adolescent health communities.
- The Chicago Prep Board represented key individuals in the business, legal, educational and municipal government communities who provided a great deal of pro bono time to the school. Board turnover in membership and officers was a problem. There was some sense that the Board has been caught up in start-up politics regarding its role and leadership.
- The staff and school administrators appeared to be genuinely committed to providing a positive educational experience for the students in the school. They used “mastery learning” with an individualized portfolio approach which allows students at many different points to learn individually.
- The succession of temporary facilities were inadequate for the needs of the program, both due to the location(s) of the school and the limited physical facilities in deteriorating school buildings shared with an elementary school or other programs. The initially planned central loop location was vetoed at the last minute before the school was scheduled to open, apparently due to local politics. Subsequently, a permanent building was located and renovations began. The new site, a former parochial grade school, offered a much better physical setting for the program but was never occupied. This was at least partially due to fire code violations discovered in inspections after earlier identified violations had been corrected at significant expense.
- The student enrollment appeared to be overstated--only half or fewer of the number of students claimed to be enrolled were observed present on any given visit. Regular attendance was estimated by school staff to be in the range of 20-30 percent of enrolled students. Staff admitted to a large attendance problem and developed a variety of strategies to try to reduce this, including setting up a “home bound” track, following up on absences with calls to students’ homes, and strengthening an attendance policy.
- The student body was drawn from correctional programs, substance abuse treatment facilities, and informal referral networks. Most students had spotty educational histories and many had special education needs. Staff estimated that about 70-80% had a history of substance abuse problems. There appeared to be socio-economic diversity among the students. While the school’s literature emphasized ethnic diversity of student body, the students (and staff) we observed were all African American.
- The academic program was also poorly articulated, with an emphasis on “Portfolio” development, mastery learning, and individualization. Our *minimal*

observation of classrooms did not indicate much organized instruction was occurring, and disruptive and non-attentive behavior was observed. However, some of this is to be expected in individualized learning settings in which students work individually with coaching or guidance from the teacher. We did not examine the actual curricular content of the portfolios being used and are not able to assess their curricular value or adherence to achievement standards set by CPS.

- Academic standards were said to be “the same as for any other Chicago High School.” When pressed to elaborate, this was interpreted by key administrators in terms of credits needed to graduate. It was not clear how the “Mastery Learning” system works to ensure students have met performance requirements. Teachers expressed concerns over students’ reading levels, and students had trouble with a standardized assessment we piloted which claims to be written at the 6<sup>th</sup> grade level. The high number (16) of students graduated in the spring of 1998, and the number reportedly accepted to college (12), appeared positive. However, the question remains as to whether that success is related to work and achievements prior to Chicago Prep enrollment, rather than a result of the short (1-2 semesters maximum) time that these graduating students spent at the school.
- The climate observed in all but the final visit did not appear to emphasize recovery as a central core to the program. There was little voluntary discussion by staff that indicated this was a school in which assisting students in recovery was central to its mission. Two of six students interviewed during our July site visit claimed to not be aware that recovery was part of the mission of the program. By the final evaluation visit in November of 1998, there appeared to be significantly more emphasis on recovery as a core part of the program.

The clinical component as described in grant applications was not implemented in any consistent and articulated manner. The first year’s after school “therapeutic” program as described by two key staff members seemed to consist of basketball, other recreation, and tutoring for the few students who participated. The clinical program was staffed by consultants and in-house staff with multiple duties and uncertain credentials after two “clinical directors” with advanced degrees did not work out. An acting clinical director (with no clinical credentials other than substance abuse counseling) who functioned as an assistant principal provided internal staff supervision. Low turnout for the AA and NA groups lead to the establishment of an “addictionology” course instead. The two “behavior modification specialists” listed on the staff roster we were provided turned out to be essentially hall monitors/disciplinarians. The clinical consultant expressed a hesitancy to assign any diagnoses to the students. Every student was reportedly assigned an individual counselor, but several students we interviewed failed to recognize or acknowledge that they had a counselor or met with him or her. What counseling did occur was increasingly woven into the school day, rather than separated from education in an after school program as had been originally planned.

- Members of the site visit team in July could not clearly determine the therapeutic approach/model, amount of counseling students received, how relapse was handled (if it was), what the non-use expectations of students were, what the student (and staff) culture regarding recovery/relapse was, how much counseling/therapy students actually received, what the diagnoses of the students were, etc. It did not appear that all students had been screened for substance abuse issues, or even informed that a major part of the school's mission was to support recovery. We were told by several people interviewed that some students continued active use of marijuana while enrolled. External actors indicated that it was not a positive recovery-oriented environment for recovering students. The school climate and culture was not perceived to be one of recovery. At least one treatment facility indicated it had halted referrals to the school because of these concerns.
- While the school claimed 100% parental contact, there appeared to be little real parental involvement. The school failed (or was unable) to arrange parental interviews for us, or even to provide us with names of parents we could contact. A Saturday morning parent program was vaguely described in interviews with staff, but we were never clear on details of attendance, frequency of meetings, or content of the sessions. Frequent telephone contacts with parents, as well as home visits, were described by staff but as with many aspects of the program, details regarding the frequency and scope of these contacts were lacking.

### School Closure

In November of 1998, there was an expectation that the school would move to more appropriate permanent quarters (which were under renovation) for the trimester starting in January 1999, that the evaluation data collection would be fully implemented, and the school would reach some level of stability. Instead the school closed in January 1999, with the urging of the Charter School office of the Chicago Public Schools. The school's principal indicated the major issues were financial--CPS provided only a third the expected funding for the fall quarter, "based on attendance rather than enrollment"-- and the failure to secure the permanent site. A public letter from the director of the Charter School office explained the closure due to having "lost all confidence in the school's educational program." In addition, poor student attendance, lack of documentation of students' academic progress, and multiple administrative and financial problems were noted. The opportunity to correct the problems and re-open in the fall of 1999 was extended to the school, and apparently is still on the table. Contrary to what has been reported in some circles, the school's charter itself was not "revoked."

Thus the future of this second-generation attempt to develop a recovery-oriented high school using the Charter School mechanism is uncertain. Given negative media coverage, the loss of students and staff, and the lack of a facility, it will be a major effort to re-open.

The question as to what are the reasons for the failure remains. There are probably multiple reasons; the following stand out to the evaluation team:

- The school *failed to implement and articulate a defensible integrated academic and clinical recovery program* which even approached the intent and mission as written in the RWJF grant and the school's charter application. There are many reasons for this failure, as listed below, and blaming the school staff is overly simplistic and fails to reflect the complexity of the endeavor which was attempted
- A stable and appropriate site for the school never materialized, and was a constant underlying burden for the program which diverted energy and resources from program development and student services.
- Financial difficulties were extensive due to late arrival of grant funds for the clinical component, low student attendance/enrollment and hence less than expected CPS revenue, high expenses related to facilities (such as student transportation, renovation costs, lease payments), high staff turnover, and high staff development costs. The experience of a similar effort in Albuquerque (see Moberg and Thaler, 1995) is relevant--a combined educational and therapeutic high school program has very high per pupil costs which cannot be covered by educational per capita allocations. However, funding for clinical programming is difficult to obtain and sustain over a protracted time frame.
- There were multiple personnel problems, including turnover of clinical directorship and teaching staff, and a lack of administrative/managerial expertise on the school administrative staff.
- There was conflict and turnover on the Chicago Prep board, therefore they struggled to define their appropriate role in a start-up situation. While micro-management was avoided, board administrative expertise may not have been exploited sufficiently to get the school past the managerial problems inherent in developing an entirely new structure. This may be a limitation of the charter school movement itself--*establishing a viable charter school requires far more from school administrators than the educational expertise required in a traditional school where there is a central office infrastructure, a given facility, financial stability, personnel systems, and established policies and procedures in place.*
- The students--who have been marginalized by their histories with the criminal justice system and substance abuse service system and who have multiple psychosocial problems and needs--do not fit easily into a traditional educational experience. While the plans for the school recognized and accounted for these problems, the plan was not implemented with sufficient fidelity to the proposed model. Thus the students did not receive the benefits of the proposed program which had been promised them to meet their unique educational and psychosocial needs over a sustained time period.

### Replication Issues

Based on these observations, several critical issues for this program (if it is to be re-opened) or others seeking to learn from its experience emerged as needing attention.

- Assure that the operative mission of the school reflects the stated mission. Be sure there really is equal emphasis on education and recovery, reflected throughout the program. It should be apparent in student recruitment and assessment processes, daily programming, school climate and culture, and in a strong clinical/recovery support program. Peer culture of the students needs to be marshaled to reinforce the mission. Students (and staff) need to realize this is a “sober school” and reinforce this in interaction with their peers. This did not seem to be the case at Chicago Prep.
- Academic standards need to be set, articulated and reinforced. This will need much more attention from school staff than was apparent to the evaluation team.
- The therapeutic program needs much more work and development. Qualified (licensed) counseling staff in house would be an improvement over external contracted counselors. This part of the program needs to be redesigned to come closer to the model originally planned in the various proposals. A new student services and policies manual (fall 1998) did not reflect the operative realities observed and described in interviews regarding the areas of clinical programming, relapse and attendance policies, and parent involvement.

The evaluation team hopes that these observations will serve constructively in any efforts to re-open Chicago Preparatory Charter High School or in efforts of other groups to design similar programs. The findings described above are based on incomplete data and only sporadic observation. We hope to have an opportunity to fully implement the evaluation we planned in another setting, to further the field’s knowledge about the operation and potential effectiveness of second generation “recovery” schools. The need for effective programs is great, while the knowledge base on how to develop, implement, and sustain them remains limited.

***2. Were there internal shortfalls or limitations in the project’s funding level, design, collaborations, staffing, operations, or other project factors?***

We were adequately funded for the project and worked with an appropriate design. There was a three month interval between the time the original project manager resigned (due to Ph.D. internship requirements) and the time he was replaced, during which the principal investigator managed the project. We did not rush to fill this gap due to delays in full implementation of the evaluation component by the CPCHS. We anticipated full implementation by January of 1999 and hired accordingly. (Fortunately, we were able to reassign this newly hired individual when the decision was made to phase down due to the school’s closure.)

***3. Were there problems or successes caused by factors external to the project?***

As described above, the evaluation was never fully implemented due to the premature demise of the school program.

**4. *If you worked in collaboration with other organizations, or depended on other organizations or institutions to meet the objectives of this project, how did those collaborations work?***

We were promised a great deal of collaboration by the CPCHS staff and administration when we were face to face in meetings or on telephone conferences. However, there was little follow-through--evaluation was at best an after-thought and at worst a threat to the school administration and staff. Promised meetings with the CPCHS Board were not scheduled by the board chair. Repeated visits, phone calls, coaching and cajoling did not yield necessary data on students enrolled. During the school's short-lived operation, data collection systems mutually developed by evaluators and project staff were not utilized and the evaluators were never provided even a trial data set which was promised. Documents were promised but not received, and we found it difficult to obtain information or schedule visits at mutually acceptable times. In hindsight, the level of stress experienced by the school staff during its 16 months of operation was high and the evaluation was never a significant priority.

**5. *With a perspective of the entire project, what have been its key dissemination activities?***

None have been attempted.

**6. *Has the project had other sources of financial support?***

No.

**7. *What was the significance of the project's accomplishments?***

The most significant aspect of our accomplishments was that we did develop an evaluation plan, design, and tools which are available for use elsewhere. There is also the potential for the field to learn from this program's failure and avoid its mistakes in future efforts.

**8. *What lessons did you learn from undertaking this project?***

We would look for a more stable and institutionalized program in which to implement a rigorous evaluation. If undertaking a similar project with a school in an early start-up developmental phase, we would be much more insistent on developing a relationship with the school's board as well as with the school staff. We would schedule more frequent visits to the school than we had budgeted for on this project, and would keep those visits even if the school staff attempted to change them. This would work best with a program in a site closer to our offices than CPCHS was--a 2-3 hour drive each way. We would rely much more on interview and observational data and organizational records, and not expect the school staff to do as much primary data collection or to maintain a data base (even though it is for their benefit and long-term use in accountability and management).

**9. What are the post-grant plans for the project if it does not conclude with the grant?**

We would like the opportunity to implement the evaluation research study which we designed but were not able to fully implement under this grant. We would prefer to work with a stable program which has become institutionalized in its community or school district to assure long-term viability of the program and hence “evaluability.”

**10. How do you see the Foundations role?**

The Foundation’s role has been supportive and of assistance in problem-solving in this project. We have been pleased to *infer* an evolution in policy regarding the formative role of evaluation in projects such as this one. Our experience with a similar earlier evaluation grant was one in which direct feedback to the school’s staff/administration (a separate Foundation grantee) was expected to come only through Foundation project officers. In this project, there was an expectation that evaluation would be done more participatorily and collaboratively with the school staff and that formative feedback and use of results was expected. Particularly in the context of new, developing programs, the latter model of evaluation is now considered “best practice” by program evaluators. Thus we perceive positive movement on the part of the Foundation in this regard.

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